

## Mothers' Perception for Protection of their Children from Sexual Abuse

Heba Adel Ali Mohamed<sup>1</sup>, Howyida Sadek Abd El-Hameed<sup>2</sup>, Ahlam Elahmady Sarhan<sup>3</sup>, Wafaa Atta Mohamed Ahmed<sup>4</sup>

*1 Demonstrator of Community Health Nursing, Faculty of Nursing, Benha University*

*2 Professor of Community Health Nursing, Faculty of Nursing, Benha University*

*3 Assistant professor of Community Health Nursing, Faculty of Nursing, Benha University*

*4 Lecturer of Community Health Nursing, Faculty of Nursing, Benha University*

### Abstract

**Background:** Child sexual abuse is a type of violence against children that has received significant concern worldwide which lead to short-term and long-term impacts on children, also a worrisome burden to the family and society. **The aim** of this study was to assess mothers' perception for protection of their children from sexual abuse. **Research design:** Descriptive design was utilized in this study. **Setting:** This study was conducted at Benha Maternal and Child Health center (B), Kafr-Shokr Maternal and Child Health center, Shibben-El-Kanater Maternal and Child Health center and Kalyub El-Balad Maternal and Child Health center. **The sample:** Simple random sample of the mothers who can read and write, mothers' children age was from 3-12 years and accepted to be involved in the study( n= 381). **Tools:** Two tools were used, **I):** A structured interviewing questionnaire which consists of four parts to assess child's characteristics, mothers' socio-demographic characteristics b): knowledge of mothers about protection of children from sexual abuse c): reported practice of mothers for protection from sexual abuse d): attitude of mothers regarding protection from child sexual abuse and **II):** Child Sexual Abuse Myths Scale to assess false beliefs and attitude of mother toward child sexual abuse. **Results:** 48 % of mothers aged 30 to less than 40 years old and 91.1% of them were married while 56.7% of children aged 3-6 years 12 and 7.6% of children were previously exposed to sexual abuse while 58.8% of mothers had average total knowledge level regarding protection of children from sexual abuse, 60.1% of them had unsatisfactory total reported practices score regarding protection of children from sexual abuse and 66.9% of them had positive total attitude regarding protection of their children from sexual abuse. **Conclusion:** There were positive statistically significant correlations between mothers' total knowledge, total reported practices and total attitude regarding protection of their children from sexual abuse. **Recommendations:** Health education program for mothers regarding child sexual abuse to increase their knowledge and practices to protect their children from sexual abuse.

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**Key words:** Child sexual abuse, children, mothers, perception

### Introduction:

Childhood is a development period with high vulnerability to physical and psychosocial risks. Abuse is misusing of power and control while child abuse is a worldwide problem affecting around one billion children with many detrimental impacts on individuals and the community. Child abuse is any action, behavior and gestures by another person adult or child that causes considerable damage to a child. It can

be physical, sexual, emotional but can just neglect as a lack of affection, care and attention. Child Sexual Abuse (CSA) is a real and serious health problem that affect 12 % of children globally regardless of their gender, race, religion, ethnic, age groups and occurs at all socioeconomic levels. CSA can threaten physical, emotional wellbeing and influence whole life of child (Wallis & woodworth, 2020; Centre of Disease Control and prevention (CDC), 2021) .

Globally up to 80,000 cases of CSA are reported per year, although the number of unreported cases is far greater. The prevalence of sexual abuse in children is 1 in 10 prior to the age of 18 years which range from 8% to 31% for females and 3% to 17% for males. Prevalence rates in developing countries is higher than developed/western countries. The highest rates have been reported 19.3% for boys in Africa and 21.5% for girls in Australia. Asia has the lowest rates both 11.2% for girls and 4.1% for boys (Chitundu et al., 2018; Poddar & Mukherjee, 2020). Sex countries reported prevalence rates as being more than one fifth that is, 37.8% in Australia, 32.2% in Costa Rica, 31% in Tanzania, 28.1% in Sweden, 25.3% in the US and 24.2% in Switzerland. The lowest rate observed for males may be imprecise to some extent because of under reporting (Afolabi, 2020).

Child sexual abuse is forcing a child to take part in sexual activities not necessarily involving a high level of violence, whether or not the child is aware of what is happening. CSA include contact activities that involve physical contact such as penetrative action as rape or oral sex and non-penetrative acts as masturbation, kissing, rubbing and touching outside of clothing. Also, CSA include non-contact activities as involving children in watching or hearing sexual activities, the production of sexual images, encouraging children to behave in inappropriate sexual ways, grooming a child in preparation for abuse via the internet and child sexual exploitation (Office for National Statistics, 2019; Akpinar, 2019).

Perception is the way of thinking about or understanding someone or something through using senses. Perception of responsible mothers are instrumental in

prevention of CSA and involve knowledge, practice and attitude of mothers regarding how to protect their children from sexual abuse. Part of mothers misperceptions of CSA may stem from the lack of knowledge regarding what differentiates normal child sexual behavior from abnormal child sexual behavior particularly between children of the same age (Gruenfelder, 2021).

Protection of children from sexual abuse has been continued to receive increasing attention globally due to high incidence and prevalence rates. While Mothers are important actors in protecting children from any kind of violence including sexual abuse so the mothers should be aware of the various aspects of the CSA and increase their knowledge and improving practices which plays an important role in the ability of the mothers to prevent CSA ( Russel et al., 2020).

Community Health Nurses (CHNs) play vital role in the prevention of CSA through providing health education that increase mothers knowledge and help to have positive perception for protection of their children from sexual abuse. CHNs educate mothers about CSA, risk factors ,early detect warning signs and symptoms indicating that child was sexually abused, also short term and long term impacts on child. CHNs educate mothers about positive involvement in children's lives and teach child avoid keeping secrets. It is important to teach mothers enhance self-esteem of their children and self-protecting skills. CHNs should educate mothers to teach about child line in deal with strangers and educate child how to protect themselves in at risky situations (Stavrianopoulos & Gourvelou, 2021).

### **Significance of the study:**

Child sexual abuse is common public problems that affect child wellbeing and development and has a serious physical and psychological consequences. CSA is a universally silenced problem due to the taboo and shame that surrounds it despite the important consequences. CSA are widely believed to be underreported by the victims as well as the community and most cases are presented only after a child starts to show symptoms or complications so statistics do not reflect the true magnitude of the problem. Experts state that for every reported case there is 10 more unreported cases. None reporting of CSA cases lead to an increase in the cases as the perpetrators go unpunished and are likely to move to the next victim ( **Brayant& Keeshin, 2021; Rueda et al., 2021**).

In Egypt, there is no accurate Egyptian epidemiologic study assessing the extent of the problem of CSA because of un reported cases or delayed disclosure and social stigma of being sexually abused. There are 38.8 million child in Egypt; 32.9% are from 0-4 years old. Studies revealed that the age group from 7 to 13 years accounted for the highest rate, However, more than 20% of children are sexually abused before the age of 8 years and mostly in females 62.6%. Most perpetrators were non-relative 89.1% and the most frequently reported type of CSA was anal assault 55% (**Abd El Aziz et al., 2017; Abo-seria, 2018**).

### **Aim of the study:**

This study aimed to assess mothers` perception for protection of their children from sexual abuse.

### **Research Questions:**

1. What is the mothers' knowledge regarding protection of children from sexual abuse?
2. What are the reported practices of mothers regarding protection of children from sexual abuse?
3. What is the mothers' attitude regarding protection of children from sexual abuse?
4. Is there a relationship between socio demographic characteristic of mothers and their knowledge, attitude and practice?
5. What is correlation between total knowledge, practices and attitude among studied mothers regarding protection from child sexual abuse?

### **Subject and Methods:**

#### **Research design:**

Descriptive research design was used for this study.

#### **Setting:-**

This study was conducted at 4 Maternal and Child Health center (MCH) in Kalyobia Governorate and these centers were selected by cluster random sample, one center from each direction of the Kalyobia Governorate. From south direction (Benha Maternal and Child Health center (B). From North direction (Kafr-Shokr Maternal and Child Health center). From East direction (Shiben El-Kanater Maternal and Child Health center). From West direction (Kalyub El-Balad Maternal and Child Health center) and these centers characterized by high flow rate of mothers.

#### **Sampling:-**

**Sampling type:** Simple random sample of the mothers attended to the previously

mentioned settings and confirming to the following criteria:

1. Mothers can read and write.
2. Mothers' children age was from 3-12 years
3. Mothers accepted to be involved in the study

Sample size:

Sample size was calculated using the

$$n = \frac{N}{1 + N(e)^2}$$

following formula. Where 'n' is sample size

'N' is total number of all mothers attended to previously mentioned setting in the last year (2020). Sample size = 381

**Tools of data collection: Two tools were used in this study:**

**First tool:** A structured interviewing questionnaire was developed by the researcher, which cover the following four parts:-

**The first part:** It was concerned with demographic characteristics of the studied sample. This part included two items:

A- Child's characteristics included (7 items) age, sex, child ranking, place of sleep, previous exposure to sexual abuse, the place & the person who sexually abused the child.

B-Socio-demographic characteristics of mothers: It consists of (8 items) related to age, marital status, educational level, occupation, place of residence, type of family, number of children and monthly income.

**The second part:** It was concerned with knowledge of the studied mothers related to

two main items( Child sexual abuse included (12) questions and Protection of children from CSA included (3) questions .

**Scoring system:**

The scoring system for mother's knowledge was calculated as follows: (2) score for a correct and complete answer, while (1) score for a correct and incomplete answer, and (0) for don't know. For each area of knowledge, the score of the items was summed-up and the total divided by the number of the items, giving a mean score for the part. These scores were converted into a present score. The total scores of knowledge = 46 points. The total score was considered good when score of total knowledge  $\geq 75\%$  ( $\geq 34$  point), while considered average if it equals  $50\text{-}<75\%$  (23-<34points) and considered poor when the total score was  $< 50\%$  (<23points).

**Third part:** It was concerned with reported practices of mothers for protection of their children from which divided into five items body privacy and ownership, safe and unsafe touch, television and internet use, dealing with strangers and dealing with an expected CSA.

**Scoring system:**

Each step of mother's reported practices has two level of answer: done or not done. These were respectively 1, 0. The scores of the items were summed-up and the total divided by the number of the items, giving a mean score for the part. These scores were converted into a present score. The total practice score = (32 points).The total practices scores were considered satisfactory if the score of the total practices  $> 60\%$  ( $>19$  points) and considered unsatisfactory if it is  $< 60\%$  (<19 points).

**Fourth part:** It was concerned with attitude of mothers regarding protection of their children from CSA which divided into three items prevention of CSA, perpetrators of CSA and children.

**Scoring system:**

The scoring system for mother's attitude was measured on a Likert type scale as follows: (2) scores for agree, (1) score for uncertain and (0) for disagree. The scores of the items were summed-up and the total divided by the number of the items, giving a mean score for the part and a mean score for total attitude calculated and classified into two attitudes level (positive or negative). These scores were converted into a present score. The total attitude score = (66 points). The total attitude score was considered positive if the score  $\geq 75\%$  (49 points) while considered neutral if it equals 50- $<75\%$  (33- $<49$  points), and considered negative if it is  $<50\%$  ( $< 33$ ).

**Tool (II):** Child Sexual Abuse Myths Scale (CSAMS): to assess false beliefs and attitude of mother toward child sexual abuse adapted from (Cromer & Goldsmith, 2010): The questionnaire was measured on a Likert type scale of (agree, uncertain and disagree). It was translated into Arabic by the investigator and then translated back to English to ensure consistency in meaning before data collection which included (15) statements.

**Scoring system:**

All statements were scored on three points Likert type scale whereas; (1) scores for agree, (2) scores for neutral and (3) for disagree. The total score = 45points. The total attitude score was considered positive if the score  $\geq 75\%$  ( $\geq 34$  points) while considered neutral if it equals 50- $<75\%$  (22 -

$<34$  points) and considered negative if it is  $<50\%$  ( $< 22$  points).

**Content validity:**

Content validity of the tools was done by five of Faculty's Staff Nursing experts from the Community Health Nursing Specialties who reviewed the tools for clarity, relevance, comprehensiveness, and applicability and give their opinion.

**Reliability of the tool:**

The reliability of the tool was applied by the researcher for testing the internal consistency of the tool, by administration of the same tools to the same subjects under similar condition on one or more occasion. Answers from repeated testing were compared (test-re-test reliability). The reliability was done by Cronbach's Alpha coefficient test which revealed that which of the two tools consisted of relatively homogenous items as indicated by the moderate to high reliability of each tool. The internal consistency of the knowledge was 0.82, while practice was 0.76 and attitude was 0.73.

**Administrative approval:**

The aim of the study was explained to the administrative personnel, the written permission was obtained from the Dean of Faculty of Nursing, Benha University to administrator of Benha Maternal and Child Health center (B), Kafr-Shokr Maternal and Child Health center, Shiben-El-KanaThe aim of the study was explained to the administrative personnel, the written permission was obtained from the Dean of Faculty of Nursing, Benha University to administrator of Benha Maternal and Child Heater Maternal and Child Health center and Kalyub El-Balad Maternal and Child Health

center, requesting approval and cooperation for data collection, the top administrator inform the directors of selected Hospitals to facilitate the investigator's work during data collection to meet the mothers at previously mentioned setting.

### **Preparatory phase:**

Preparation of the study design and data collection tools was based on extensive review of the current and past available national and international references related to the research title was done, using a journal, textbooks and internet search was done. This was necessary for the researcher to be acquainted with and oriented about aspects of the research problem as well as to assist in the development of data collection tools. Also prepared handout for mothers that included all items about protection of children from CSA, this took time for preparing the tools about two months.

### **Ethical considerations:**

All ethical issues were assured; oral consent has been obtained from each mother before conducting the interview and given them a brief orientation to the purpose of the study. They were also reassured that all information gathered would be kept confidentially and used only for the purpose of the study. Mothers had right to withdraw from the study at any time without giving any reasons.

### **Pilot study:**

The pilot study was carried out on (38) mothers who represented 10% of the sample size. The pilot study was aimed to assess the tool clarity, applicability and time needed to fill each sheet, completing the sheet consumed about 15- 20 minutes. No modifications were done, so the pilot study

sample was included in the total sample.

### **Fieldwork:**

The data was collected from mothers who attended in the previously selected MCH through the interview with them. The study was conducted at a period of six months which started from the beginning of June 2021 to the end of November 2021. The investigator visited Benha Maternal and Child Health center (B), Kafr-Shokr Maternal and Child Health center, Shibeen-El-Kanater Maternal and Child Health center and Kalyub El-Balad Maternal and Child Health center respectively on Saturday, Sunday, Monday, Thursday respectively. Each MCH were visited by the investigator one day per week from 9.00 am. to 12 pm. to collect data and distribute instruction guideline about CSA and increased knowledge of mothers regarding protection of their children from CSA, the average number of interviewed mothers was between 3-4 mothers/day depending on their responses to the interviewers, each interviewed mother takes about 15 to 20 minutes to fill the sheet depending upon their understanding and response, as well as distribute the questionnaire.

### **Statistical design:**

All data collected were organized, tabulated and analyzed using appropriate statistical test. The data were analyzed by using the Statistical Package for Social Science (SPSS) version 21, which was applied to calculate frequencies and percentages, mean and standard deviation as well as test statistical significance and associations by using Chi- square test ( $\chi^2$ ) and linear correlation coefficient ( $r$ ), and matrix correlation to detect the relation between the variables (P value).

**Significance levels were considered as follows:**

Highly significant(HS)  $P \leq 0.001^{**}$   
Statistically Significant (S)  $P \leq 0.05^*$   
Not significant (NS)  $P > 0.05$

**Results:**

**Table (1):** Shows that; 56.7% of children aged 3-6 years with mean age  $6.54 \pm 4.12$ , 52% of them were males and 34.1% of children were second in ranking. Regarding to the child sleeping, 47.8% of them were sleeping on mother & father 's bed, 7.6% of children were previously exposed to sexual abuse and 27.6% of them exposed to abuse in neighbor's home and in street while 44.8% of them were sexually abused by relatives.

**Table (2):** Shows that; 48 % of mothers aged 30 to less than 40 years old with mean age  $31.23 \pm 6.41$ , 91.1% of them were married and 44.9% of them had secondary education. Regarding occupation of mothers; 59.6 % of them were housewives and 65.9% of them were living in rural area. Regarding type of family, 51.4% of them had nuclear family, 37.3% of them had three children and 58.5% of them did not have enough income per month.

**Figure (1):** This figure illustrates that; 58.8% of mothers had average total knowledge level regarding CSA and only 16% of them had good total knowledge level regarding CSA while 25.2% of them had poor total knowledge level about CSA.

**Figure (2):** This figure illustrate that; 60.1% of studied mothers had unsatisfactory total reported practices regarding protection of their children from sexual abuse while 39.9% of them had satisfactory total reported practices regarding protection of their children from sexual abuse.

**Figure (3):** This figure reveals that 66.9% of studied mothers had positive total attitude regarding protection of their children from sexual abuse while 33.1% of them had negative total attitude regarding protection of their children from sexual abuse.

**Table (3):** Reveals that there were positive statistically significant correlations between mothers' total knowledge, total reported practices and total attitude level regarding protection of their children from sexual abuse.

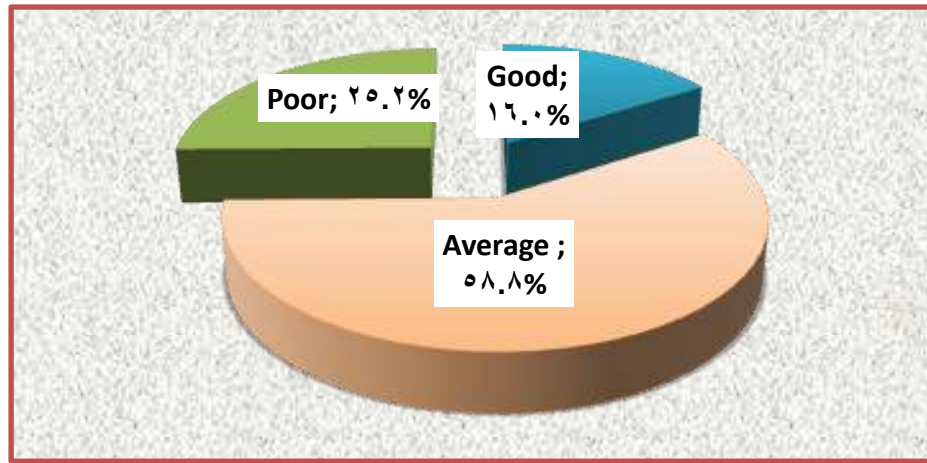
**Table (1): Frequency distribution of children regarding their demographic characteristics (n=381)**

<b>Children 's characteristics</b>	<b>No.</b>	<b>%</b>
<b>Age</b>		
3-6	216	56.7
7-12	165	43.3
Mean $\pm$ SD 6.54 $\pm$ 4.12		
<b>Sex</b>		
Male	198	52.0
Female	183	48.0
<b>Child ranking</b>		
First	100	26.2
Second	130	34.1
Third	126	33.1
Fourth	25	6.6
<b>The child sleeps on</b>		
Mother & father 's bed	182	47.8
Separate bed	98	25.7
Share brothers/ sisters bed	101	26.5
<b>Previous exposure to sexual abuse</b>		
Yes	29	7.6
No	352	92.4
<b>If yes, the place is (n=29):</b>		
Home	4	13.8
School	5	17.2
Neighbor's home	8	27.6
Club	4	13.8
Street	8	27.6
<b>The person who sexually abuse child is (n=29):</b>		
Relative	13	44.8
Stranger	9	31.0
Care giver	7	24.1

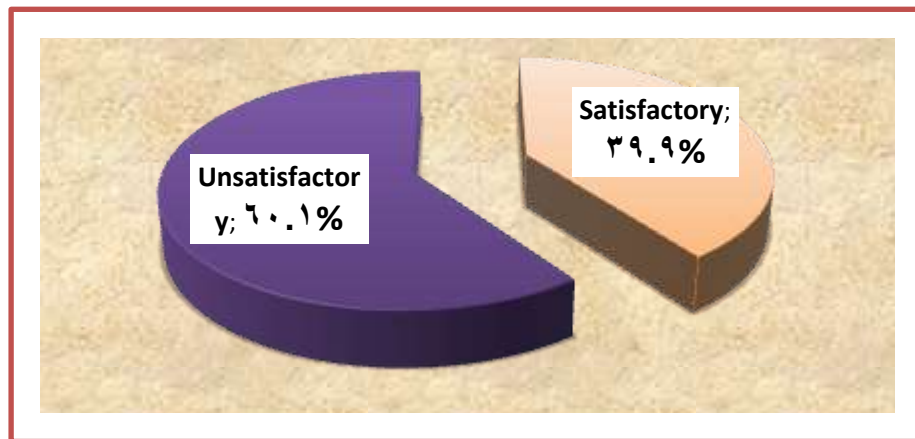


**Table (2): Frequency distribution of mothers regarding their socio-demographic characteristics (n=381)**

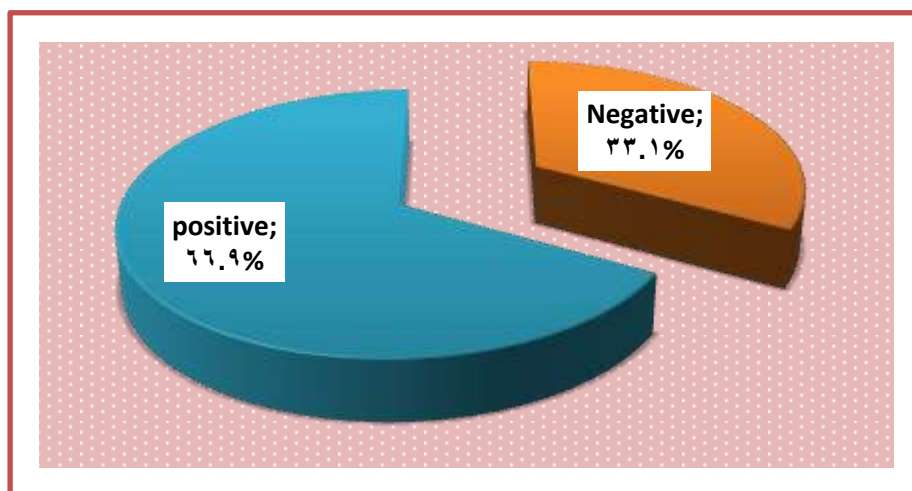
<b>Mother's characteristics</b>	<b>No.</b>	<b>%</b>
<b>Age</b>		
< 20	18	4.7
۲۰- < ۳۰	155	40.7
۳۰- < ۴۰	183	48.0
> ۴۰	25	6.6
Min – Max	19-48	
Mean ±SD	31.23±6.41	
<b>Marital status</b>		
Married	347	91.1
Widow	10	2.6
Divorced	24	6.3
<b>Education</b>		
Don't read and write	12	3.1
Basic Education	107	28.1
Secondary education	171	44.9
University education	91	23.9
<b>Occupation</b>		
Housewife	227	59.6
Employee	124	32.5
Free work	30	7.9
<b>Place of residence</b>		
Urban	130	34.1
Rural	251	65.9
<b>Type of family</b>		
Single mother(mother& child)	33	8.7
Nuclear family	196	51.4
Extended family	152	39.9
<b>Number of children</b>		
One	72	18.9
Two	139	36.5
Three	142	37.3
Four or more	28	7.3
<b>Monthly income</b>		
Enough and save	25	6.6
Enough	133	34.9
Not enough	223	58.5



**Figure (1):** Percentage distribution of studied mothers regarding their total knowledge level (n=381).



**Figure (2):** Percentage distribution of studied mothers regarding their total practices level regarding protection of children from sexual abuse (n=381).



**Figure (3):** Percentage distribution of studied mother regarding their total attitude level regarding protection of their children from sexual abuse (n=381).

**Table (20): Correlation matrix between total knowledge, practices and attitude among studied mothers about protection of their children from sexual abuse(n=381).**

Items		Total knowledge	Total practices	Total attitude
<b>Total knowledge</b>	r	1	.705	.439
	p-value		.019*	.040*
	n	381	381	381
<b>Total practices</b>	r	.705	1	.521
	p-value	.019*		.033*
	n	381	381	381
<b>Total attitude</b>	r	.439	.521	1
	p-value	.040*	.033*	
	n	381	381	381

\*\* Highly statistically significant (P < 0.001)

\* Statistically significant difference (P < 0 .05)

### **Discussion:**

Child is defined as someone under the age of 18 who have not developed enough cognitively, emotionally or socially so can be easily exploited and manipulated by older persons. CSA refers to the engagement of a child in sexual activity that violates the laws or social taboos of society. CSA can be committed by any other person; parent, a relative, a care giver, a teacher, family friend, a neighbor and even by another child. CSA is a worldwide problem affecting children of all ages and socioeconomic backgrounds and can lead to a variety of physical, psychological, mental, educational and social health problems in childhood and later adulthood ( Lee et al., 2021; Cruz et al., 2021).

This study aimed to assess perception of mothers for protection of their children from sexual abuse. It will discussed under three main sections; Demographic characteristics of mothers and their children, assessing knowledge, reported practices,

attitude of mothers for protection of their children from sexual abuse and mothers myths about child sexual abuse for developing instructional guidelines to assist mothers to enhance protection of their children from sexual abuse.

According to socio demographic characteristics of the children, this study showed that more than half of children aged 3-6years with mean age 6years (table1). This might be due to criteria of selection of sample. This finding was consistent with **Prihidko & Kenny,(2021)**; they studied Examination of parents' attitudes toward and efforts to discuss child sexual abuse prevention with their children(n=302), they found that The average age of the children was six years old. However, this finding disagreed with **Kang'ethe & Walioli, (2020)**; they studied Prevalence of Sexual Abuse in Children Aged 5-8 Years in Nairobi City County, Kenya, they reported that two fifths (40%) of children aged eight years old.

Regarding gender of the child, his study showed that more than half of children were males (table 1). This finding was inconsistent with **Ngoc Do et al. (2019)**; they studied Perception and Attitude about Child Sexual Abuse among Vietnamese School-Age Children, they found that almost three fifth (58.6%) of studied children were female.

Concerning to previous exposure of child to sexual abuse, this study showed that most children did not exposed previously to sexual abuse (table 1). This finding was agreed with **El Said, (2019)**; he studied Effect of Health Education Intervention on Sexual Abuse Awareness, Perception among School Children and their Parents (n=300); he found that only 7.7% of children had previous exposure to sexual abuse. This result was incongruent with **Rueda et al. (2021)**; they studied Child Sexual Abuse in Mexican Women: Type of Experience, Age, Perpetrator, and Disclosure( n=1058), they reported that slightly less than four fifths (77.7%) had been victim of some type of CSA. This might be due culture and custom that inhibit most of mothers in Egypt especially rural area to disclose child sexual abuse due to fear of social stigma.

The result of the present study revealed that more than quarter of children were sexually abused in neighbor's home and street(table 1). This finding disagreed with **Ngoc Do et al. (2019)**; they studied Perception and Attitude about Child Sexual Abuse among Vietnamese School-Age Children(n=800) and reported that Children are at risk of sexual abuse at night and in places with few people. This might be due to children in rural area used to play in the street many times a day and people usually know each other so children can spend time in neighbor's home.

Also, this study revealed that more than two fifth of children were sexually abused by a relative (table 1). This finding disagreed with **Abo-Seria et al. (2018)**; they studied Study of Child Sexually Abused Cases in Cairo Governorates in the Period

from (2012) to (2016) in children clinic in the Medico-legal department of Ministry of Justice, Cairo, Egypt (n=740)and they found that 89.1% of perpetrators of child sexual abuse were non relative to children. Also; This finding was in congruent with **Elgazzar et al.(2020)**; they studied Prevalence and Factors Related to Delayed Disclosure of Child Sexual Abuse in Benha region, Egypt during the Period 2016-2018(n=155), they found that the nonrelative offenders (93.5%) were more predominant than relative ones. This might be due to relative is person that child and his mother know and trust so can easily manipulate child and sexually abuse him without any doubts.

Regarding to the demographic characteristics of the mothers, this study showed that approximately less than half of mothers aged from 30 -40years with mean age  $31.23 \pm 6.41$  (table 2). This finding agreed with **Mohan et al. (2017)** ; they studied Knowledge, Attitude and Practices on Prevention of Child Sexual Abuse among Mothers in a Teritary Setting(n=٢١٥ ) , they reported that 62.3% of the mothers belong to the age group of 31-40 years.

Concerning to current marital status of mothers, the current study revealed that the most of studied sample were married (table 2). This finding agreed with **AlRammah et al. (2018)**, they studied Factors associated with perceptions of child sexual abuse and lack of parental knowledge: a community-based cross-sectional study from the Eastern Province of Saudi Arabia ( n= 400) and found that 91.5%of the studied mothers were married. Also, this finding agreed with **Lange et al.(2020)**; they studied Defining Child Sexual Abuse: Perspectives from Mothers Who Experienced this Abuse(n=35) and reported that three fifths of mothers(60%) were married.

As regards educational level, more than two fifths of mothers had a secondary education (table 2). This might be due to decreased number of universities in rural areas. This finding disagreed with **Fayed &**

**Alam (2018)**; they studied The Effect of Educational Guide on mothers' Awareness regarding Sexual Harassment for their School Age Children they found that three fifths (60%) of mothers have university education.

Regarding the residence, the present study showed that almost two thirds of mothers lived in rural areas(table 2). This finding was incongruent with **El Said, (2019)**; he found that approximately half (50.3%) of studied sample lived in urban areas.

The result of the present study revealed that more than one third of mothers had three children (table 2). This finding disagreed with **Pappachan et al., (2017)**; they studied Knowledge of mothers regarding prevention of child abuse in Father Muller Medical College, Mangalore. (n=100), they reported that more than two fifths(44%) of the mothers were with 2 children. Also, this finding was congruent with **Prikhidko & Kenny, (2021)**; they reported that more than half of mothers (56.6%) had one child.

Regarding to total knowledge score of the mothers about child sexual abuse and protection of children from sexual abuse, the present study revealed that slightly less than three fifth of them had average total knowledge level regarding CSA (Figure 1).This finding was consistent with **Pahantasingh et al., (2020)**, they studied Knowledge and Attitude of Mothers towards the Prevention of Child Sexual Abuse and found that 54% of the mothers had average level of knowledge on prevention of child sexual abuse.

Concerning to total practice level of the mothers regarding protection of their children from sexual abuse, the result of the present study showed that three fifths of studied mothers had unsatisfactory total reported practices regarding protection of their children from sexual abuse(figure 8). This finding was in the same line with **Mlekwa et al. (2016)**, they studied Knowledge, attitudes and practices of parents on child sexual abuse and its prevention in Shinyanga district,

Tanzania(n=384), and reported that more than two thirds (72.7%) of respondents had poor performance regarding practices for prevention of child sexual abuse. Also, This finding was congruent with **Okiche et al. (2019)**; they studied Child sexual abuse: knowledge, perception and preventive practice of caregivers of children seen in a tertiary hospital in southeast Nigeria (n=203), they found that 73.4% had inadequate practice regarding prevention of child sexual abuse. This result might be due to mothers have an average knowledge regarding CSA and ways of protection which may be not enough or effective in protecting children from CSA. Also, mothers' fear associated with sexual education of children as inciting new fears and worries or reducing trust in others.

Regarding to total attitude level of mothers regarding protection of their children from sexual abuse, the current study revealed that two thirds of mothers had a positive attitude regarding protection of their children from sexual abuse (figure 13). This result was in the same line with **Kaushik & Daniel, 2019)**; they reported that most of mothers(90%) had positive attitude regarding prevention of child sexual abuse. This might be due to mothers have average knowledge regarding CSA and recently become more common problem with continuously increasing incidence that encourage mothers to have good perception to help their children.

Concerning correlations The results of the present study showed that there positive statistically significant correlations between mothers' total knowledge, total reported practices and total attitude score regarding protection of their children from sexual abuse (table 20). This finding agreed with **Pahantasingh et al., (2020)**, they found that there was a significant positive co-relationship between the “knowledge and attitude” of mothers on prevention of” child sexual abuse as the” ‘r’ value is 0.284 at p-value 0.004. This might be due to knowledge play an important role in changing behavior leading to change of practices.

## **Conclusion:**

Approximately less than half of mothers aged 30 to less than 40 years old and most of them were married while more than half of children aged 3-6 years and 7.6% of them were previously exposed to sexual abuse. Approximately less than three fifths of the mothers had average total knowledge about protection of their children from sexual abuse while three fifths of them had unsatisfactory reported practices regarding protection of their children from sexual abuse and two thirds of them had positive attitude regarding protection of their children from sexual abuse. There were a positive statistically significant correlations between mothers' total knowledge, total reported practices and total attitude score regarding protection of their children from sexual abuse.

## **Recommendations:**

- 1- Perform health education program for mothers regarding child sexual abuse to increase their knowledge and practices to protect their children from sexual abuse.
- 2- Conduct further studies to investigate associated risk factors of child sexual abuse and adequate intervention.
- 3- Design and implement different educational programs for teachers based on needs assessment concerning child sexual abuse
- 4- Provide instructional booklets for children to increase self-protection knowledge and skills to prevent child sexual abuse.
- 5- Strengthening and expanding laws defining sexual abuse especially CSA should proceed with improving the application of existing laws.
- 6- Organize community-based support services which should be established in health care centers and professional health awareness campaigns that must be organized to develop preventive strategies for CSA

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