

## Sexual Harassment Preventive Program for Mothers To Protect Their Children

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**Abstract:** Sexual harassment is a real and serious problem that can affect any child or youth regardless of gender, race, or age. It can threaten physical or emotional well-being.

**Aim:** of this study was to evaluate the effect of sexual harassment preventive program for mothers to protect their children.

**Design:** A quasi-experimental design was utilized.

**Setting:** The study was carried out at Maternal and child health center in Benha.

**Sample:** A purposive sample of 120 mothers out of total numbers 1208.

**Tools:** Data were collected through: An interviewing questionnaire to assess mothers' demographic characteristics, sexual harassment knowledge, likert scale to assess mothers' attitudes related to child sexual harassment prevention education and questionnaire to assess mothers' practices through asking questions related to healthy child sexual development and sexual harassment prevention.

**Results:** The results of the current study showed that, 44.2% of studied mothers aged 30 years or more, there were highly statistically significant differences between pre and post implementation of sexual harassment preventive program of studied participants regarding their level of knowledge and their practices. Also, highly statistically significant difference was found between pre and post implementation of program of studied participants concerning their attitudes toward preventive sexual harassment education where  $p: (<0.001)$ .

**Conclusion:** The sexual harassment preventive program enhanced mothers' knowledge, practices, and changed positively their attitudes toward child sexual harassment prevention education.

**Recommendation:** This study recommended that the need for continues of child sexual harassment preventive programs among MCH attendant mothers to improve mothers' knowledge, attitude and practices to protect their children.

**Keywords:** Child sexual Harassment, Mothers, Prevention.

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### I. Introduction

Sexual harassment is a real and serious problem that can affect any child or youth regardless of gender, race, or age. It can threaten physical or emotional well-being, influence school performance, and make it difficult to achieve career goals. Sexual harassment is one form of sexual violence against children which is a significant problem in many low- and middle-income countries <sup>(1, 2)</sup>.

Sexual harassment refers to an unwelcome or unwanted sexual advances or invitation to engage in a sexual activity; unwanted physical contact of a sexually harassing nature, including non-consensual touching, grabbing, pinching, hugging, brushing against a person's body, or staring; or displaying sexually suggestive objects or pictures or obscene gestures; and making sexually derogatory comments <sup>(3)</sup>.

The total number of children in the world is estimated as 2.2 billion, In Egypt according to demographics Profile 2014, Proportion of Population under17 years of age (0-17 years) is 37.1% of total population. Children constitute a large segment of the population, they are a vulnerable to victimization because they are smaller, weaker, and less sophisticated compared with the older, aggressive, and crafty offenders <sup>(4, 5, 6)</sup>.

Child sexual harassment or abuse can take place within the family, by a parent, step-parent, sibling or other relative; or outside the home, for example, by a friend, neighbor, child care person, teacher, or stranger. Child sexual harassment or abuse occurs in all types of families, regardless of cultural, economic or education level. Children of all ages from infants to adolescents may be sexually harassed or abused. Child sexual harassment or abuse happens to both boys and girls <sup>(7, 8)</sup>.

Understanding healthy child sexual development is very important to prevent child sexual harassment or abuse. Many adults don't know what to expect as children develop sexually, which can make it hard to differentiate between healthy and unhealthy behaviors <sup>(9)</sup>.

### II. Significance of the study

In Egypt official reports suggest that violence and sexual assaults against children have increased in recent years, The National Council for Childhood and Motherhood (NCCM) has documented 206 cases of

“sexual harassment and rape” on children between 2011 and 2014, 138 of the incidents were carried out against girls, with the rest suffered by boys<sup>(10)</sup>.

Mothers are often the first source of information for children when it comes to education about their bodies, safety and sex. Due to their close relationship and the influence they have on their children’s lives, mothers should have an active role in child sexual harassment prevention<sup>(11)</sup>.

Nurses can play an important role in the prevention of sexual harassment. Nurses can help mothers to raise healthy children and educate them about how to protect their children from sexual harassment. Therefore, this research was carried out to enhance the mothers' knowledge, attitude and practices regarding child sexual harassment to protect their children from sexual harassment.

### **III. Aim of the study**

This study aimed to evaluate the effect of sexual harassment preventive program for mothers to protect their children through:

1. Assessing the strengths and weakness in mothers' knowledge regarding healthy child sexual development, and sexual harassment as well as practices to protect their children from sexual harassment
2. Assessing mothers' attitudes regarding sexual harassment prevention education
3. Designing and implementing an educational program for mothers to protect their children from sexual harassment
4. Evaluating the effects of sexual harassment preventive program on the mothers' knowledge, attitude and practices regarding sexual harassment prevention

### **Research Hypothesis**

The mothers who received educational program will enhance their knowledge, attitudes and practices to protect their children from sexual harassment as indicated by pre and posttests scores.

### **IV. Subjects and Methods**

#### **Research design**

A quasi-experimental research design used in this study

#### **Setting**

The study was carried out at Benha city which include two maternal and child health care centers (MCH), one center selected randomly (First health care center).

#### **Sample**

A purposive sample of 120 mothers accompanying with their children who attended to the previous mentioned setting which represents 10% out of nearly 1208 mothers attended MCH monthly. Under the following criteria: the child aged less than 7 years and mothers accepted to participate in the study.

#### **Tools for data collection**

Two tools were used for data collection

**First tool:** Interviewing questionnaire was developed by the researchers in Arabic language after reviewing of related literature<sup>(12, 9)</sup>. It encompassed three main parts:

**Part I:** Demographic characteristics of mothers and their children such as mothers' age, educational level, marital status, fathers' educational level, number of children, child age, and mothers heard about sexual harassment.

**Part II:** Mother's knowledge regarding to child sexual harassment and its prevention which included: meaning, normal child sexual development, the harasser, forms, the places which may occur in, measures used to confront it, the effects of sexual harassment on the child, leading factors, preventive measures, and sources of sexual harassment information

**Scoring system of mothers' knowledge:** The studied participants' knowledge was calculated for each item as follows: good knowledge was scored (2); while average knowledge was scored (1), and poor knowledge was scored (0). The total knowledge score was categorized into good knowledge > 60%, Average knowledge ≥ 50% - 60% and poor knowledge < 50%.

**Part III:** Mother's practices through asking questions. It divided into two sections.

Section (1) pertained to assess mother's healthy child sexual development practices which included: teach child correct names of body parts, avoid punish the child when touching genitals, draw the child attention to something else, teach the child how to clean his/her genitals by him or herself, avoid the child sleeping in the parent's bed, avoid kissing or touching child's private body parts (buttock or genitals), help child begin to understand how to interact respectfully with others, disperse between boys and girls in their beds during sleeping, talk with the child about the physical changes that will occur during puberty, and try to gain information about sexual development stages and puberty to answer any child's questions.

Section (2) pertained to assess mother's sexual harassment prevention practices which included: teach child the difference between wanted and unwanted touch, boundaries, provide books or audiovisual materials about sexual harassment prevention for their children, and teach child how to do if someone wants to see or touch their private parts, they should definitely say 'No' and leave at once or cry loudly and call for help.

#### **Scoring system of mothers' practices**

The studied mothers' practices were calculated by using a scale rated to three points usually done, sometimes done, not done: scored 2, 1, and 0 respectively.

**Second tool:** Mother's attitudes regarding sexual harassment prevention education by using a Likert scale was adopted from Zhang et al.,<sup>(13)</sup> modified and translated into Arabic language by the researchers. Response choices to the items were simply 'Agree', 'Disagree' and undecided. The scale included 4 items as: 1. Do you agree to child sexual harassment prevention education in preschool or school? 2. Are you afraid that child sexual harassment prevention education may induce your child to know too much about sex? 3. Do you agree that it is appropriate to develop sexual harassment prevention programs in MCH centers and local health services? 4. Do you agree that sexual harassment education will help to prevent it?

**Scoring system of mothers' attitudes scale:** The questionnaire included 4 items on a 3-point Likert scale ranging from 1 (agree) to 3 (undecided). Agree being scored as 'agree' 2 point, 'disagree' as 1 points and 'undecided' as 0 points. The total score range was (0-8), and a higher score indicated a more positive attitude toward sexual harassment prevention education.

#### **Content validity**

The tools were reviewed for comprehensiveness, appropriateness, and legibility by an expert panel consisting of five community health nursing as well as pediatric nursing experts. The panel ascertained the face and content validity of the tools.

#### **Pilot study**

A pilot study was carried out on 10% from total sample of the mothers to assess the clarity, visibility, and time required to fulfill the tools. Those mothers in the pilot study were not included in the main study sample since some modifications were done.

#### **Ethical consideration**

First, consent was taken from; the administrator of districts, maternal and child health care center, and the mothers. They were informed about the purpose and expected outcomes of the study. Their approval to participate in the study were ensured, also all data obtained will be treated with anonymity and confidentiality. Each mother was informed about the purpose and benefits of the study then oral consent was obtained before starting the data collection.

#### **Field of Work:**

- A written official letter was obtained from the Dean of the Faculty of Nursing, Benha University and delivered to the administrator of district in order to obtain his approval for conducting of the research after explaining its purpose.
- Another written official letter was taken and delivered director of maternal and child health care center. At the time of data collection a verbal agreement was taken from every participant in the study after clear and proper explanation of the study purpose and its importance for them.
- The study was carried out through four phases: assessment, planning, implementation, and evaluation. These phases were carried out from beginning of November 2014 to the end of April 2015.
- The previous mentioned setting was visited by the researchers two days/week (Sunday and Monday) from 9.00 am to 2.00 pm. The tools took about 30-45 minutes. Data collection took about six months.
- The researchers met the mothers in the waiting areas in the previous mention setting

**Program Construction:**

The Program was conducted in the following phases:

**1-Preparatory phase:**

The researchers reviewed the recent, current, national and international related literature in various aspects related to sexual harassment for children.

**2- Assessment phase:**

Assessment started as a base line, using the previous tools to assess the socio demographic and mother's knowledge and practices regarding sexual harassment prevention.

**3- Planning and implementing phase:**

**Objectives:**

The main objective of the educational program is to improve mother's knowledge, attitude and practices to protect their children from sexual harassment.

This program was involved 5 sessions where (2) and (3) of them were devoted to theoretical and practical contents by using simple Arabic language to suit mothers' level of understanding. It was applied through sessions in individual or groups of mothers (5-7) regarding actual need assessment. Each session took 30-45 minutes. At the end of each session, the participants were informed about the content of the next session and its time. Different teaching methods were used including small group discussion, brain storming, demonstration and re-demonstration. The teaching aids used were brochures, and colored posters. Handout distributed to all studied sample to achieve its objective.

The program content included the following:

- Child sexual developmental characteristics during all stages of child's growth.
- Meaning of sexual harassment
- Forms of sexual harassment
- Effects of sexual harassment on the child
- The harasser
- Places which sexual harassment may occur
- leading factors
- How to confront sexual harassment situation
- Positive attitudes regarding child sexual harassment prevention education
- Practices to provide healthy child sexual development such as teach child correct names of body parts, avoid punish the child when touching genitals, draw the child attention to something else, teach the child how to clean his/her genitals by him or herself, avoid the child sleeping in the parent's bed, and avoid kissing or touching child' private body parts.
- Practices to protect the child from sexual harassment as: teach child the difference between wanted and unwanted touch, boundaries, provide books or audiovisual materials about sexual harassment prevention for their children, and teach child how to do if someone wants to see or touch their private parts, they should definitely say 'No' and leave at once or cry loudly and call for help.

**4-Evaluation phase:**

Pre and post test used to evaluate the sexual harassment preventive program.

**Statistical Design:**

The calculated data was analyzed and tabulated using "chi-square" for number and percentage distribution and correlation coefficient "r" was used; by using SPSS, version 20.0 to determine if there are statistically significance relations. A statistically significant difference was considered at  $p \leq 0.05$ , and a highly statistically significant difference was considered at  $p \leq 0.001$ .

**V. Results**

Table (1) shows that 44.2% of studied mothers aged 30 years or more with the mean age was  $32.42 \pm 4.73$  years, while 72.5% of their children aged less than six years, and 80.0% of them were married. Also 33.3 of studied mothers had university education, 40.0% of fathers had university education while 27.5 of them had three children and 74.2% of studied mothers heard about sexual harassment.

Figure (1) reveals that, 89% of studied participants their source of sexual harassment information was TV followed by 40% of them acquired their sexual harassment information from their friends or family members.

**According to the research hypothesis:** The findings revealed a significant improving in studied participants' knowledge, attitudes and practices regarding sexual harassment prevention after implementation of sexual harassment preventive program (table 2, 3,4, and 5)

Table (2) clarifies the distribution of studied participants' knowledge concerning to child sexual harassment pre and post program implementation, there was highly statistically significant difference between pre and post sexual harassment preventive program implementation regarding most of knowledge items ( $p \leq 0.001$ ).

Table (3) shows the distribution of studied participants' attitudes regarding child sexual harassment prevention education pre and post program implementation. As noticed from the table, 52.5% of studied participants pre program agreed that sexual harassment prevention education should be taught in preschool or school, 19.2% agreed that it is appropriate to develop sexual harassment prevention programs in MCH centers and local health services which increased to 78.3% and 51.2% respectively post program. Also, there was highly statistically significant difference between pre and post sexual harassment preventive program implementation regarding most of attitudes items except studied participants agreement concerning to sexual harassment education will help to prevent it ( $p < 0.001$ ).

Table (4) reveals the distribution of studied participants' practices regarding healthy child sexual development pre and post program implementation. It was showed that a significant improvement between pre and post sexual harassment preventive program implementation regarding all practices' items ( $p < 0.001$ ).

Table (5) clarifies the distribution of studied participants' practices regarding prevention of child sexual harassment pre and post program implementation. There was a statistically significant difference between pre and post sexual harassment preventive program implementation regarding most of practices items except providing books or audiovisual material about sexual harassment prevention for their children ( $p < 0.05$ ).

Table (6) illustrates that, there was a positive highly statistically significant correlation between total knowledge and total practices scores groups pre and post sexual harassment preventive program implementation. Moreover, there was a positive highly statistically significant correlation between total knowledge and total attitudes scores pre and post sexual harassment preventive program implementation.

Table (7) shows that, there was a positive highly statistically significant correlation between total practices score and total attitudes score post sexual harassment preventive program implementation.

**Table (1): Frequency distribution of studied participants regarding their demographic characteristics**

Demographic characteristics	No	%
<b>Mother's Age (In Years)</b>		
<25	25	20.8
25-	31	25.8
30-	53	44.2
35+	11	9.2
<b>Mean <math>\pm</math> SD</b>	32.42 $\pm$ 4.73	
<b>Child's Age (In Years)</b>		
<6	87	72.5
6+	33	27.5
<b>Marital status</b>		
Married	96	80.0
Widow	10	8.3
Divorce	14	11.7
<b>Mother's educational level</b>		
Can't read and write	30	25.0
Basic education	14	11.7
Secondary education	36	30.0
University	40	33.3
<b>Father's educational level</b>		
Can't read and write	12	10.0
Basic education	16	13.3
Secondary school	44	36.7
University	48	40.0
<b>Number of children</b>		
One	40	33.3
Two	37	30.8
Three	33	27.5
Four or more	10	8.3
<b>Mothers heard about sexual harassment</b>		
Yes	89	74.2
No	31	25.8

Figure (1): Distribution of studied participants according to their sources of sexual harassment information

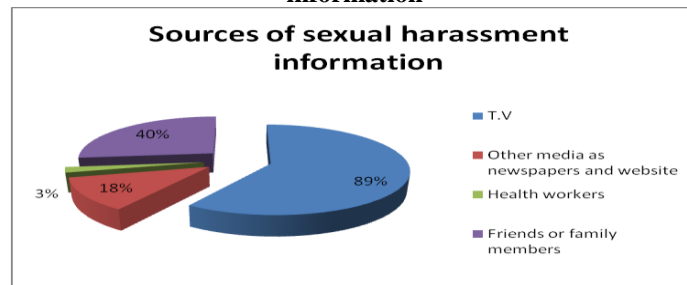


Table (2): Distribution of studied participants' knowledge concerning to child sexual harassment pre and post program implementation

Knowledge items	Pre program						Post program						X <sup>2</sup>	p
	Poor		Average		Good		Poor		Average		Good			
	No	%	No	%	No	%	No	%	No	%	No	%		
Meaning of harassment	48	40.0	55	45.8	17	14.2	9	7.5	27	22.5	84	70.0	80.691	<0.001**
Child sexual development stages	65	54.2	32	26.7	23	19.1	3	2.5	32	26.7	94	78.3	101.088	<0.001**
Forms of sexual harassment	46	38.4	37	30.8	37	30.8	15	12.5	18	15.0	87	72.5	42.479	<0.001**
Places which sexual harassment may occur	57	47.5	45	37.5	18	15.0	12	10.0	24	20.0	84	70.0	78.445	<0.001**
The harasser	36	30.0	61	50.8	23	19.2	43	35.8	52	43.4	25	20.8	59.128	<0.001**
Measures used to confront sexual harassment	71	59.2	19	15.8	30	25.0	7	5.8	18	15.0	95	79.2	86.340	<0.001**
The effects of sexual harassment on victims	69	57.5	16	13.3	35	29.2	15	12.5	5	4.2	100	83.3	71.772	<0.001**
Factors which may lead to sexual harassment	3	2.5	42	35.0	75	62.5	0	.0	4	3.3	116	96.7	43.192	<0.001**
Preventive measures of sexual harassment	47	39.2	31	25.8	42	35.0	5	4.2	25	20.8	90	75.0	52.020	<0.001**

\*\*A highly statistical significant difference p<0.001

Table (3): Frequency distribution of studied participants' attitudes regarding to child sexual harassment prevention education pre and post program implementation

Practices items	Pre program						Post program						X <sup>2</sup>	p
	Agree		Disagree		Undecided		Agree		Disagree		Undecided			
	No	%	No	%	No	%	No	%	No	%	No	%		
Do you agree to sexual harassment prevention education should be taught in preschool or school?	63	52.5	30	25.0	27	22.5	94	78.3	12	10.0	14	11.7	65.887	<0.001**
Are you afraid that sexual harassment prevention education may induce child to know too much about sex?	71	59.2	37	30.8	12	10.0	63	52.5	40	33.3	17	14.2	62.228	<0.001**
Do you agree that it is appropriate to develop sexual harassment prevention programs in MCH centers and local health services?	23	19.2	53	44.2	44	36.8	62	51.7	57	47.5	1	.8	59.128	<0.001**
Do you agree that sexual harassment education will help to prevent it?	49	40.0	43	35.8	28	23.3	63	52.5	39	32.5	18	15.0	4.119	>0.05

\*\*A highly statistical significant difference p<0.001\* A statistically significant difference at P < 0. 05

**Table (4): Frequency distribution of studied participants' practices regarding healthy child sexual development pre and post program implementation**

Practices items	Pre program						Post program						X <sup>2</sup>	p
	Not done		Sometime s done		Usually done		Not done		Sometime s done		Usually done			
	No	%	No	%	No	%	No	%	No	%	No	%		
Teach child correct names of body parts, such as penis and vagina	77	64.2	25	20.8	18	15.0	56	46.7	26	21.7	38	31.6	10.478	<0.05*
avoid punish the child when touching genitals, including masturbation	63	52.5	2	1.2	55	45.8	4	3.3	3	2.5	113	94.2	58.489	<0.001**
Draw the child's attention to something else when touching genitals	61	50.8	8	6.7	51	42.5	3	2.5	14	11.7	103	85.8	55.532	<0.001**
Teach the child how to clean his/her genitals by him or herself	50	41.7	57	47.5	13	10.3	11	9.0	34	28.3	75	62.5	74.42	<0.001**
avoid the child sleeping in the parent's bed,	50	41.7	22	18.3	48	40.0	14	11.7	24	20.0	82	68.3	29.229	<0.001**
Avoid kissing or touching child's private body parts ( buttock or genitals)	39	32.5	35	29.2	45	37.5	19	15.8	34	28.3	67	55.8	11.228	<0.001**
Help child begin to understand how to interact respectfully with others	63	52.5	43	35.8	14	11.7	10	8.3	41	34.2	69	57.5	74.97	<0.001**
Disperse between boys and girls in their beds during sleeping	45	37.5	26	21.7	49	40.8	11	9.2	23	19.2	86	71.6	30.967	<0.001**
Talk with the child about the physical changes that will occur during puberty	65	54.2	42	35.0	13	10.8	10	8.3	114	11.7	96	80.0	65.887	<0.001**
Try to gain information about sexual development stages and puberty to answer any child questions	68	56.7	38	31.7	14	11.7	19	15.8	45	37.5	56	46.7	53.38	<0.001**

\*\*A highly statistical significant difference p<0.001\* A statistically significant difference at P < 0. 05

**Table (5): Frequency distribution of studied participants’ practices regarding prevention of child sexual harassment pre and post program implementation**

Practices items	Pre program						Post program						X <sup>2</sup>	P
	Not done		Sometimes done		Usually done		Not done		Sometimes done		Usually done			
	No	%	No	%	No	%	No	%	No	%	No	%		
Explain to the child the difference between wanted and unwanted touch	40	33.4	43	35.8	37	30.8	32	26.7	26	21.7	62	51.7	11.390	<0.003
Teach child about boundaries. Let children know that his/her body belongs to him/her and that he or she can say no to unwanted touch.	65	54.2	42	35.0	13	10.8	13	10.8	22	18.3	85	70.8	29.490	<0.005
Provide books or audiovisual material about sexual harassment prevention for their children	42	35.0	53	44.2	24	20.0	42	35.0	40	33.3	38	31.7	6.474	>0.05
Teach child how to do if someone wants to see or touch their private parts, they should definitely say ‘No’ and leave at once or cry loudly and call for help	74	61.7	22	18.3	24	20.0	8	6.7	46	38.3	66	55.0	61.032	<0.001

**Table (6): Correlations between studied participants’ knowledge, attitudes, and practices regarding prevention of sexual harassment pre and post program implementation**

Variables		Total knowledge score level	
		r	P value
Total practices score level	Preprogram implementation	.705	0.000*
	Postprogram implementation	.755	0.000*
Total attitudes score level	Pre program implementation	.699	0.000*
	Post program	.454	0.000*

\* Correlation is highly significant at (p ≤ 0.01)

**Table (7): Correlations between studied participants’ practices and attitudes regarding prevention of sexual harassment pre and post program implementation**

Variables		Total practices score level	
		r	P value
Total attitudes score level	Pre program implementation	.604	0.000*
	Post program implementation	.570	0.000*

## VI. Discussion

The most effective weapon against sexual harassment is prevention. Harassment does not disappear on its own. In fact, it is more likely that when the problem is not addressed, the harassment will worsen and become more difficult to remedy as time goes on, so mothers need to learn important skills and knowledge to help protect their children to be safe <sup>(14)</sup>.

The result of this study indicated that less than half of studied mothers aged 30 years or more with the mean age was 32.42± 4.73 years. This finding agreed with Chen and chen <sup>(15)</sup> who found that the mean age of mothers was 33.86±2.6 years.

In the current study, less than three quarters of studied mothers’ children aged less than six years, and more than three quarters of mothers were married. This may be due to that the mothers accompanying their children to receive immunization or medical examination and treatment because the children in preschool age haven’t health insurance so the mothers accompanying them to MCH centers also may be the mothers have no one available to stay with the children at home until they receive MCH services.

Concerning educational level of studied participants, the findings of the current study illustrated that, one third of studied mothers had university education and more than one third of fathers had university



education. This finding disagreed with Chen and chen<sup>(15)</sup> who found that most parents had a high school education. This may be due to the different culture between two countries.

Moreover, more than one quarters of studied mothers had three children, while more than two thirds of them heard about child sexual harassment and most of them the main source of child sexual harassment information was T.V. followed by more than one third acquired information from their family or friends. In this respect, National Sexual Violence Resource Center<sup>(16)</sup> reported that mass media campaigns have been shown to increase awareness, change attitudes, build support for successful implementation of prevention policies and motivate many parents to discuss child sexual abuse with their children. This may be due to the mothers in Egypt preferred to have more than one child and the health educational message about prevention of child sexual harassment provided through T.V. are very effective

In relation to studied participants' knowledge regarding child sexual harassment, there was highly statistically significant difference between pre and post child sexual harassment preventive program implementation regarding most of knowledge items. Pennsylvania Coalition Against Rape<sup>(17)</sup> reported that quantitative evaluation results from pre- and post-tests showed that this sexual harassment prevention program increased participants' knowledge and awareness about sexual harassment and sexual violence. Also Ogunfowokan and Fajemilehin<sup>(18)</sup> found that there was significant increase in the knowledge mean scores of the girls at first post intervention stage. In this respect Barron et al.<sup>(19)</sup> mentioned that there is a need for more sexual harassment prevention programs targeting parents due to the scarcity of such programs.

As regards studied participants' attitudes about sexual harassment prevention education pre and post program implementation, the findings of the current study clarified that preprogram more than half of studied participants agreed that sexual harassment prevention education should be taught in preschool or school, which increased to become more than three quarters post program implementation. These findings slightly lower than the study of prevention of child sexual abuse in China: knowledge, attitudes, and communication practices of parents of elementary school children done by Chen et al.<sup>(20)</sup> which clarified that more than 95% of respondents agreed that elementary schools should provide programs to prevent child sexual abuse and were willing to have their children participate in such programs.

However, less than one fifth of studied participants agreed that it is appropriate to develop child sexual harassment prevention programs in MCH centers and local health services pre program which increased to more than half post program. This may attributed to lack of role of health workers regarding child sexual harassment prevention and the mothers are not accustomed to receive any other health information rather than MCH centers services from doctors or nurses in MCH centers.

In addition, less than three fifths of studied participants afraid that sexual harassment prevention education may induce child to know too much about sex pre program which decreased to more than half post program. This result supported by Chen et al.<sup>(20)</sup> who found that about half of studied parents expressed some concern that child sexual abuse preventive education could cause their children to know "too much about sex.

Moreover, there was highly statistically significant difference between pre and post sexual harassment preventive program implementation regarding most of attitudes items except studied participants agreement concerning to sexual harassment education will help to prevent it. This may be due to the studied participants believes that child sexual harassment prevention can only be improved when the authorities put dissuasive laws to the child's harasser and the community take active role in child sexual harassment prevention.

On investigating practices of the studied participants regarding healthy child sexual development pre and post program implementation, the results of this study indicated that there was a significant improvement between pre and post sexual harassment preventive program implementation regarding all practices' items. According to NSVRC<sup>(9)</sup> childhood sexual development is a challenging topic, with more knowledge and skills, adults can better understand and support healthy development, parents and caregivers can develop positive and open communication around topics of sexuality, model respectful boundaries when it comes to touch and affection. This may be due to the effectiveness of child sexual harassment preventive program which provide the studied mothers with the skills needed to raise healthy sexual child

The current study also confirmed that there was a statistically significant difference between pre and post sexual harassment preventive program implementation regarding most of practices items except providing books or audiovisual material about sexual harassment prevention for their children. This may be due to the unavailability of books or audiovisual material about sexual harassment prevention. This result was consistent with Chen and chen<sup>(15)</sup> they emphasized that parents' practice was inadequate to protect their children from child sexual abuse and highlight the need for child sexual abuse prevention education programmes for parents, to improve parents' practice of child sexual abuse prevention. However, this finding disagreed with Khanjari et al.<sup>(21)</sup> who found that 85.71% of parents had good performance of child sexual abuse (CSA) prevention and only 14.29% of parents had poor performance regarding prevention.

This study demonstrated that, there was a positive highly statistically significant correlation between total knowledge and total practices scores pre and post child sexual harassment preventive program

implementation. Moreover, there was a positive highly statistically significant correlation between total knowledge and total attitudes scores pre and post sexual harassment preventive program implementation. These results supported by Zhang et al. <sup>(13)</sup> they highlighted that teachers who ever attended the training programs had higher scores on CSA prevention had more positive attitudes toward CSA. This may be due the studied participants who acquired child sexual harassment preventive knowledge and skills had positive attitudes toward child sexual harassment preventive education.

There was a positive highly statistically significant correlation between total practices score and total attitudes score post sexual harassment preventive program implementation. This may be due to positive attitudes leads to better practices.

## VII. Conclusion

Based on the results of this study and research hypothesis, it concluded that, Less than half of studied mothers their ages 30 years or more with the mean age was  $32.42 \pm 4.73$  years, while less than three quarters of their children aged less than six years. In addition one third of parents were had university education. The majority of mothers their source of sexual harassment information was TV. The sexual harassment preventive program enhanced mothers' knowledge, practices, and significantly changed positively their attitudes toward child sexual harassment prevention. These study findings were supported the study hypotheses.

## VIII. Recommendations

Based on the findings of the current study, the following recommendations can be suggested:

- Continues of child sexual harassment preventive programs among MCH attendant mothers to improve mothers' knowledge, attitude and practices to protect their children
- Increasing the health educational messages provided through T.V, the message should include detailed information about the child sexual harassment, simplified practical methods of protection

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