

Impact of Educational Intervention on Adolescent's Knowledge Level Regarding Child Sexual Abuse Prevention in Public Schools of Lahore, Pakistan

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Abstract

Background: The child sexual abuse (CSA) is a serious and global problem that usually results in mental health issues in adulthood. It has been reported across the globe that may also lead to potential behavioral and physical health problems. CSA need to be addressed by adopting active and wide-ranging preventive approaches. School-based programs are very productive but not readily accessible in our community to educate adolescents to make them vigilant and alert, if they appear to be trapped in any way.

Aims and objectives: The main objective of the study was to measure the impact of educational interventions on adolescent's knowledge regarding CSA prevention in public schools of Lahore, Pakistan.

Methods: A Quasi Experimental pretest and posttest study design was used with simple random sampling. Data was collected prior to an educational intervention, after the intervention and again after four weeks of educational session. SPSS version 27 was used to enter and analyze the collected data. P value less than or equal to 0.05 was considered significant.

Results: Adolescents of both genders from Grade 6 to Grade 8 of age 10-16 years were selected. However, most of the participants were female (55.6%). The offered project reveals that educational interventions left a substantial impact on mean score of knowledge among participants. However, a decline in the mean score with the passage of time was recorded in the same population.

Conclusion: The contemporary study concluded that educational intervention is operative and beneficial in increasing the knowledge of adolescents regarding Child Sexual Abuse prevention. However, repetitive sessions are needed for long term benefits.

Key words: Child Sexual Abuse, Prevention, Educational intervention, Adolescents.

Introduction: The World Health Organization defines adolescents as individuals aged 10 to 19. Investing in their well-being, education, and safety secures their future and fosters societal progress. By promoting their rights and supporting their potential, we contribute to a fair and prosperous society (1).

Child Sexual Abuse (CSA) is a major public health issue impacting all cultures and socio-economic levels, harming adolescents' health, and includes both physical acts and inappropriate digital communications (2). Global prevalence of CSA is significantly higher than that is about 8% among boys and at about 20% among girls (3). The National Survey conducted in US presented that police reports concerning Child Sexual Abuse befall for 19.1% of all cases (4). Whereas US has been bearing about 9.3 billion dollars financial burden of it yearly (5). Pakistan's data on CSA prevalence is limited and often unreported due to cultural, religious, legal, and gender barriers. In 2021, an estimated 30% of children experienced CSA, with 47% of the victims being boys and 53% girls. (2). A 2022 study showed significant regional differences in CSA cases in Pakistan, with Punjab having the highest number (3,035), and revealed that around 550,000 children aged 6-15 are affected, emphasizing the urgent need for preventive measures (6).

United Nations estimated 18% (1.2 billion) are adolescents from which a considerable number about 88% belongs to developing countries (7). Adolescence is a crucial stage bridging childhood and adulthood, marked by significant changes and presenting both risks and opportunities that necessitate focused attention due to its lasting health and societal impacts. (8). Literature determines that the adolescence stage dynamisms are not managed appropriately as required and need handy devotion from parents, educators, health care professionals, and families (9).

The sensitivity of CSA has provoked national conversation in Pakistan, where it is often considered taboo. Despite rising financial burdens and high CSA rates, prevention programs are still lacking. In contrast, developed nations have extensively evaluated and strongly endorsed CSA prevention programs to educate and protect adolescents (5). In developing nations like

Pakistan, research on sexual abuse prevention is limited due to numerous challenges associated with the cultural taboo surrounding the topic (11). A recent review noted that as of 2020, only eight studies had been carried out to examine the effectiveness of child sexual abuse prevention programs in developing countries (11). The dynamics of CSA, often shaped by erudite culprit preparing tactics and extensive social denial of the scope of the problem (12). The rising CSA rates in Pakistan and lack of preventive education highlight the urgent need to develop and evaluate effective prevention programs (5). The trend of increasing child abuse in Pakistan demands instant attention and preventive intervention (6).

Therefore, our objective here is to investigate the impact of educational intervention on the knowledge level of adolescents regarding Child Sexual Abuse (CSA) prevention in Pakistan, a developing country. This research is estimated to bridge the gap in the existing literature. and would be effective not only in the prevention of CSA but may also intervene as a new program in the fight against STDs to safeguard community.

Hypothesis: Educational interventions significantly enhance the knowledge level of adolescents regarding Child Sexual Abuse (CSA) prevention in public schools of Lahore, Pakistan.

Material and Methods: The quasi-experimental study was conducted at the Institute of Nursing, University of Health Sciences Lahore, in collaboration with two public schools in Lahore, aiming to analyze the impact of educational interventions on adolescents' knowledge regarding Child Sexual Abuse (CSA) prevention. The study included students from grades 6 to 8, selected through a lottery method, with a minimum sample size of 72 participants. Ethical considerations were strictly followed, ensuring participants' privacy and confidentiality. The educational session, based on standard guidelines, used a lecture method with audiovisual aids and covered CSA prevention strategies. Data collection included pretests and posttests to measure knowledge levels using the Children's Knowledge of Abuse Questionnaire. Statistical analysis was performed using SPSS, with non-parametric tests applied due to non-parametric data distribution. The study found significant improvements in knowledge following the educational intervention.

Results: Demographic data of Adolescents, participating in educational intervention regarding Child Sexual Abuse prevention in Public Schools of Lahore, Pakistan (N=72).

Table 1. Age of the participants

Age	Frequency N	Percentage %
10 y to 12 y	16	22.2%
13y to 14 y	45	62.5%
15y to 16 y	11	15.3%

The age distribution data reveals that among the surveyed group, the majority falls within the 13 to 14-year-old range, comprising 62.5% of the total sample. In contrast, 22.2% of individuals are aged between 10 and 12 years, while only 15.3% are in the 15 to 16-year-old bracket. This distribution highlights a predominance of younger adolescents, with the 13 to 14-year-old age group being notably larger compared to the other age ranges as shown in the table 1.

Table 2 Gender of the participants

Gender	Frequency N	Percentage %
Male	32	44.4%
Female	40	55.6%

The gender distribution data indicates a relatively balanced composition within the surveyed group, with females slightly outnumbering males. Specifically, females represent 55.6% of the total sample, while males account for 44.4%. This distribution shows a predominance of female participants compared to their male counterparts, though the difference is not exceedingly large.

Figure 1: Educational level of the participants

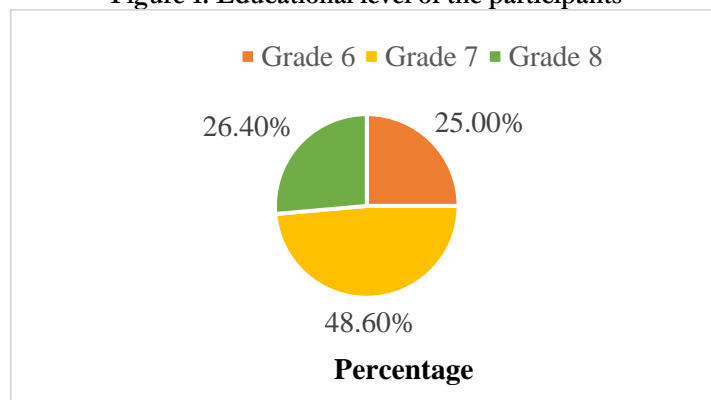


Figure no 1 education level of participants was presented in grads, maximum students 35(48.65%) were from grade 7 whereas 19(26.4%) were of grade 8 and 18 students (25%) were of grade 6.

Figure 2: knowledge level of adolescents regarding Child Sexual Abuse

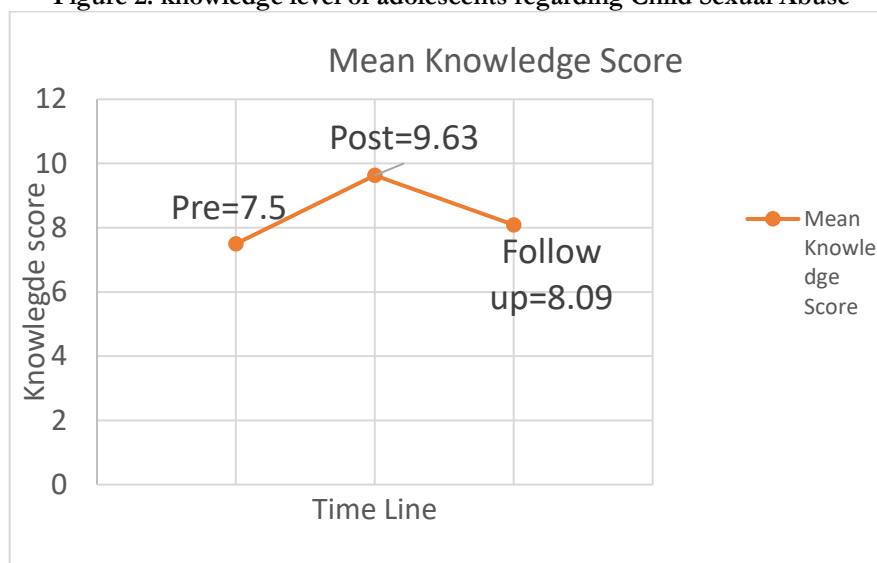


Figure 2: This figure shows the mean knowledge scores at different times related to the educational intervention. Before the Educational Intervention: The mean knowledge score was 7.5. After the Educational Intervention following the educational intervention, the mean knowledge score increased to 9.63. This notable improvement indicates that the educational intervention was effective in enhancing participants' knowledge. One Month After the Educational Intervention, the mean knowledge score was 8.09. This mean score represents a decrease from the immediate post-intervention score which showed retention of knowledge one month later.

Table 3 Assessment of Effectiveness of Educational intervention.

Total N	72
Test Statistic	1722.000
Standardized Test Statistic	6.356
Asymptotic Sig. (2-sided test)	<0.001
Decision	Reject the null hypothesis.

Table 3: The Wilcoxon Signed Rank Test compared pretest and posttest-1 knowledge levels of adolescents on CSA prevention, yielding a significant p-value (<0.001) and test statistic (1722.000), leading to the rejection of the null hypothesis. This indicates that educational sessions significantly improved adolescents' knowledge on CSA prevention. However, the study found that repeated sessions are necessary for long-term retention, as knowledge levels declined after one month. The decline may be due to cultural constraints and lack of ongoing discussions and training on this sensitive topic.

Discussion: Child sexual abuse (CSA) is a hidden but distressing issue worldwide, including in Pakistan, as recognized by the World Health Organization. Adolescents, who make up over 52% of Pakistan's population, are crucial to the country's future. Schools offer a valuable platform to raise awareness among them (13). It is the need of the era to equip the children with adequate knowledge about CSA prevention which will enable them to safeguard themselves (12). Effective educational interventions are crucial in Pakistan, where 15-25% of children are at risk of sexual abuse (20). Data revealed 17% of 300 schoolchildren in Islamabad/Rawalpindi were CSA survivors, with 72% under 13, highlighting the urgent need for preventive measures and education for adolescents. Findings from a study (21) emphasized the requirement of amplified age related knowledge about the different types of physical trauma. Results of another cross sectional study conducted in a study of 274 Pakistani university students found CSA victims are most often aged 6 to 18, emphasizing the importance of school-level education in increasing adolescent knowledge (22). Another study supported that the investment in primary teaching is advantageous as the progress occurs in children's behavior at this stage(23).

Adolescents aged 10-16 from grades 6-8, primarily female (55.6%), were educated on CSA prevention through lectures and audiovisual aids. The study assessed knowledge levels before and after the intervention, addressing cultural taboos in Pakistan. The 45-minute educational intervention on personal safety for children covered, body autonomy, private parts, and acceptable vs. unacceptable touch. It included a 25-minute PowerPoint on CSA prevention and a 10-minute demonstration, stressing that no one should touch or ask them to touch private parts, especially in secret. Results showed that the educational intervention significantly improved participants' knowledge (24).

The current study indicates that age-specific educational sessions greatly enhance adolescents' knowledge of CSA prevention, as post-intervention tests showed significant improvement in awareness and understanding. Similar findings were reported in Islamabad and Rawalpindi, confirming the effectiveness of such interventions (27).

The research showed that educational resources greatly improved adolescents' CSA prevention knowledge and psychological well-being. This aligns with a U.S. study, which found that such resources effectively mitigate the psychological and physical impacts of war and terror on children (28).

The contemporary study required to boost flexibility and cognitive abilities in adolescents to prevent violence, with similar findings supporting that increased resilience and awareness reduce violent behavior (29). In contrast, the results of a study led in USA revealed that a large number of educational programs have beset older school-age children, but research displays that these programs can be effective for kids of preschool and kindergarten age (30).

This study, found a decline in CSA prevention knowledge one month after the intervention, suggesting a need for repeated sessions to improve retention, as supported by similar research conducted in USA that suggests that young minds have the tendency of forgetfulness at the knowledge what they have learnt and need repetitive sessions and lesson reinforcement for the retention of information (30).

Post-intervention, correct answers increased significantly: understanding of bad touch rose from 44.8% to 62.2%, recognizing uncomfortable touch by liked individuals increased from 33.3% to 75.0%, and knowledge about keeping secrets improved from 40.3% to 86.1%. These results are consistent with a study in Rawalpindi, differing from another local study where correct responses decreased in post-test. Participants initially had high knowledge about inappropriate touch (99.1%), which remained stable in subsequent tests, suggesting prior strong understanding. (13).

The present study shows increased adolescent awareness of their rights and reduced acceptance of silence about inappropriate touch, with belief in secrecy dropping from 38.9% to 15.5% post-intervention. Despite improvements, ongoing CSA prevention education is needed to address persistent misconceptions and cultural norms.

Conclusion: The study suggests that educational interventions effectively increase adolescents' knowledge levels of Child Sexual Abuse (CSA) prevention. The null hypothesis was rejected, showing that knowledge levels significantly improved post-intervention. However, repeated sessions are necessary for long-term retention, as knowledge levels declined after one month. This research serves as a stepping stone for addressing CSA prevention and implementing preventive programs in schools.

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