The Effect of Educational Guide on mothers' Awareness regarding Sexual Harassment for their School Age Children

Neanaa, M., Fayed¹, Faten, A., Alam²

¹Lecturer of Pediatric Nursing, Faculty of Nursing, Menoufia University, Egypt. ²Lecturer of Psychiatric Nursing, Faculty of Nursing, Menoufia University, Egypt.

Abstract: Sexual harassment is unacceptable, causing personal pain and embarrassment. Therefore, the purpose of this study was to identify the effect of an educational guide on mothers' awareness regarding sexual harassment for their school age children: The study was conducted in two elementary schools. A quasi experimental design was used. A purposive sample of 50 mothers was included in the study. Tool of the study includes a structured interview questionnaire and consists of three parts. The main findings of this study revealed that, mothers had high score of awareness about sexual harassment on post test than on pre test also there are a highly statistically significant difference between the mothers' knowledge level and their education. In conclusion: Implementation of an educational guide for mothers regarding sexual harassment, improved their awareness about sexual harassment of children. So, it was recommended that, sexual harassment educational guide must be provided for all parents to improve their awareness about sexual harassment.

Key words: Educational guide , Mothers awareness, Sexual harassment, School age children.

I. Introduction

Sexual harassment is a real and serious problem that can affect any child or youth regardless of gender, race, religion, ethnic, age groups and occurs at all socioeconomic levels. It can threaten physical or emotional wellbeing, influence school performance, and make it difficult to achieve career goals [1] and [2].

Sexual harassment in schools is unwanted and unwelcome behavior of a sexual nature that interfere with the right to receive an equal educational opportunity. It can be verbal or nonverbal, physical conduct toward another person (male or female) with sexual nature that is alarming or annoying. It includes gestures, comments, touches, jokes, clothing with sexual massages, graffiti and talk of sexual acts in presence of others and pulling clothes down or off [3].

Rates of Child sexual abuse are difficult to gauge accurately given the clandestine, sensitive and criminal nature of the sexual abuse to which children are exposed. Perpetrators of child sexual abuse are often close to the victim, such as fathers, uncles, teachers, caregivers and other trusted members of the community [4]. It often goes undisclosed and unreported to professionals or adults for many complex reasons, including fear of punishment and retaliation by the perpetrator, as well as the stigma and shame associated with this type of abuse [5].

The world Health Organization estimates that 36-62 % of all sexual assault victims are aged below 15 years [6]. Complementary data from Nairobi Women's Hospital indicate that 55 % of these violated are girls aged 0-15 years [7]. Almost 80 % of students in secondary schools report experiencing sexual harassment at school .At the elementary level, it is exhibited differently and thus it may be overlooked .In fact, sexual harassment has become so commonplace that many accept it as something everyone puts up with. However, sexual harassment is unacceptable, causing personal pain and embarrassment, creating a negative school environment and feeding into violent behaviors [8].

The office for Civil Rights states that four out of five students will be the victim of sexual harassment. They report that just as many boys as girls will be involved as both victims and perpetrators and that harassment goes well beyond school borders into our neighborhoods, youth groups and other childhood hang-outs [9].

The global prevalence of child sexual abuse has been estimated at 19.7% for female and 7.9% for males, according to a 2009 study published in clinical psychology review that examined 65 studies from 22 countries, using the available data, the highest prevalence rate of child sexual abuse geographically was found in Africa (34.4%); Europe showed the lowest prevalence rate (9.2%); America and Asia had prevalence rates between 10.1% and 23.9% [10].

The psychological effects of child sexual abuse are reported, children may exhibit regressive behaviors, withdraw from school and social activities and various learning and behavioral problems [11]. Also, children may suffer physical effects in the form of injures as internal laceration and bleeding ,damage to internal organs , sexually transmitted disease , neurologic damage and even death may occur [12].

Warning signs of sexual harassment in children may include physical signs as pain, discoloration, bleeding, or discharges in genitals, anus or mouth, persistent or recurring pain during urination and bowel

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movements .In addition, behavioral signs may involve acting out in an inappropriate sexual way with toys or objects, nightmares, sleeping problems, becoming withdrawn or very clinging, changes in eating habits, new adult words for body parts and no obvious source, and not wanting to be alone with a particular child or young person [13].

Families have important role in preventing sexual harassment in their children by knowing with whom their child spends time, understanding that an abuser could be someone you know and trust, teaching their children proper names for their private body parts and encouraging them to speak up and tell you or another trusted adult if it would ever happen to him or her [1].

Preventing sexual harassment must be an ongoing priority. Training that occurs over time, across settings and includes the entire faculty, staff, and administrative personnel will be more effective than a onetime session of training for teachers. In addition to integrating sexual harassment with existing coursework, specific materials about this topic should be available for class room use [8].

Schools must provide positive, proactive behavioral supports, ongoing training and discussion as a part of the daily school routine rather than relying solely on disciplinary consequences for inappropriate behavior and language [8]. The school nurse is the health care representative on site. An understanding of the school nurse's role is essential to ensure coordinated care. There is a recognized relationship between health and learning, as there is a relationship between school nurse availability and student well-being and educational success [14]. The role of the school nurse encompasses both health and educational goals [15].

It is important for teachers, parents, and students to gain an understanding of what sexual harassment actually is, how to respond to it, and how to prevent it[8].

II. Purpose of The Study:

The purpose of this study was to identify the effect of an educational guide on mothers' awareness regarding sexual harassment for their school age children. It could be fulfilled through the following objectives:

- 1. Assessing mothers` awareness regarding sexual harassment for their school age children.
- 2 Designing, and implementing, an educational guide for mothers' awareness regarding sexual harassment
- 3- Assessing the effect of an educational guide on mothers' awareness regarding sexual harassment for their school age children

III. Research Hypotheses:

-Mothers who will participate in the sexual harassment educational guide will have increased awareness regarding sexual harassment for their school age children

IV. Subject And Method

- 4.1. Research design: A Quasi experimental design was used (pre and post).
- 4.2.**Setting**: The study was conducted in El-Gondy El-Shaheed and El- Azher model elementary schools selected randomly in Shebin EL Kom city at Menoufia Governorate, Egypt.
- 4.3.**Sample**: It included a purposive sample of 50 mothers of school age children from the above mentioned settings. Sample size has been calculated using the following equation: $N = (z^2 \times p \times q)/D^2$ at CI 95% and power 80%. The sample size will be 50 mothers.

4.3.1. Inclusion criteria:

Mothers must be able to read and write in order to read the educational guide.

4.4. Tool of the study:

A structured interview questionnaire: it was developed by the researchers after thoroughly reviewing the relevant literature to assess mothers back ground and their awareness regarding sexual harassment of their school age children .It consists of three parts:

Part one: Biosocial characteristics of parents: It include questions about studied parents and their children such as mother age, father age, mother education ,father education , social status and socioeconomic status .

Part two: mothers background about sexual harassment in children: It included 10 yes /no questions such as mothers past experience about harassment, its presence toward children, previous exposure to sexual harassment, if taking any education on sexual harassment......etc.

Part three: mothers awareness regarding sexual harassment in their children: It included 8 essay questions such as its meaning ,types of sexual harasser ,causes , warning signs , how mothers protect their children from sexual harassment, how to deal with this problem if it is occurred......etc.

4.4.1. Scoring system:

cm.					
Item	Score	Total scoring			
Complete answer	3	>75%			
Incomplete answer	2	50-75%			
Don't Know	1	<50%			

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The total scoring of awareness was less than 50% was graded as poor, 50% -75% was graded as average and more than 75% score was graded as good.

V. Method:

5.1. Written Permission:

An official permission to carry out the study was obtained from the directors of schools at the study settings after submitting an official letter from the Dean of the Faculty of Nursing, Menoufia University explaining the purpose of the study. Meetings were conducted first with the director of each school to obtain permission for conducting the research and explaining aim and expected outcome. Then, meetings were conducted with mothers to discuss their expectation and check their availability of participation in the study.

5.2. For Protection of human rights:

Mothers were informed about the privacy of their information, the study was voluntary, harmless, and anonymous and confidentiality of responses would be respected. Mothers had the full right to refuse to participate in the study at any time. A formal consent was obtained.

5.3. Tool development:

Tool was developed by the researchers for data collection after a review of past and current, local and international literature related to sexual harassment of school age children using books, articles, periodicals and magazines to get acquainted with the various aspects of the research problem.

- 5.3.1. For validity assurance purpose, tool was submitted to a jury of three pediatric nursing and psychiatric experts "two professors in pediatric nursing, one professor of psychiatric nursing".
- 5.3.2.Reliability of the tool, tool was assessed to determine the extent to which items were related to each other (internal consistency) and stability of mothers responses by Cronbach's co-efficiency alpha ($\alpha = 0.71$).
- 5.4. A pilot study:

It was carried out on 6 mothers "10" % of the sample to test the clarity, feasibility, consistency of the study tool, and time needed for data collection. no modifications were needed as revealed from the pilot study. The sample of pilot study was excluded from the total sample to assure the stability of the results.

VI. Educational guide program

The general objective of the program was improving mother's awareness regarding sexual harassment of their school age children.

- **6.1. Program development**: Ounce the pre-test was conducted and analyzed, needs of mothers were identified. The program was designed in Arabic language to be easy understood by mothers. The program was revised and modified according to the literature and suggestions from experts.
- **6.2.Content of educational guide program:-**General knowledge related to sexual harassment as its definition , types of sexual harasser , causes of sexual harassment in children , warning signs of children exposure to harassment , methods of protection from sexual harassment in school , home , and street, how to deal with this problem if it occurred. Also, means of developing mothers –children positive relationship was added.

VII. Data collection procedure

- 7.1. Data was collected over a period of four months starting from January to April 2015.
- 7.2. The sexual harassment educational guide program was delivered 2 days per week for 6 weeks.
- 7.3.For data collection, each mother was individually interviewed for assessment of demographic data of the family, their background and awareness regarding sexual harassment for their school age children using pretest tool. This interview lasted for 30 minutes.
- 7.4. The sexual harassment educational guide booklet was given for each mother as an educational reference during program implementation and self-learning references after program implementation. Different teaching methods were used such as lecture, group discussion and role play. Suitable teaching aids were used for the program such as pictures, dolls, color posters, data show, and handouts.
- 7.5. Each mother received six sessions; each session lasted for one hour:
- 7.5.1. First session involved developing a trusting relationship with the mother and encouraging them to discuss their opinion, expectations, specific needs and problems.
- 7.5.2.Second session included information about sexual harassment such as its meaning, and causes in children.
- 7.5.3. Third session included information about types of sexual harasser and warning signs of children exposure to sexual harassment.

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- 7.5.4. Fourth session included information about protection of children from sexual harassment in school, street, home and community.
- 7.5.5.Fifth session included information about what to do if their children exposed to sexual harassment and developing a positive relationship with children.
 - 7.5.6.Six session included revision of previous information and encouraging mothers to ask questions.
- 7.6. Positive reinforcement was provided for mothers in the form of material rewards, psychological recognition through saying good, excellent and nodding and providing positive feedback.
- 7.7. Posttest was done to reassess mothers' knowledge regarding sexual harassment for their school age children after the implementation of sexual harassment educational guide program.

VIII. Data Analysis

Data was coded and analyzed by using SPSS version 16. Graphics were done using Excel program . Quantitative data were presented by mean and standard deviation. Paired T test was performed to differentiate changes in different follow up results of different studied variables. Qualitative data were presented as number and percentage. It was analyzed by chi-square ($\chi 2$) test. Level of significance was set as P value < 0.05 for all statistical tests.

IX. Limitation Of The Study,

Small sample size of the study because, the majority of mothers refuse to participate in the study due to the sensitive nature of the problem.

X. Results

Table 1 showed that more than half of mothers (58%) were in the age group of 20-30 years and 68% of fathers were in age group of 31-40 years. According to mother's and father's education, the majority of them (74% and 60 % respectively) have university education. Concerning income, 42% of parents have sufficient income.

Figure 1 showed that 60% of mothers have university education, while only 2% have primary education Table 2 showed that the majority of mothers (78%) have previous background regarding sexual harassment and 88% of them believe the existence of sexual harassment. Regarding education about sexual harassment, the largest percentage of mothers (84%) were agreed on the importance of education and 46% of them educated their children about sexual harassment. According to taking lectures about sexual harassment, the majority of mothers (98%) were not took any lectures and 88% of them were preferring taking lessons about sexual harassment

Table 3 indicated that there was highly statistically significant difference between mothers total awareness score regarding sexual harassment at pre and post intervention.

Figure 2 showed that a marked improvement of the total mean of mothers' knowledge post intervention more than at pre intervention.

Table 4 showed that no statistically significant difference between the mothers' awareness level pre intervention and their education level (P > 0.05).

Table 5 showed that a highly statistically significant difference between the mothers' awareness level post intervention and their education (P < 0.001).

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Table (1): Biosocial Characteristics of Studied Parents

Items	No (n=50)	%
Mothers age:		
<20	2	4
20-30	29	58
31-40	18	36
>40	1	2
Fathers age:		
20-30	12	24
31-40	34	68
>40	4	8
Fathers education:		
Primary	1	2
Secondary	12	24
University	37	74
Mothers education:	1	2
Primary	19	38
Secondary	30	60
University		
Income:	15	30
High	21	42
Middle	14	28
Low		
Social status:		
Married	48	96
Divorced	2	4

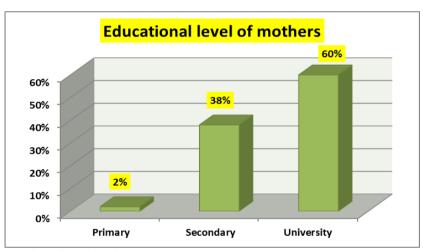


Figure (1) Mothers educational level

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Table (2): Distribution of Mother's Background Regarding Sexual Harassment

Table (2). Distribution of wiother's Dackground Re		
Items	No	%
Previous background about sexual harassment		
Yes	39	78
No	11	22
The existence of sexual harassment		
Yes	44	88
No	6	12
Previous exposure to harassment in childhood		
Yes	21	42
No	29	58
Importance of children education about sexual harassment		
Yes	42	84
No	8	16
Taking workshop about sexual harassment		
Yes	15	30
No	35	70
Educate your child about protection from sexual harassment	33	7.0
Yes	23	46
No	27	54
Nursery/school lessons for children about sexual harassment	27	31
Yes	4	8
No	46	92
Lecture for parents in school or nursery about sexual harassment	40	72
Yes		2
No	1 49	2 98
Preferring taking lectures from school about sexual harassment	49	98
prevention		
Yes	44	88
No	6	12
Who abuse your child		
Family member	10	24
Neighbor	12	24
Driver	5 4	10
Guardian	•	8
Stranger	4 25	8 50
···· • •	23	30

Table (3): Mean and Standard Deviation of Mothers Total Awareness Regarding Sexual Harassment at Pre and Post Intervention:

Items	Total awar	Paired t-	P value	
	Pre intervention	Post intervention	test	
Mean ±SD	13.02±4.09	24.3±2.97	28.4*	< 0.001
Range	4-20	16-27		

NB: * P value < 0.001

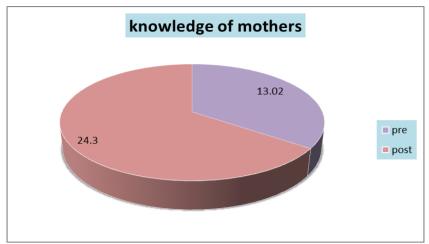


Figure (2) Total Mean Of Mothers Knowledge About Sexual Harassment At Pre And Post Intervention

Table (4) Relationship Between Mothers Awareness level Regarding Sexual Harassment and their Educational Level Pre Intervention

Items	Mothers Awareness					
	Poor (n=26) Average (n=24)		γ^2	P value		
	No.	%	No.	%	λ.	
Mothers education:						
Primary	1	3.8	0	0		
Secondary	7	26.9	12	50	3.44*	>0.05
University	18	69.2	12	50	3.77	>0.03

NB: * **P** value > 0.05

Table (5) Relationship Between Mother's Awareness Level Regarding Sexual Harassment And Their Educational Level Post Intervention

Items	Mothers Awareness				_	
	Average	e (n=6)	Good (n=44)		χ^2	P value
	No.	%	No.	%		
Mothers education:						
Mothers education: Primary Secondary University	1	16.7	0	0		
Secondary	0	0	19	43.2	10.54*	< 0.001
University	5	83.3	25	56.8	10.5	(0.001

NB: * P value < 0.001

XI. Discussion

Increased attention of children sexual harassment over the last decade has led to a dramatic increase in the number of sexually harassed children being reported to the child protection service and the police [16]. Sexual harassment can lead to antisocial behavior, depression, identity confusion, loss of self-esteem and other serious emotional problems. It can also lead to difficulty with intimate relationships later in life. The sexual victimization of children is ethically and morally wrong [8].

This study is a quasi-experimental research (pre and post) hypothesized that, Mothers who will participate in the sexual harassment educational guide, will have increased awareness regarding sexual harassment for their school age children.

Regarding characteristics of studied parents, the current study revealed that, more than half of mothers were aged between 20-30 years and 68% of fathers were aged between 31 to 40years. This can be interpreted as younger parents had a high level of knowledge and eager to learn while elderly parents are less keen to learn new concepts. These findings were consistent with [17] Who studied "awareness of Child sexual abuse prevention education among parents of 3 elementary school pupils in Fuxin City, China, Health Education Research" who reported that, the mean age for women was 33.8 ± 2.6 years and 34.6 ± 2.3 years for men.

Concerning parents' education, the present study clarified that, the largest percentage of fathers and mothers had university education, also, the smallest percentages of them had primary education. That is because highly educated mothers are very interested and keen to participate in educational sessions. This result was in line of

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agreement with [18]. Who studied "Evaluation of Mother Knowledge in Preventing Child Sexual Abuse" who mentioned that, the average educational level of the participants was 14.8 years of schooling.

In relation to social status, the same table showed that, the majority of mothers were married and have middle income. These findings come in line with [19]. Who studied "Knowledge, Attitude and Practices on the Prevention of Child Sexual Abuse and the Support to Children who have been abused" who stated that, married persons out numbered all others categories followed by single, widowed and divorced.

Concerning mothers' background regarding sexual harassment of their school age children, the current study revealed that, the majority of mothers have a previous background and believe that sexual harassment. was existing in our community. This findings come in line of agreement with [17]. Who reported that, 83.9% of the respondents knew that the problem of child sexual abuse exists around the world and that a person who has sexually abused child will likely to repeat the offense. This could be rationalized as mothers had a failed amount of knowledge of the subject matter of sexual harassment before participating in educational sessions. Also, the same table showed that, the majority of mothers knew the importance of children's education about sexual harassment, preferring to take training or workshop about sexual harassment prevention from school personnel. These findings male in line of agreement with [17]. Who mentioned that, more than 80% of parents supported schools CSA prevention education and were willing to let their children acquire some CSA prevention knowledge in school.

Concerning mothers' education of their children about sexual harassment, the present study showed that, the largest percentage of mothers did not provide any education to their children, or taking any lectures, workshops about protection of their children from sexual harassment. This can be rationalized as mothers agree with the opinion that, there is no need to conduct sexual harassment prevention education because children will learn by themselves as they grow up. Also, mothers have some concern that child sexual harassment prevention education might lead to their children learning more sex and this contradict with their values, cultures and religion. These results come in line of agreement with [17]. Who reported that, few respondents had told their children that the private parts should not be touched by others, and if someone wants to see or touch it, you should say no and leave at once and told their parents.

Concerning mothers opinion about who abuse their children, the present study revealed that, the perpetrates of child sexual abuse were family member, neighbor, driver, guardian and stranger (24%, 10%, 8%,8% and 50% respectively). According to study done by [6]. Who studied "Sexual Abuse of School Age Children: Evidence from Kenya" who clarified that, the main perpetrators of sexual harassment were identified as children themselves, stranger, neighbors and teachers (60%, 16%, 6% &15% respectively). However, girls are more likely to be abused by a family member, whereas boys are more likely to be abused by someone outside the family [16]. This can be interpreted as children's accessibility to perpetrators, children being left unprotected for long periods, mothers' fear of losing economic support were all considered as the reasons for the existence and persistence of child sexual harassment.

Regarding comparison between mean scores of mother's awareness in relation to sexual harassment. on pre and post intervention, the current study showed that, there were significant improvement of mothers awareness on posttest than on pre test. This result supports the research hypotheses. This finding reflected the effectiveness of an educational guide on improving mother's awareness regarding sexual harassment of their school age children.

This finding was supported by [18], Who found that, mothers who received a workshop program on sexual abuse prevention significantly improved their knowledge on posttest. Also, the present study revealed that, more than half of mothers have a poor level of and awareness regarding sexual harassment. on preintervention. This findings not supported by [18], Who reported that, all studied mothers demonstrated knowledge about two thirds of the concepts covered in the workshop on pretest questionnaire. This may be interpreted as participating mothers were probably more motivated, informed on the subject and they had a good grasp of the subject matter of sexual abuse even before participating in the workshop.

In relation to comparison between mothers' awareness and their educational level on post intervention, the result of this study revealed that, a statistically significant difference was found between mother's awareness and their educational level. This means that the majority of highly educated mothers had a good awareness on posttest. That is because the highly educated mothers are more informed and responsive to the needs and problems of their children and able to educate themselves through various resources to promote health and wellbeing of their children.

Finally, implementation of an educational guide about sexual harassment for mothers, improved their awareness regarding the importance of discussing the problem of sexual harassment with their children, how to prevent it and how to deal with it, if it is happen.

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XII. Conclusion

Implementation of an educational guide for mothers about sexual harassment, improved their knowledge and awareness regarding sexual harassment of their school age children.

XIII. Recommendations

- 13.1. The sexual harassment educational guide must be provided for all parents of school age children to improve their knowledge and awareness about sexual harassment.
- 13.2. There must be official support for school, and parents to cooperate together in developing child sexual abuse prevention curriculum that will meet the needs of their children.
- 13.3.Planning and implementing an educational workshop/ training for parents about sexual harassment prevention for school age children.
- 13.4.Management of child sexual harassment needs multidisciplinary approach. The team must include social worker, medical personnel, child psychologist, child psychiatrist and police officers.
- 13.5. For generalizability purpose, the study may be conducted on a larger sample of parents at different community settings.

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