



A study to assess the effectiveness of an information booklet on knowledge regarding Child Abuse and Neglect (CAN) and POCSO Act among nurses in selected hospitals of Shillong, Meghalaya.

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Abstract

Introduction: CAN (Child Abuse and Neglect) is one of the most prevalent, significant, and disconcerting social problems in the world. Health care professionals have an important role in protection and care of children who are suspected or confirmed to be victims of abuse and neglect, particularly in identification, reporting, and treatment of such cases. In the health care team, nurses are, in most instances, the first point of contact for children who may be victims of such crimes. Thus, nurses must be equipped with knowledge and skills about child health care, and laws and regulations that protect children from various types of abuse and neglect. In an effort to deal with a heinous and rampant type of child abuse i.e., CSA (Child Sexual Abuse), POCSO Act was enacted by the Government of India which states guidelines of legal responsibilities of professionals, including healthcare professionals, in dealing with such cases.

Material and Methods: The study was conducted in a one group pre-test post-test design to assess effectiveness of an information booklet, developed by the researcher, on knowledge of nurses regarding CAN and salient features of POCSO Act. The study was conducted among 128 nurses working in selected hospitals of Shillong, Meghalaya. A reliable and validated structured questionnaire, developed by the researcher, was used to assess the knowledge of nurses.

Results: In the pre-test to assess knowledge about CAN, 61 nurses had average knowledge, 55 nurses had poor knowledge and 12 nurses had good knowledge and, in the post-test, done after the information booklet was given, 67 nurses had good knowledge and 61 nurses had average knowledge.

In regard to knowledge about salient features of POCSO Act, 76 nurses had average knowledge, 48 nurses had poor knowledge and 4 nurses had good knowledge in the pre-test and in the post-test, 50 nurses had good

knowledge and 73 nurses had average knowledge and only 5 had poor knowledge.

In the pre-test, some notable concerns were observed: out of the total percentage of respondents, only 33.6% had knowledge that sexual offence can be considered even when the child is not touched, 16.4% did not consider sexual assault as a medical emergency. The most interesting observation was that in the pre-test, 53.1% indicated that “Boys are not equally vulnerable to being sexually abused”, which is a misconception.

Mean \pm SD was 6.66 ± 2.14 in the pre-test regarding knowledge about CAN, which increased to 9.55 ± 1.48 in the post-test and the Mean \pm SD was 5.8 ± 1.47 in the pre-test regarding knowledge about salient features of POCSO Act which increased to 8.13 ± 1.31 in the post-test. The difference in mean knowledge score in the pre-test and the post-test was found to be statistically significant at p value <0.001 . Thus, it was concluded that the booklet was effective in increasing knowledge of nurses regarding CAN and POCSO Act.

Conclusion: Due to the observed lack of good knowledge among nurses in the pre-test of the study and the significant increase in the number of nurses with good knowledge in the post-test after the administration of the information booklet, it is concluded that there is a need to conduct sensitization, awareness, and training programs among nurses. Nurses should have access to handy and reliable sources of information for prompt referral and use during times of need. Focus should be laid on learning through case scenarios and small group discussion during pre-service education, so that nurses’ knowledge is based on understanding facts, sensitivity, and importance of the topic.

Keywords: Child Abuse and Neglect (CAN), India, Information booklet, Knowledge, Nurse, POCSO Act.

Introduction

According to National Crime Records Bureau (NCRB) statistical records, there were 128531 cases of crime reported against children in the year 2020.^[1] More than one-third of our country’s population, i.e., around 444 million is below 18 years of age (Census 2011) and this large proportion of the population is under constant threat as these children can be vulnerable to any form of maltreatment because of their young age and dependence on others for care and protection.

CAN is one of the most prevalent and significant social problems in the world. According to WHO, child abuse and child maltreatment can be referred to as “all forms of physical and/or emotional treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child’s health, survival, development or dignity in the context of a relationship of responsibility, trust or power.” Child Neglect is defined as “(a) inattention or omission by the caregiver to provide for the child: health, education, emotional development, nutrition, shelter and safe living conditions (b) in the context of resources reasonably available to the family or caretakers; (c) and causes harm to the child’s health or physical, mental, spiritual, moral or social development.” Child Abuse & Neglect (CAN) exerts a multitude of short-term and long-term effects on children. “Child development normally follows a predictable and organized course but due to such abnormal and unusual circumstances, like abuse or neglect, it is thrown off course resulting in developmental failure and limited adaptation.”^[4]

Timely and appropriate health care service is a basic right of a child. This service is not limited to treatment and rehabilitation but includes prevention and identification also. Nurses play an essential role in society today, as health care professionals, by being advocates for health

promotion, providing health education, participating in rehabilitation, and providing care and support. It is important for nurses to have the knowledge and skill to recognize CAN, identify the risk factors that may lead to CAN, report such cases to the authorities, and provide competent and holistic nursing care to victims of abuse and neglect. Feng and Levine, in a study among 1400 Taiwanese nurses, found that the mean knowledge score regarding child abuse was low (7.8 ± 1.91 out of a total possible score of 13).^[7] Similarly, Poreddi, Pashapu, Kathyayani, and Gandhi also found that the knowledge of nursing students of Bangalore, India in correctly identifying suspected cases of CAN was inadequate.^[6] And according to M. G. Sathiadas, Arunath Viswalingam and Karunya Vijayaratham, all the cases that were suspected by health care professionals to be case of CAN were not reported to the authorities and the main reasons for not reporting were uncertainty of the diagnosis, and lack of knowledge of the referral procedure among others. ^[10] This raises the question of whether nurses have the required knowledge to deal with such cases. Protection of a child is a fundamental societal, national, and international responsibility. In 2012, Indian government enforced a revolutionary act “The Protection of Children from Sexual Offences (POCSO) Act” which aims to protect children against sexual offences, which is a heinous and rampant type of child abuse. POCSO Act is a comprehensive and gender-neutral law that provides protection to children from offences such as sexual assault, sexual harassment and pornography, while safeguarding the interests of the child at every phase of legal proceedings by incorporating child-friendly system for reporting, recording of evidence, investigation and speedy trial of offences through designated Special Courts.^[20,21,22] This Act serves as the weapon for the Indian society to combat in the battle against sexual

abuse and negligent treatment of the precious assets of the country. There is a significant role of the health care professionals in this battle but studies have shown that there is lack of awareness and knowledge among health care professionals regarding the salient features of POCSO Act. This indicates the importance of bringing awareness among general public and increasing knowledge of the health care professionals, like nurses who are often the first line of care providers to children who are to be protected by the act.

Objectives

The present study was conducted to:

- i. To assess the level of knowledge of nurses regarding child abuse and neglect and salient features of POCSO Act.
- ii. To assess the effectiveness of an information booklet on knowledge regarding child abuse and neglect and salient features of POCSO Act.

Methodology

The study was conducted in a one group pre-test post-test design to assess effectiveness of an information booklet, developed by the researcher, on knowledge of nurses, working in four hospitals of Shillong, Meghalaya, regarding CAN and salient features of POCSO Act from April-May 2022.

The samples were selected using convenience sampling based on availability and consent to participation. 128 nurses working in these hospitals participated in the study by filling the structured questionnaire, developed by the researcher. Confidentiality was maintained throughout.

Description of the structured questionnaire:

The structured questionnaire consisted of two sections: Section I consisted of 9 questions related to demographic data of the participants

Section II consisted of 12 close-ended questions related to Child Abuse and Neglect (CAN) and 10 questions related to salient features of POCSO Act.

In the knowledge section of the questionnaire (i.e., Section II), each correct response in a question was given one mark and an incorrect response was given zero mark. Participants with correct responses above 75% were defined as having good knowledge, those between 50-70% as having average knowledge, and those having below 50% were defined to have poor knowledge.

Description of the Information Booklet:

The information booklet regarding CAN and salient features of POCSO Act was developed by the researcher. The booklet contains information on identification of CAN, identification of risk factors leading to CAN, identification of indicators of CAN, Child Sexual Abuse (CSA): identification and reporting, and salient features of POCSO Act.

Data Collection Procedure of the final study:

With administrative permission of the hospitals and after obtaining informed consent from the participants, data was collected as described:

Pre-test: The pre-test was conducted using the validated structured questionnaire which was filled by the participants.

Distribution of the information booklet: The information booklet was distributed and all participants

were encouraged to go through the information booklet at least once in front of the researcher.

Post-test: The post-test was conducted using the same questionnaire.

Data Analysis

The data filled in by the participants were entered in Microsoft Excel 2019 MSO (Version 2206) and analysed using Statistical Package for the Social Sciences (SPSS) version 25. Analysis of the data was done based on the objectives of the study using descriptive statistics (mean, standard deviation, frequency, and percentage) and inferential statistics (paired t-test). A P value of <0.05 was considered statistically significant.

Ethical considerations

Permission was taken from the Institutional Ethical Clearance Committee of North Eastern Indira Gandhi Regional Institute of Health and Medical Sciences, Shillong, Meghalaya, India vide NEIGR/IEC/M14/N15/2021 Dated 26th April 2021. Written informed consent was obtained from study participants. Confidentiality was maintained throughout the study by using code numbers rather than the respondent's real names during data collection and analysis.

Results

Demographic data of the participants are summarized in Table 1:

Table 1: Frequency and percentage distribution of participants according to demographic characteristics

N=128.

Demographic Variables	Frequency (f)	Percentage (%)
Age (in years)		
20-30	61	47.7
31-40	54	42.2
41 and above	13	10.2
Gender		
Female	121	94.5
Male	7	5.5
Educational Qualification		
GNM	90	70.3
Post Basic B.Sc. Nursing	11	8.6
B.Sc. Nursing	27	21.1
Clinical Experience (in years)		
<1	15	11.7
1-5	41	32.0
6-10	35	27.3
11-15	24	18.8
Above 15	13	10.2
Experience in pediatrics department		
Yes	66	51.6
No	62	48.4

In regard to level of knowledge among the participants regarding CAN, the data is summarized in Table 2.

Table 2: Frequency and Percentage distribution of participants according to knowledge score regarding CAN (Child Abuse and Neglect)

N=128

Level of Knowledge	Pre-Test		Post-Test	
	f	%	f	%
Poor	55	43.0	0	0
Average	61	47.7	61	47.7
Good	12	9.4	67	52.3

The Mean ± SD was 6.66 ± 2.14 for the pre-test and Mean ± SD was 9.55 ± 1.48 for the post-test; this indicates an increase in the knowledge score of the nurses regarding CAN after the information booklet was given.

In regard to level of knowledge among the participants regarding salient features of POCSO Act, the data is summarized in Table 3.

Table 3: Frequency and Percentage Distribution of participants according to knowledge score regarding salient features of POCSO Act

N=128

Level of Knowledge	Pre-Test		Post-Test	
	f	%	f	%
Poor	48	37.5	5	3.9
Average	76	59.4	73	57.0
Good	4	3.1	50	39.1

The Mean ± SD was 5.8 ± 1.47 for the pre-test and Mean ± SD was 8.13 ± 1.31 for the post-test; this indicates an increase in the knowledge score of the nurses regarding salient features of POCSO Act after the information booklet was given.

On analysing the level of knowledge of nurses regarding CAN according to the clinical experience, in the pre-test, among 15 nurses who had lesser than 1 year of clinical experience, none had good knowledge about CAN and out of 13 nurses who had clinical experience above 15 years, only 1 had good knowledge. However, in the post-test, the increase in number of nurses with good knowledge was higher in nurses with <1 year of clinical experience than the nurses with >15 years of clinical experience.

In context of reporting, 114 (89.1%) participants indicated that they had never reported a case of CAN and only 14(10.9%) indicated that they had reported a case. On analysing the level of knowledge regarding CAN

based on reporting behaviour, among the 114 participants, 50(43.9%) had poor knowledge and 53(46.5%) had average knowledge and only 11(9.6%) had good knowledge in the pre-test.

In the pre-test, out of the 128 participants, 67(52.3%) participants indicated that they were aware of the reporting guidelines of POCSO Act and 61(47.7%) indicated that they were not aware of the reporting guidelines. On analysing the level of knowledge regarding POCSO Act, out of the 67 participants, 45 had average knowledge and only 4 had good knowledge in the pre-test. Among the 61 participants, almost half had poor knowledge and none had good knowledge in the pre-test.

Some notable observations of concern in the pre-test were:

Only 33.6% of the nurses responded that sexual offence can be considered even when the child is not physically touched, and more than half of the participants (53.1%) responded that “boys are less likely to be sexually abused”, which is a misconception.

More than half of the nurses (52.1%) could not identify the risk factors that may lead to CAN, 38.9% could not identify the indicators of CAN, 16.4% did not identify sexual assault as a medical emergency, 13.3% of the nurses did not know the correct child helpline number.

In a case scenario of CSA, 36.7% of the nurses could not identify reporting and ensuring safety as the primary concerns.

In regard to question related to POCSO Act, 44.5% of the nurses did not know the full form of POCSO Act, 36.7% did not know the age of a child protected under the Act, majority of the participants i.e., 79.7% were not aware of the “Right to Informed Refusal”, 27.3% did know the authorities to whom a suspected/confirmed case of CSA was to reported, 21.9% did not know the consequences of

failure to report a case of CSA under the Act, and majority of the participants (89.1%) did not know that police requisition/magistrate order is **not** mandatory for medical examination of a child who is a victim of offences covered under the Act.

Table 4: Comparison of Pre-Test and Post-Test Knowledge Score of Nurses regarding Child Abuse and Neglect (CAN) N= 128

Knowledge Score	Mean	SD	't' value	df	p value
Pre-test	6.66	2.14	-12.354	127	<0.001*
Post-test	9.55	1.48			

*Significant (p value < 0.05)

The difference in the means of the pre-test and post-test knowledge score was found to be statistically significant with the t-test value of -12.354 and degree of freedom of 127 at <0.001 level of significance using paired t-test. This shows that, there was an increase in knowledge of nurses regarding CAN with the information booklet.

Table 5: Comparison of Pre-Test and Post-Test Knowledge score of Nurses regarding salient features of POCSO Act, N= 128.

Knowledge Score	Mean	SD	't' value	df	p value
Pre-test	5.8	1.47	-13.153	127	<0.001*
Post-test	8.13	1.31			

*Significant (p value < 0.05)

Table 6: Area wise Mean, Actual Gain and Modified gain Scores obtained by Nurses on Structured Knowledge Questionnaire, N=128

Knowledge Area	Maximum possible score	Mean Score		Actual gain scores	Possible gain scores	Modified gain scores
		Pre-test	Post-test			
Identification of CAN	5	2.49	3.91	1.42	2.51	0.57

The difference in the pre-test and post-test mean knowledge scores was found to be statistically significant with the t-test value of -13.153 and degree of freedom of 127 at <0.001 level of significance using paired t-test. This shows that, there was an effectiveness of the information booklet on increasing knowledge regarding salient features of POCSO Act.

In regard to knowledge gain of the participants in the various areas according to the knowledge score obtained by the participants in the structured knowledge questionnaire, the data can be summarized in Table No. VI.

The data in table VI depicts that the maximum gain was seen in the area of salient features of POCSO Act (0.66), second highest gain was in the area of identification of CAN (0.57) followed by the identification of the indicators of CAN (0.54).

The lowest gain was in the area of identification of risk factors leading to CAN which was 0.35.

It was noted that there was gain in knowledge in all areas indicating effectiveness of the information booklet in increasing knowledge of nurses regarding CAN and salient features of POCSO Act.

Identification of risk factors leading to CAN	3	1.44	1.99	0.55	1.56	0.35
Identification of indicators of CAN	5	3.19	4.16	0.97	1.81	0.54
Child Sexual Abuse: Identification and Reporting	3	2.34	2.63	0.29	0.66	0.43
Salient features of POCSO Act	6	3	4.98	1.98	3	0.66

Discussion

Knowledge regarding CAN (Pre-test)

The study revealed that among 128 nurses, 43% had poor knowledge, 47.7% had average knowledge and 9.4% had good knowledge about CAN. A study by Wafaa Elarousy and Sara Abed among 145 nurses found that 40.7% of participants scored 75% or higher for knowledge of CAN which was higher than the present study. [8] However, Poreddi, Pashapu, Kathyayani, SaiLaxmi, Wafaa El-Arousy and Suresh Bada Math also found that nursing students’ knowledge in correctly identifying suspected cases of child abuse and neglect was inadequate which was similar to the present study. [6] Another study on knowledge and attitude of dentists found that prevailing reasons for not reporting suspected case of CAN was lack of knowledge of the reporting procedure (43%), and combination of answers that they never had a case and lack of knowledge about the procedure of reporting (31%) (Nina Markovic et. al, 2013).[5] According to Sathiadas, Viswalingam and Vijayaratnam, all the cases that were suspected by professionals were not reported to the authorities and the main reasons were uncertainty of the diagnosis (55, 22.3%), and lack of knowledge of the referral procedure (25, 10.1%).[10] The mean knowledge

score, in the pre-test, was low (6.66 ± 2.14 out of a total possible score of 12) in questions regarding CAN. Feng and Levine in a study among 1400 nurses also found the mean knowledge score was low (7.8 ± 1.91 out of a total possible score of 13).[7] This indicates that there is lack of knowledge of nurses regarding CAN.

Identification of CAN (Pre-Test knowledge)

In this study, 52.1% nurses were able to correctly identify definition and characteristics of CAN which was lower than the percentage reported by Wafaa Elarousy and Sara Abed regarding participants’ knowledge of CAN where 60% or higher among 145 nurses were able to answer correctly questions related to identifying suspected CAN cases.[8] 61.1% of nurses were able to correctly identify the indicators of CAN in the pre-test which was higher than the percentage reported by Sathiadas, Viswalingam and Vijayaratnam, who reported that the knowledge regarding indicators of abuse was unsatisfactory as only 27.6% among 246 healthcare professionals.[10] This indicates that there is a gap between the knowledge about the general identification of definition of CAN and the indicators of CAN.

Reporting of a suspected/alleged/confirmed case of CAN

Reporting of a suspected/alleged/confirmed case of CAN is the ethical responsibility of a nurse who comes across such a case. According to NCRB statistical records, there were 128531 cases of crime reported against children in the year 2020 out of which 415 were reported in Meghalaya.^[1] However, among the 128 nurses in this study, only 10.9% had ever reported a case of CAN. Feng and Levine, in the sample of 1400 Taiwanese nurses, also found that only 14% had reported one or more cases of child abuse. Out of those 1400 nurses, Feng and Levine found that 21% indicated that they had encountered at least one suspected incident of child abuse, but had not reported the case.^[7] However, almost half of the responding nurses (42.6%) had reported either suspected / known cases of CAN and almost a quarter (21.1%) had not reported when they did suspect according to a study by Fraser, Mathews, Walsh, Chen and Dunnee among 930 nurses in Australia.^[9] Feng and Levine found that most nurses had inadequate knowledge of the reporting law.^[7] In this study, 67 nurses self-reported that they were aware of reporting guidelines under POCSO Act, out of which 67.2% had average knowledge, 26.9% had poor knowledge, and only 6% had good knowledge about salient features of POCSO Act. This indicates lack of good knowledge, among the 128 nurses, about reporting guidelines for a case of CAN. Items measuring knowledge of where to report were answered correctly by 88.4% in a study by Fraser, Mathews, Walsh, Chen and Dunnee which was higher than the percentage of nurses in this study who correctly responded to the item measuring knowledge about the authorities to whom a case was to be reported i.e., 72.7%.^[9] Systematic review of 17 articles by Piltz and Wachtel also found that limited education on recognising signs and symptoms of abuse was found to be a major barrier to reporting by the nurses.^[12] This study found that among the respondents,

in the pre-test, 43% had poor knowledge about CAN and 37.5% had poor knowledge about salient features of POCSO Act which maybe be correlated to the lower percentage of reporting among these nurses.

CSA: Identification and Reporting

A study by TULIR in collaboration with Save the Children organisation among school going children in Chennai in the year in 2005 found that the crime of child sexual abuse is extremely widespread in its prevalence. Out of a total of 2211 child participants, 939 had faced at least one form of sexual abuse at some point in time, that is, 42% of these children had faced sexual abuse in one form or the other.^[3] In 2007, Ministry of Women and Child Welfare conducted a study to understand the magnitude of child abuse in India and found that 53.22% children faced one or more forms of sexual abuse.^[2]

In the pre-test of this study, 83.6% nurses correctly identified sexual assault as a medical emergency and in a clinical vignette, 63.3% nurses identified reporting and ensuring safety as the primary concerns in a case of CSA. In a study among Community Health and Pediatric nurses, respondents scored an average of 72% on general knowledge of child sexual abuse (Judith Blakeley and Violeta Ribeiro, 1997).^[15]

In this study, only 10.9% had ever reported a case of CAN indicating low reporting behaviour as compared to a high number of cases in the state and the country.

Gender of a child who can be a victim of CSA

“All human beings are born free and equal in dignity and rights.” – Article 1, Universal Declaration of Human Rights.

In 2007, Ministry of Women and Child Welfare conducted a study to understand the magnitude of child abuse in India and found that 53.22% children faced one or more forms of sexual abuse; among them, the number of boys abused was 52.94% and of girls was 47.06%.^[2]

This indicates that all children, irrespective of gender, are equally vulnerable to become a victim of CSA. This study found that, in the pre-test, 53.1% of nurses responded that “Boys are less likely to be sexually abused”, such cultural myths surrounding the sexual abuse and assault of boys and men can be serious obstacles to protection of the children.

POCSO Act (Pre-Test knowledge)

A study by Kailash Satyarthi Children’s Foundation (KSCF), New Delhi among 987 young adults found that though 90% of the young adults surveyed are aware that the sexual abuse of children is a punishable offence, only 72% know about the POCSO Act.^[14] In this study among 128 nurses, 37.5% had poor knowledge and 59.4% had average knowledge about POCSO Act. In a study conducted by Kadu and Shinde among 157 medical practitioners in Ahmednagar city, the average point scored was 6.11 (out a total score of 10) and 57% respondents did not know about the punishment if they fail to report a case under POCSO Act.^[24] In this study, the average score was 5.8(out a total possible score of 10) and 78.1% knew the consequences of not reporting a case under POCSO Act are imprisonment with fine.

A study on 100 doctors in Jaipur reported that 75% healthcare professional knew the abbreviation POCSO stands for, 62% knew POCSO Act protects all children under the age of 18 years and Child helpline number of India was known to 64% of respondents (Goni, Goyal, Shikarwar, Jangir).^[13] However, a study by Yasvanth S and Dr, Shruthi P among 100 faculties in a private medical college in Chennai found that 44% of the faculty were not aware of the POCSO Act, 66% were not aware regarding the age of a child as stated in the Act.^[16] In this study among nurses, 55.5% knew that POCSO stands for Protection of Children from Sexual Offences Act, 63.3% knew that all children below 18 years are

protected under POCSO Act, and 86.7% knew the correct child helpline number. However, the mean score among the 128 nurses, in the pre-test, regarding the salient features of the act was low (5.8 ± 1.47 out a total possible score of 10).

This study is a first-of-kind study in respect to assessment of knowledge of nurses regarding POCSO Act, as evidenced by absence of a published article on the same.

Effectiveness of the information booklet regarding CAN and salient features of POCSO Act

Review of literature revealed that there is limited evidence of studies which focus on developing resources/tools for nurses to upgrade their knowledge about CAN and POCSO Act despite studies showing the lack of good knowledge among nurses regarding the same. This study focused on bridging this gap and developing an information booklet which could help nurses gain knowledge.

The results showed that there was gain in all knowledge areas as depicted by the actual gain scores obtained by nurses on the questionnaire and also the difference in knowledge score in the pre-test and post-test regarding CAN and salient features of POCSO Act was statistically significant at <0.001 level of significance. Thus, we can conclude that the information booklet was effective in increasing knowledge of the nurses. A study to assess the effect of training program on the knowledge level of midwifery students about child abuse by Buyuk also found that the training in faculty session on the identification of symptoms and risks of child abuse and neglect was effective in increasing the knowledge and the difference in mean scores of pre-test and post-test was statistically significant.^[11] This indicates that resources and tools are necessary and also effective for nurses to help improve and upgrade their level of knowledge

regarding CAN and POCO Act and special focus can be laid on tools such as information booklet which is handy and can be efficiently utilized by this workforce, which is continuously moving, to protect the lives of children.

Limitation

As the study was conducted in a relatively smaller sample size and selected hospitals of the region due to the limited capability of the researcher and limited time for the data collection, hence the possibility for wider generalization is limited.

Conclusion

From the observation and findings of the present study, it is concluded that most nurses had poor or average knowledge about CAN and POCSO Act in the pre-test. Almost half the nurses indicated that they were unaware of the reporting guidelines under POCSO Act and even the nurses who self-reported that they were aware of the reporting guidelines had poor or average knowledge about CAN and POCSO Act in the pre-test. According to review of literature, these factors may become barriers in reporting of suspected/alleged/confirmed cases of abuse and neglect by nurses; an association which is supported by the findings of low reporting of cases by nurses even in this study. Nurses are in need of resources, training, and awareness programs which will help them gain updated knowledge about protection of children as they are at an ideal position for care of children in need. In this study, the information booklet, developed by the researcher, was effective in increasing the knowledge of nurses regarding CAN and salient features of POCSO Act. Thus, any such resource which is handy and available for prompt referral can be useful for nurses. This in turn will help the society to protect our children who are at a susceptible age to become victims of a heinous crime like abuse and neglect.

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