

Assessment of Modification in Knowledge, Attitude & Practices for Prevention of Child Abuse among anganwadi workers and auxiliary nurse midwives in Bangalore – A cohort Study at ground and grass-root level.

Abstract--Background: A follow up of cohort study among Anganwadi workers (AWW) and auxiliary nurse midwives (ANM) who are said to be working at the grassroots and ground level in Indian villages and town. They are very closely connected to families living in a community they work. Child abuse of various forms are encountered but are frequently either not reported or stay unreported, this has a serious effect on a child psychologically, emotionally, mentally as well as physically.

Objective: To assess the level of modification in knowledge, and attitude towards prevention of child abuse among AWW and ANM who were previously assessed for knowledge attitude and practice.

Materials and Methods: This cohort study was undertaken with the help of a pretested self-administered questionnaire in both the groups. A total of 69 AWW and 53 ANM who were previously randomly selected and assessed for their Knowledge attitude and practice during their scheduled monthly meetings were targeted in this study as well. With an attrition of 4 AWW and 1 ANM a total of 65 AWW and 52 ANM took part in this cohort study who were formally educated with the help of printed materials lectures and color plates for 7 days and a crash course of 3 days after 1 month was done for recapitulation of knowledge. These cohorts were followed up after 3 months and after reiterating the need for the study and confidentiality assurance for the responses to the questions in the study, they were asked to fill the questionnaire. Completed questionnaires were collected back and subsequently subjected to data analysis.

Results: Change in Knowledge: Increase in Percentage of Participants with Better Knowledge: 60.6% AWW; 20.8% ANM A significant Increase in mean Knowledge Score was seen post formal education was given: with a p value of 0.03 which was statistically significant. Change in Attitude: Increase in Percentage of Participants with Better attitude towards curbing and Prevention of child abuse increased by: 20.3% among AWW & 7.6% among ANM; A Statistically non - significant Increase in mean Knowledge Score was seen post formal education was given: with a p value of 0.08 Change in Practice: Increase in Percentage of Participants with Better command on procedures to prevent detect & report child abuse: increased by: 84% among AWW & 69.9% among ANM; A Statistically significant Increase in mean Knowledge Score was seen post formal education was given: with a p value of 0.02

Conclusion: The educational intervention significantly improved the knowledge, attitudes, and practices of the participants regarding child Abuse. The changes observed were statistically significant, indicating the effectiveness of the targeted educational program in enhancing understanding and promoting positive behaviors.

Post formal education AWW and ANM were sufficiently prepared to know what to look for when they suspect child abuse and what to actually do when they encounter this problem in a rural setting.

KEY WORDS: Child abuse, anganwadi worker, auxiliary nurse midwives

Introduction

A boundless social, mental, physical, sexual, psychological public health problem which is not limited to any racial or ethnic group. Any such kind of abuse can occur either in child's own house or school or in public places as well. [1]

The Ministry of Women and Child Development welfare had conducted a survey which revealed alarmingly shocking numbers with 52.22% of children reporting to have faced some or the other type of sexual abuse, Andhra Pradesh, Bihar, Assam and Delhi revealed highest percentage of these grievous incidents. It also showed that 67% had been exposed to physical abuse - Boys more than girls.

Neglecting; ignoring a child's need leaves deep and long lasting scars, in child's mind, putting them in dangerous situation, making a child have a worthless feeling are also categorized as child abuse. No matter what types of child abuse, it will result in very serious emotional damage [2]

Following the definition given by CAPTA (Child Abuse Prevention and Treatment Act) which includes willful cruelty and unjustifiable Punishment of a child; Child trafficking are also considered as a form of child abuse, such incidences hugely remains hidden within our conservative thinking society.

[3,4]

Need of the study.

The researcher had conducted a previous KAP study among anganwadi workers and auxiliary nurse Midwives in Bangalore, and inferred that the Knowledge and attitude toward child abuse at grassroot level among AWW is insufficient when compared to ground level among ANM, but practice about procedures and reporting after detection of child abuse was disappointingly lacking among AWW and ANM.

Adopting the Ludwig von Bertalanffy's - GST(General System Theory),[5] As they(AWW,& ANM) have been associated to lowest level of health care system or 1st point of contact among interior villages and small towns, hence educating them would be beneficial to fight this complex problem and help the society in the course of eradication of child abuse.

Research Methodology:

Research approach: Pre-experimental research approach

Research design: Cohort pre and post Knowledge attitude practice assessment.

Variables:

Independent variables: Awareness programme on child abuse

Dependent variables: Knowledge attitude and practices of AWW & ANM on child abuse.

Study Population Sample and Settings of the study: AWWs and ANMs of Bengaluru- Karnataka

Inclusion criteria: All available AWW & ANM who were a part of previous study with minimum 1 year experience.

Exclusion criteria & Attrition:

a) Who are not willing to participate in the study -1.ANW

b) Attrition - 2 AWW transferred to another center 1 left the job. And 1 AWW Passed Away.

Sample size: Hence In this study, the total sample was 65 AWW and 52 ANM took part in the study.

They were formally educated with the help of printed materials lectures and color plates for 7 days and a crash course of 3 days after 1 month was done for recapitulation of knowledge.

Table1: Data collection tool and techniques:

Data Collection Tool	Variable			Technique
Structured Questionnaire	Knowledge attitude and practice			Self-administered questionnaire in Local language
	Knowledge 10 questions	Attitude 05 questions	Practices 10 questions	

Materials and methods: A Cohort study was conducted to assess the modification in knowledge, attitude, and practice of AWW and ANW toward preventing abuse among children they are associated with.

During their schedule meetings at centers - structured questionnaires were handed over to AWW and ANW to obtain the primary data. Ethical approval was obtained from the institutional review board of Dr. Syamala Reddy Dental College Hospital & Research Center, Bangalore, Karnataka, India. A pilot survey to check for the feasibility of the study; to check the validity and reliability of the questionnaire on three AWW and three ANW was conducted.

Explanation about the need of the Study to AWWs & ANMs was done and then they were requested to fill the structured questionnaire. Warranting confidentiality to respondents' names were optionally asked as a part of the questionnaire.

A total of 65 AWW and 52 ANW took part in the survey by responding the questionnaires, making a total of 117 participants in the study.

Modified knowledge, attitude, and practice toward child abuse - after recapitulation of formal education among AWW and ANW was assessed using a self-administered structured questionnaire with a total of 20 questions 3 months after the formal education was given. Data obtained were compiled and subjected to statistical analysis using χ^2 -test, and Spearman correlation test.

Results: AWW and ANM were categorized based on their work experiences for better articulation of results. Among 65 AWW, 35 (53.8%) were having an experience of 1–3 years, 22 (33.8%) were having an experience of 4–7 years, and 8 (12.3%) were having an experience of 8–10 years. Among 52 ANW, 22 (42.3%) were having an experience of 1–3 years, 19 (36.5%) were having an experience of 4–7 years, and 11 (21.1%) were having an experience of 8–10 years [Table 2].

Table2: Years of Experience of AWW and ANM:

Years of Experience	Anganwadi worker	Auxiliary nurse midwives	Total
1-3	35 (53.8%)	22 (42.3%)	57(48.7%)
4-7	22 (33.8%)	19 (36.5%)	41(35%)
8-10	8 (12.3%)	11 (21.1%)	19(16.2%)
Total	65(55.5%)	52(44.4%)	117(100%)

Of 65 AWW, 61(93.8%) answered the knowledge questions correctly compared to only 34.7% prior to giving formal education.

a. Knowledge:

Table 3: Percentage of Participants with High Knowledge:

AWW		ANM	
Before Formal Education	After Formal Education	Before Formal Education	After Formal Education
34.7% (24/69) Answered Knowledge questions correctly	95.3% (62/65) Answered Knowledge questions correctly	77.3% (41/53) Answered Knowledge questions correctly	98.1% 51/52 Answered Knowledge questions correctly

Table 4: Average Knowledge Score:

Answering Knowledge questions Before Formal Education			Answering Knowledge questions After Formal Education	
Years of Experience	Mean		Mean	
	AWW	AWW	AWW	ANM
1-3	3.4 ± 1.8	4.2 ± 2.5	8.4 ± 1.6	8.2 ± 1.7
4-7	3.9 ± 2.6	5.1 ± 2.1	8.9 ± 0.6	8.8 ± 0.7
8-10	7.6 ± 1.3	8.2 ± 2.6	9.6 ± 0.3	9.2 ± 0.6
p-Value	0.03*			

*Statistically Significant.

Change in Knowledge:

Increase in Percentage of Participants with Better Knowledge: 60.6% AWW; 20.8% ANM

A significant Increase in mean Knowledge Score was seen post formal education was given: with a p value of 0.03

b. Attitude:

Table 5: Percentage of Participants with Better Attitude towards prevention:

AWW		ANM	
Before Formal Education	After Formal Education	Before Formal Education	After Formal Education
78.2% (54/69) Kept a positive attitude towards curbing child abuse	98.5% (64/65) had a positive attitude towards curbing child abuse	92.4% (49 /53) Kept a positive attitude towards curbing child abuse	100% 52/52 had a positive attitude towards curbing child abuse

Table 6: Average Attitude Score:

Attitude towards prevention of child abuse before formal education			Attitude towards prevention of child abuse after formal education	
Years of Experience	Mean		Mean	
	AWW	AWW	AWW	ANM
1-3	3.2 ± 1.1	3.4 ± 1.2	4.4 ± 0.4	4.2 ± 0.2
4-7	2.9 ± 1.8	3.1 ± 1.9	4.6 ± 0.2	4.8 ± 0.1
8-10	4.6 ± 1.5	4.3 ± 1.7	4.8 ± 0.3	4.9 ± 0.1
p-Value	0.08^			

^ Not Statistically Significant.

Change in Attitude:

Increase in Percentage of Participants with Better attitude towards curbing and Prevention of child abuse increased by: 20.3% among AWW & 7.6% among ANM;
 A Statistically non - significant Increase in mean Knowledge Score was seen post formal education was given: with a p value of 0.08

c. Practices:

Table 7: Percentage of Participants with Better command on procedures to prevent detect & report child abuse:

AWW		ANM	
Before Formal Education	After Formal Education	Before Formal Education	After Formal Education
14.5% (10/69) knew procedures to detect & report child abuse.	98.5% (64/65) had a better command on procedures to detect & report child abuse	30.1% (16 /53) knew procedures to detect & report child abuse.	100% 52/52 had a better command on procedures to detect & report child abuse

Table 8: Average Practice Score:

Practices towards detection prevention and reporting child abuse before formal education			Practices towards detection prevention and reporting child abuse After formal education	
Years of Experience	Mean		Mean	
	AWW	AWW	AWW	ANM
1-3	3.2 ± 1.1	3.4 ± 1.2	8.4 ± 1.4	9.2 ± 0.6
4-7	2.9 ± 1.8	3.1 ± 1.9	8.6 ± 1.2	9.8 ± 0.1
8-10	4.6 ± 1.5	4.3 ± 1.7	9.8 ± 0.1	9.9 ± 0.1
p-Value	0.02*			

*Statistically Significant.

Change in Practice:

Increase in Percentage of Participants with Better command on procedures to prevent detect & report child abuse: increased by: 84% among AWW & 69.9% among ANM;
 A Statistically significant Increase in mean Knowledge Score was seen post formal education was given: with a p value of 0.02

Discussion

A long lasting Scar is left of the child’s psychology if he or she undergoes any form of child abuse, these abuses can be physical mental or sexual but it affects a child throughout the life. These psychological dents damage self-respect of a child. Sense of oneself, these children are unable to build any kind of supportive, respectful, trusting, and/balanced relationships with the society they live in, nor in the study place or at professional places, neither in their own family.

Such enduring indentations in early ages of life may push a child to start and get engulfed in habits like drug addiction or alcoholism which temporarily gives them a numbing effect from such abuses because these habits elevate dopamine which is a feel good hormone. Furthermore the child can even suffer mental disorders like depression and or anxiety. These can lead them to future wrongdoers and adopt violence as they grow up. [4,6]

The results of our study reflected that post intervention knowledge attitude and practices towards monitoring, identification and reporting reporting Child abuse increased drastically. This was similar to the findings of the study conducted by Sulata patra among mothers of westbengal and Naughton AM et al which conferred that administration of knowledge to mothers increased the awareness to detect child abuse and emotional effects to child respectively. [7,8] Post formal Education AWW and ANMs were having a High Knowledge, even better positive attitude toward eradication of child abuse, and also knew the post detection standard operating procedures to report child abuse when it is suspected/ detected.

Prior to imparting the formal education among AWWs and ANMs although they showed a positive attitude but lacked knowledge which was similar to a study of sonbol et al highlighting a large gap between recognizing signs of physical child abuse and effectively respond to such mishaps if detected among Jordanian dentists..[9,10] they had highlighted that they were unable to detect and were uncertain about diagnosing and place for referring such children.

Using a pre-validated and reliable questionnaire to extract the results strengthens this study; results with statistical analysis and comparison between two groups before and after formal education was the basis of this cohort study. Nevertheless a slightly smaller sample size could be a limitation of this particular study. However this being a pioneering prospective cohort study in India, data form this study can be used as a reference data and further studies can be conducted in this direction among the AWWs and ANMs who are the first point of contact for most of the rural population of India.

In a detailed review of some previous articles it was observed that studies very less number of studies were conducted asserting to dental neglect which is also a form of child abuse. Research fraternity can look into these lacunae to fill the gaps in child maltreatment. And further studies can be directed in this direction.

Safeguarding the youth and especially Children is obligatory to every individual of the society we live in [11]. AWW and ANM work day in and day out with children and are in the very distinctive stance to acknowledge the signs of child abuse be it sexual, emotional or Physical abuse. Also any kind of neglect to needs of child can be detected by these grassroot level workers. Whenever and wherever a child is or may be in need of welfare AWWs and ANMs should stand and be pivotal to bridge the gap to eradicate child abuse.

Conclusion

The educational intervention significantly improved the knowledge, attitudes, and practices of the participants regarding child Abuse. The changes observed were statistically significant, indicating the effectiveness of the targeted educational program in enhancing understanding and promoting positive behaviors.

Post formal education AWW and ANM were sufficiently prepared to know what to look for when they suspect child abuse and what to actually do when they encounter this problem in a rural setting.

Some recommendations to be put forward keeping the results of this study are as follows.

- to cater high standards of care for these young children who may encounter domestic violence, ground level staff should have an exclusive, concrete educational experience in context to child abuse during their training itself.
- Stringent measures by the government shall be infused regarding child abuse detection and reporting.
- for these base level workers like AWW and ANMs such continuing formal education should be encouraged.

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