



# Awareness of Parents of Children Aged 3 to 10 Years Attending Pediatric OPD at a Tertiary Care Hospital in Calicut Regarding Child Sexual Abuse Prevention

Dr. Neethu John<sup>1</sup>, Dr Mohan Kumar Mk<sup>2</sup>, Dr Cherian Nc<sup>3</sup>

1. DNB Trainee in Pediatrics, KMCT Medical College, Mukkam, Kozhikode

2. Professor, Department of Pediatrics, Govt: Medical college, Thrissur

3. Professor, Department of Pediatrics, KMCT Medical college, Mukkam, Kozhikode

Submitted: 20-11-2024

Accepted: 30-11-2024

## ABSTRACT

Child sexual abuse is one among the most distressing problems which has long lasting physical, emotional, and mental health consequences on the affected. According to data released by National Crime Record Bureau (NCRB) in 2018, 109 children are sexually abused in India every day. Every 155<sup>th</sup> minute a child less than 16 years is raped, and 1 in 10 children reports to be sexually abused at any point of time.<sup>3</sup> As per a study conducted by the Ministry of Women and Child Development the current prevalence of CSA is 53%. Prevention of childhood sexual abuse is possible only through proper awareness among children, and their caregivers including parents and teachers. This study endeavors to examine the level of awareness among parents of children between 3 to 10 years of age, by assessing their knowledge, attitude and practices in child sexual abuse prevention.

**KEY WORDS:** Sexual abuse, Children

**INTRODUCTION:** This Cross-sectional observational study conducted at KMCT Medical College Kozhikode during September 2020 to June 2021 aims to study knowledge attitude and practice of parents of children aged 3 to 10 years regarding childhood sexual abuse prevention.

**MATERIALS AND METHODS:** 400 participants attending outpatient department of Paediatrics KMCT Medical College Kozhikode were included in this study. The participants were parents of children of the aged 3 to 10 years who were willing to participate and given informed consent. The objectives were to study knowledge attitude and practice of parents regarding childhood sexual abuse prevention. Also, to assess if there is any significant correlation between knowledge attitude and practices of parents regarding child sexual abuse [CSA] prevention, the association of

parent's educational status, age and the gender of the respondent, gender of child towards CSA prevention.

A questionnaire comprising of 30 questions was prepared based on research objectives. A pilot study was done on 40 parents and minor modifications were made. Each correct answer was given the score of 1 and wrong answer was given the score 0. For knowledge attitude and practice, a score of > 80 considered good, 60-80 average and < 60 poor. Data analysis was done using EpiInfo Version 7.2.4.0 StatCalc

**RESULTS:** Out of the 400 participants of the study, 53.8% were females and 46.3% were males. Mean age of parents was 32 years.

	Good	Average	Poor
Knowledge Sexual abuse prevention	42.8%	55%	2.3%
Attitude of the parents	30.3%	61.8 %	8.0%
Practices regarding child sexual abuse prevention	39.7%	41.3 %	19%

There was a significant positive correlation between Knowledge and Practice and CSA prevention. {Pearson correlation coefficient: 0.495 (p value = 0.000)}. Also, positive correlation between attitude and practice. {Pearson coefficient 0.22 (p value = 0.000)}

There was no significant correlation between knowledge and attitude of the participants in this study. {Pearson correlation coefficient: 0.078 (p value = 0.118)}.

No significant association was found between age, gender, educational qualification of the parent and



gender of child towards CSA prevention. This may be due to the relatively small sample size in this study

**CONCLUSION:** There is a significant positive correlation between Knowledge and Practice, Attitude and Practice of parents and CSA prevention. School based CSA prevention programmes may be implemented for parents and children. Media based awareness programmes can also help.

## I. INTRODUCTION

There can be no keener revelation of a society's soul than the way in which it treats its children"

Dr. Nelson Mandela

Child sexual abuse is one among the most distressing problems which has long lasting physical, emotional, and mental health consequences on the affected. WHO Consultation on Child Abuse Prevention (1999) states the definition of child sexual abuse as follows<sup>1,2</sup>:

"Child sexual abuse is the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent, or that violates the laws or social taboos of society. Child sexual abuse is evidenced by this activity between a child and an adult or another child who by age or development is in a relationship of responsibility, trust or power, the activity being intended to gratify or satisfy the needs of the other person. This may include but is not limited to:

- The inducement or coercion of a child to engage in any unlawful sexual activity;
- The exploitative use of a child in prostitution or other unlawful sexual practices;
- The exploitative use of children in pornographic performance and materials".

The incidence of child sexual abuse is alarmingly on the rise all around the world. Based on international studies, WHO has estimated that approximately about 20% of women and 5 to 10% of men report being sexually abused as a child.

In a study conducted by The Ministry of Health and Family Welfare in India in 2007 interviewing 1,25,000 children, it was found that about half of the respondents were victims of child sexual abuse in one way or the other<sup>4</sup>. Along with physical injuries, sexual abuse can cause a multitude of psychological issues in a child which may lead to childhood depression, bipolar affective disorder, lack of trust, sexualized behavior and eventually leads to the creation of a disabled society. In November 2012, India had adopted The Protection of Children from

Sexual Offences Act (POCSO) aimed at protection of children against various form of sexual offences<sup>5</sup>.

Prevention of childhood sexual abuse is possible only through proper awareness among children, and their caregivers including parents and teachers. Due to the cultural taboo and essentially patriarchal nature of Indian Society most of the parents are reluctant to talk openly regarding sexual abuse and its prevention to their off-springs. This apathy ushered by the elders in sensitizing the growing generation places the latter under serious risk of falling prey to sexual abuse of various forms. This study endeavors to examine the level of awareness among parents of children between 3 to 10 years of age, by assessing their knowledge, attitude and practices in child sexual abuse prevention.

## II. MATERIALS AND METHODS

400 participants attending outpatient department of Paediatrics KMCT Medical College Kozhikode were included in this study. The participants were parents of children of the aged 3 to 10 years who were willing to participate and given informed consent. Parents who did not answer more than 5 questions or did not reveal gender or age of the child were excluded.

The objectives were to study knowledge attitude and practice of parents regarding childhood sexual abuse prevention. Also, to assess if there is any significant correlation between knowledge attitude and practices of parents regarding child sexual abuse [CSA] prevention, the association of parent's educational status, age and the gender of respondent and gender of child towards CSA prevention.

Several studies have reported varying proportions of parents who answered the questions about CSA, from 28.1 per cent to 83.9 per cent for different questions. Assuming 80% power and limiting the  $\alpha$  error to 5% in order to capture an expected prevalence of 25 per cent, the sample size was calculated to be 288 using EpiInfo Version 7.2.4.0 StatCalc. Assuming 30% non-response rate, the sample size becomes 375 which is rounded off to a sample size of 400.

A questionnaire in the regional language Malayalam comprising of 30 questions was prepared based on research objectives. A pilot study was done on 40 parents and minor modifications were made. Each correct answer was given the score of 1 and wrong answer was given the score 0. For knowledge attitude and practice, a score of  $> 80$  considered good, 60-80 average and  $< 60$  poor. Data analysis was done using EpiInfo Version 7.2.4.0 StatCalc. The socio-demographic data was described using means, proportions and frequencies. The scores in the



knowledge, attitude and practice sections of the questionnaire were aggregated separately and analyzed using means and standard deviation. Correlation between knowledge and practice, knowledge and attitude, attitude and practice were checked using Pearson's correlation to understand

whether there is any association between them. Association between socio- demographic factors with knowledge, attitude and practice were checked and tested for statistically significant association using Pearson correlation. The study has been approved by the Ethical committee of KMCT Medical College.

### III. RESULTS

Mean age of participants in this study was 32 years. Lowest age was 23 years and upper age 45 years. Out of 400 participants, 215(53.8%) were females and 185(46.3%) were males.

Educational qualification	Frequency	Percentage
Upper primary	1	0.2
High school	98	24.5
Higher secondary school	156	39.0
Graduate	123	30.8
Post graduate	22	5.5
Total	400	100.0

#### ASSESSMENT OF KNOWLEDGE REGARDING CHILD SEXUAL ABUSE PREVENTION

In India every second child is subjected to sexual abuse of some forms and every fifth child to critical to forms. Responses were-

	Frequency	Percent
True	268	67.0
False	101	25.2
Do not know	31	7.8
Total	400	100.0

If a child is sexually abused there will usually be no physical evidence. (a) agree (b) disagree

	Frequency	Percent
Agree	217	54.3
Disagree	183	45.7
Total	400	100.0

Children are most likely to be sexually abused by people who are familiar to them, including family members. Responses were-

	Frequency	Percent
Agree	371	92.8
Disagree	29	7.2
Total	400	100.0



Females cannot sexually abuse children (a) true (b)false		
	Frequency	Percent
True	62	15.5
False	338	84.5
Total	400	100.0

A child who reports being sexually abused can (a) be always believed (b) cannot be believed at certain times when she may be exaggerating or creating stories		
	Frequency	Percent
Agree	264	66.0
Cannot be believed /may create stories	136	34.0
Total	400	100.0

Only girls are victims of sexual abuse. (a)agree(b)disagree		
	Frequency	Percent
Agree	80	20.0
Disagree	320	80.0
Total	400	100.0

In sexual abuse fault lies on the victim's attitude too. (a)agree (b) disagree		
	Frequency	Percent
Agree	61	15.2
Disagree	339	84.8
Total	400	100.0

Most children who are sexually abused are not from reputable families (a)agree (b) disagree		
	Frequency	Percent
Agree	41	10.2
Disagree	359	89.8
Total	400	100.0



A person who has sexually abused a child will likely repeat the offense (a) true (b) false		
	Frequency	Percent
Agree	396	99.0
Disagree	4	1.0
Total	400	100.0

A child who is sexually abused usually are threatened by the perpetrator to prevent disclosure (a) true b) false		
	Frequency	Percent
Agree	397	99.2
Disagree	3	0.8
Total	400	100.0

#### ATTITUDE OF THE PATIENTS REGARDING CHILD SEXUAL ABUSE

Have you talked to your child regarding sexual abuse (a) yes (b) no?		
	Frequency	Percent
Yes	318	79.5
No	82	20.5
Total	400	100.0

Do you think it is appropriate to talk about sexual abuse to children (a) yes (b) no		
	Frequency	Percent
Yes	376	94.0
No	24	6.0
Total	400	100.0

Have you talked to children about their private parts and told them they should not be touched by others (good touch and bad touch) (a) yes (b) no		
	Frequency	Percent
Yes	318	79.5
No	82	20.5
Total	400	100.0



Do you think that talking about sexual abuse prevention may induce too much knowledge about sex at an early age (a)yes (b) no?

	Frequency	Percent
Yes	222	55.5
No	178	44.5
Total	400	100.0

Have you told your child if someone wants to see or touch their private parts, they should definitely say 'No' and leave at once (a)yes (b) no

	Frequency	Percent
yes	264	66
No	136	34
Total	400	100.0

Parents need not talk about sexual abuse as the child will naturally acquire knowledge about sex and sexual abuse as she or he grows up a) true b) false

	Frequency	Percent
True	138	34.5
False	262	65.5
Total	400	100.0

Have you asked your children not to go with others, even familiar grown-ups, unless they have parental permission (a)yes (b) no

	Frequency	Percentage
No	1	0.3
Yes	399	99.7
Total	400	100.0

Do you think revealing or complaining about sexual abuse to class teachers, counsellors or police may damage the reputation of the child or family? (a)Yes (b) No

	Frequency	Percent
Yes	76	19.0
No	324	81.0



Total	400	100.0
-------	-----	-------

Have you advised your child not to accept gifts from strangers, unless they had parental permission (a)yes (b)no

	Frequency	Percentage
no	1	0.3
Yes	399	99.7
Total	400	100.0

Have you (parents) attended any classes regarding prevention of childhood sexual abuse (a)yes (b) no

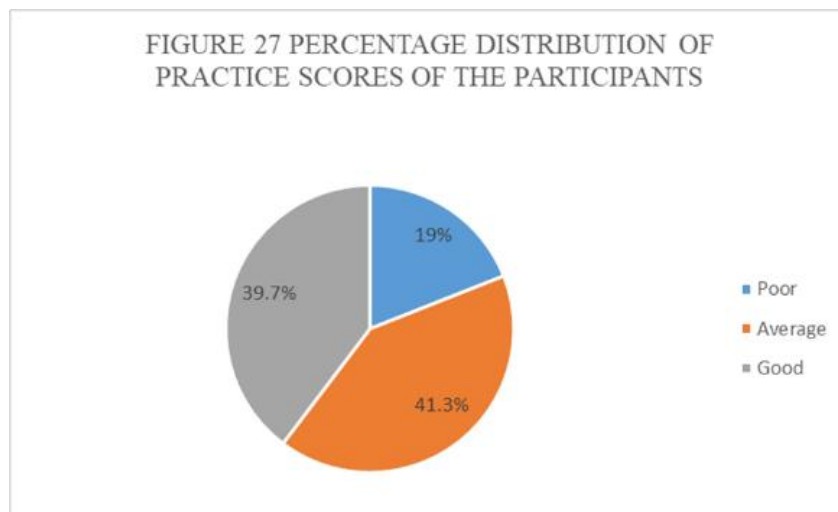
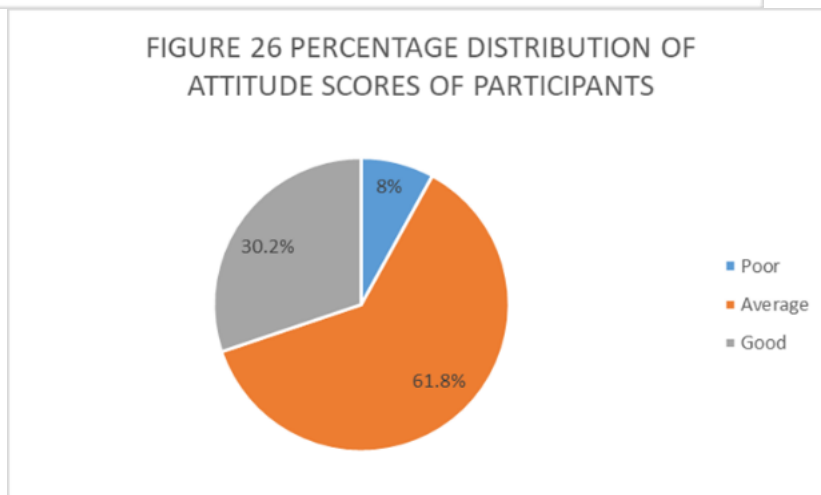
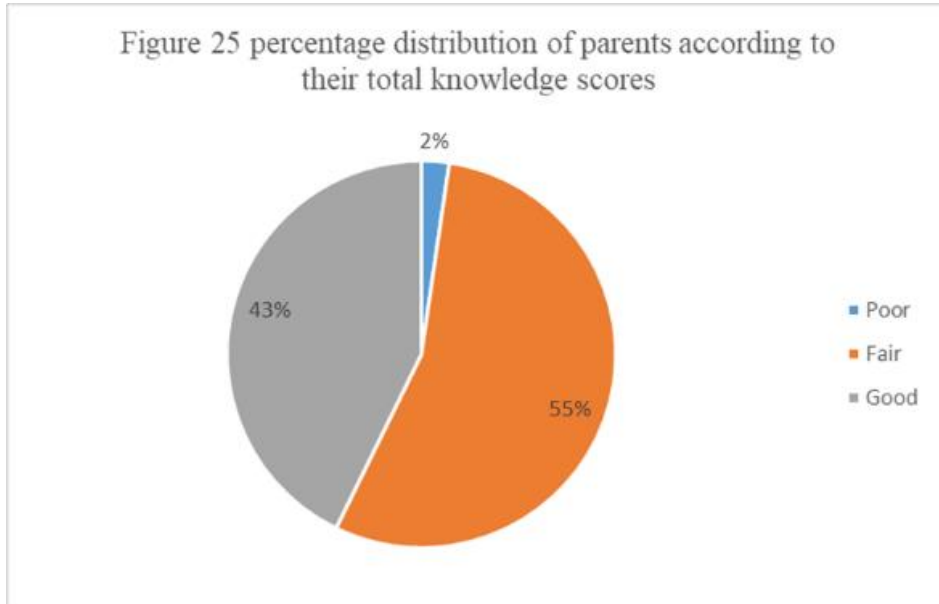
	Frequency	Percent
yes	233	58.5
No	166	41.5
Total	400	100.0

Have you told the child that it is important to let an adult know about any such events (a)yes (b)no

	Frequency	Percent
Yes	282	70
No	118	30
Total	400	100.0



### TOTAL SCORES OF PARENTS IN KNOWLEDGE ATTITUDE AND PRACTICES OF CSA PREVENTION







#### IV. DISCUSSION

##### KNOWLEDGE OF PARENTS TOWARDS CHILD SEXUAL ABUSE PREVENTION

In this study, only 67% of parents knew the fact that one in two children face childhood sexual abuse in any forms and 5 in one face severe sexual assault in India. 92.8% of respondents agreed to the fact that in child sexual abuse the perpetrator are usually people familiar to the child and family. 80% knew that the boys can also be victims. 89.8% disagreed to the statement that child sexual abuse victims are never from a reputable family. 99% of the respondents agreed to the fact that there are chances of repeating the offence by the person who has sexually abused a child. 84.8% respondents disagreed to the statement that there is fault with the victim too in child sexual abuse but 15.2% believed that victim is also responsible. 54.3% of the respondents knew that there may not be any physical evidence of sexual abuse on the victim; 45.8% thought that there would be some physical signs all the time. 66 % believed that children can always be believed when they report sexual abuse but 34% are of the opinion that children may not be believed all the time as they may create stories or exaggerate things. 99.3% of respondents agreed to the fact that the perpetrator threatens the child to prevent disclosure. 85.5% of the participants disagreed to the statement whereas 15.5% believed that females can never sexually abuse children

In a similar study done in China by Jing Qi Chen and Da Guang Chen<sup>18</sup> more than 80% of the respondents knew that the problems of CSA exist around the world (83.9%) and that a person who has sexually abused a child will likely repeat the offense (83.6%). Nearly 80% of respondents knew that the sexually abused child was not to blame (79.0%) and that boys can also be sexually abused (78.7%). More than 70% of respondents believed that men sexually abuse children in most cases (75.7%). Sixty percent of the parents knew that the child who was sexually abused will be 'held back' from disclosing the case by the abuser (61.6%) and that females also can sexually abuse children (63.4%). However, relatively few of the respondents believed that children who report sexual abuse could be believed almost all the time (40.7%); that if a child has been sexually abused, there will usually be no obvious physical evidence (28.1%); and children are most likely to be sexually abused by people familiar to them (28.2%).

A pre-intervention study done in Nigeria<sup>22</sup>, assessing Knowledge, attitude and practices of mothers in a tertiary hospital setting revealed the following results. 22.1% and 14.8% of them believing that females cannot sexually abuse children and that boys cannot be sexually abused respectively.

##### ATTITUDE OF PARENTS TOWARDS CHILD SEXUAL ABUSE PREVENTION

When attitude was assessed, 94 % of parents agreed that it is appropriate to talk to their children regarding child sexual abuse. 55% of the parents thought that talking to their children regarding child sexual abuse prevention may lead on to too much knowledge about sex. 34.5 % persons believed that the child will naturally gain knowledge about the same as he or she grows up and there is no need to educate the kids about sexual abuse. 65.5 % had the opinion that the above statement is false. 19% feared a damage in reputation of the child or family if a child sexual abuse is reported. 81% had positive attitude, considered it to be not true.

In the study done by Cheng et al<sup>18</sup> (87.3%) did not agree with the opinion that there is no need to conduct CSA prevention education because children will learn by themselves as they grow up (84.6%) and did not agree with the opinion that CSA is uncommon so there is no need to for children acquire such knowledge (85.9%). There were, however, still 47.3% of parents who showed some concern that CSA prevention education might lead to their children learning more 'sex'. The pre-intervention study done in Nigeria<sup>22</sup>, assessing Knowledge, attitude and practices of mothers in a tertiary hospital setting revealed the following results. On perception, 76.1% of care givers had adequate perception but 40.9% believed that CSA prevention education will induce children to know too much about sex.

##### PRACTICES OF PARENTS IN PREVENTING CHILD SEXUAL ABUSE

Regarding practices of parents 99% of the respondents are willing to make their children learn CSA prevention from school. Almost all (99%) participants have advised their kids not to go with others, even familiar grown-ups, without prior parental permission and they have asked their kids to refrain from accepting gifts from others without prior parental permission. But only 79.5 % participants have talked to their kids regarding child sexual abuse with the remaining 20.5% parents have never talked to their children regarding child sexual abuse. Nearly 80% of parents have talked to their kids and taught their kids that their private parts should not be touched by others. But only 66% parents have told their kids what to do when the child if someone attempts to touch their private parts. 70% of participants have talked to their children that it is important to let adults know about any such events



happening. Only 58.5% of respondents have attended classes regarding child sexual abuse prevention.

A cross-sectional descriptive study carried out at a single primary health care center (PHC) in Dammam city, KSA<sup>19</sup>, conducted to investigate parent-child communication and preventive practices centered on child sexual abuse among a cohort of Saudi population<sup>13</sup>. This study found that 82.5% of parents talked with their children about the latter's bodily privacy. A majority of the respondents (76.2%) were achieved a good preventive practice score, while 23.8% were observed to have poor communication practice.

A pre-intervention study done in Nigeria<sup>22</sup>, assessing Knowledge, attitude and practices of mothers in a tertiary hospital setting revealed the following results concerning practice. 26.6% have moderately adequate practice regarding prevention of child sexual abuse. Only 11.8% of the caregivers had CSA preventive talks with their children regularly.

Similar results were obtained in the study done by Cheng et al<sup>18</sup> almost all of the respondents had talked to their children about not going with others unless they had parental permission (95.3%) and not to accept gifts from strangers unless they had parental permission (96.4%). Similar to our study only relatively few respondents had told their children that their private parts should not be touched by others (59.0%), that if someone wants to see or touch your private parts, you should definitely say 'No' and leave at once (60.3%), and that if sexual abuse happens, parents or other trustworthy adults should be told (54.3%).

## V. CONCLUSIONS

1. In this study it is found that, only 42.8% of the participants had good knowledge about child sexual abuse prevention, 55 % had average knowledge about child sexual abuse prevention, and 2.3 % had poor knowledge about child sexual abuse prevention. With regards to the attitude of the parents 30.3% had good attitude towards child sexual abuse prevention whereas 61.8 % had average attitude and 8.0 percentage had poor attitudes towards child sexual abuse prevention. 39.7% had good practices regarding child sexual abuse prevention whereas 41.3 % had average, practices and 19% had poor practices regarding child sexual abuse prevention.
2. There is a significant association between knowledge and practices and attitude and practices regarding CSA prevention.
3. No significant association was found between any of the sociodemographic variables like age and gender of the respondent and knowledge

attitude and practices of respondent in child sexual abuse prevention. No significant association was found between educational qualification of the respondent and knowledge attitude and practices of the respondent in child sexual abuse prevention. No significant association found between the gender of the respondent's child and their knowledge attitude practice in CSA prevention. This may be attributed to the relatively small sample size in which our study has been done but also it implicates that the educational system should include school or college-based CSA prevention programmes along with the usual curriculum.

## VI. RECOMMENDATIONS

1. School based CSA prevention programmes may be implemented for parents and children to increase the awareness about child sexual abuse and thereby to improve parenting methods in such a way that child sexual abuse can be prevented.
2. Media based awareness programmes can be created to improve awareness among parents and children regarding child sexual abuse prevention.
3. A larger study covering major population may be done to get a clear picture on the CSA awareness among parents and primary caretakers, so that interventions can be planned accordingly.

## REFERENCES

- [1]. World Health Organization. Report of the consultation on child abuse prevention, 29-31 March 1999, WHO, Geneva. World Health Organization; 1999.
- [2]. Mikton C, Butchart A. Child maltreatment prevention: a systematic review of reviews. *Bulletin of the World Health Organization*. 2009;87:353-61.
- [3]. India PS. National Crime Records Bureau. Ministry Of Home Affairs, Government Of India, New Delhi. 2011.
- [4]. Dabir N, Nigudkar M. Child abuse: Confronting reality. *Economic and political weekly*. 2007 Jul 14:2863-6.
- [5]. Seth R, Srivastava RN. Child Sexual Abuse: Management and Prevention, and Protection of Children from Sexual Offences (POCSO) Act. *Indian Pediatr*. 2017;54(11):949-953. doi:10.1007/s13312-017-1189-9
- [6]. Singh MM, Parsekar SS, Nair SN. An epidemiological overview of child sexual abuse. *J Family Med Prim Care*. 2014 Oct-Dec;3(4):430-5. doi: 10.4103/2119-4863.148139. PMID: 25657958; PMCID: PMC4311357.



- [7]. Deblinger E, Thakkar-Kolar RR, Berry EJ, Schroeder CM. Caregivers' efforts to educate their children about child sexual abuse. A replication study. *Child Maltreat*. 2010 Feb;15(1):91-100. doi: 10.1177/1077559509337408. Epub 2009 Aug 31. PMID: 19720965.
- [8]. Cutajar MC, Mullen PE, Ogloff JR, Thomas SD, Wells DL, Spataro J. Psychopathology in a large cohort of sexually abused children followed up to 43 years. *Child Abuse Negl*. 2010 Nov;34(11):813-22. doi: 10.1016/j.chiabu.2010.04.004. PMID: 20888636
- [9]. Scarinci IC, McDonald-Haile J, Bradley LA, Richter JE. Altered pain perception and psychosocial features among women with gastrointestinal disorders and history of abuse: a preliminary model. *Am J Med*. 1994 Aug;97(2):108-18. doi: 10.1016/0002-9343(94)90020-5. PMID: 8059776.
- [10]. Leserman J. Sexual abuse history: prevalence, health effects, mediators, and psychological treatment. *Psychosom Med*. 2005 Nov-Dec;67(6):906-15. doi: 10.1097/01.psy.0000188405.54425.20. PMID: 16314595
- [11]. Knack N, Winder B, Murphy L, Fedoroff JP. Primary and secondary prevention of child sexual abuse. *Int Rev Psychiatry*. 2019 Mar;31(2):181-194. doi: 10.1080/09540261.2018.1541872. Epub 2019 Mar 28. PMID: 30917709.
- [12]. Centre for disease Control. Preventing child sexual abuse. Available at <https://www.cdc.gov/violenceprevention/childsexualabuse/fastfact.html> accessed on December 2020
- [13]. Knack N, Winder B, Murphy L, Fedoroff JP. Primary and secondary prevention of child sexual abuse. *Int Rev Psychiatry*. 2019 Mar;31(2):181-194. doi: 10.1080/09540261.2018.1541872. Epub 2019 Mar 28. PMID: 30917709.
- [14]. McMahon PM, Puett RC. Child sexual abuse as a public health issue: recommendations of an expert panel. *Sex Abuse*. 1999 Oct;11(4):257-66. doi: 10.1177/107906329901100402. PMID: 10597642.
- [15]. Becker JV, Reilly DW. Preventing sexual abuse and assault. *Sex Abuse*. 1999 Oct;11(4):267-78. doi: 10.1177/107906329901100403. PMID: 10597643.
- [16]. Ministry of Women and Child Development. One Stop Centres. Available from: [www.wcdhry.gov.in/oscg.pdf](http://www.wcdhry.gov.in/oscg.pdf). Accessed September 7, 2020
- [17]. The Protection of Children from Sexual Offences Act 2012. Available from: [wcd.nic.in/childact/child\\_protection\\_31072012.pdf](http://wcd.nic.in/childact/child_protection_31072012.pdf). Accessed May 30, 2017
- [18]. Chen JQ, Chen DG. Awareness of child sexual abuse prevention education among parents of Grade 3 elementary school pupils in Fuxin City, China. *Health Educ Res*. 2005 Oct;20(5):540-7. doi: 10.1093/her/cyh012. Epub 2005 Feb 8. PMID: 15701666.
- [19]. AlRammah AA, Alqahtani SM, Al-Saleh SS, Wajid S, Babiker AG, Al-Mana AAK, Al-Shammari HH. Parent-child communication and preventive practices for child sexual abuse among the general population: A community-based study. *J Taibah Univ Med Sci*. 2019 Jul 20;14(4):363-369. doi: 10.1016/j.jtumed.2019.06.005. PMID: 31488969; PMCID: PMC6717069.
- [20]. Pullins LG, Jones JD. Parental knowledge of child sexual abuse symptoms. *J Child Sex Abuse*. 2006;15(4):1-18. doi: 10.1300/J070v15n04\_01. PMID: 17200051
- [21]. Zhang W, Chen J, Feng Y, Li J, Zhao X, Luo X. Young children's knowledge and skills related to sexual abuse prevention: a pilot study in Beijing, China. *Child Abuse Negl*. 2013 Sep;37(9):623-30. doi: 10.1016/j.chiabu.2013.04.018. Epub 2013 Jun 12. PMID: 23768932.
- [22]. Okiche C, Nwobashi L, Ogugua CG270(P) Child sexual abuse: knowledge, perception and preventive practice of caregivers of children seen in a tertiary hospital in southeast nigeria *Archives of Disease in Childhood* 2019;104:A109- A110
- [23]. Batham Y, Koreti S, Gaur A. Are parents and children aware of child sexual prevention education *Int J ContempPediatr*2019;6:2277-81.
- [24]. Suchismita Pahantasingh1, Krishna Kumari Samantray1, Tapati Guchhait2, Aditi Sahoo2, Jayaswini Panigrahi. Knowledge and attitude of mothers towards The prevention of child sexual abuse. *European Journal of Molecular & Clinical Medicine* ISSN 2515-8260 Volume 7, Issue 11, 2020 5088
- [25]. Babatsikos G. Parent's knowledge attitudes and practices about preventing child abuse, *CAR*.2010; Available from:



- <https://www.wileyonlinelibrary>. Accessed March 3, 2017
- [27]. Rani S. Knowledge and Attitude of Teachers and Parents Regarding Child Abuse. *Ind J Youth Adolescent Health* 2019; 6(1): 21-27
- [28]. Finkelhor D. The prevention of childhood sexual abuse. *Future Child*. 2009 Fall;19(2):169-94. doi: 10.1353/foc.0.0035. PMID: 19719027.