# Maternal Attitude and Practices Regarding Prevention of Child's Sexual Harassment: Interventional Study

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**Abstract:**

**Background:** Sexual harassment is a form of sexual violence that can affect any child regardless of sex, race, age, or social class. Children may be subjected to sexual harassment everywhere, at home, at school, or in their community.

**Aim of the study:** This study aimed to evaluate the effect of intervention program on mother's practices regarding child's sexual harassment and their attitudes regarding sexual harassment prevention education.

**Subjects and Methods:**

**Research Design:** A quasi experimental design was utilized in this study.

**Setting:** The study was conducted in pediatric hospital, Zagazig university hospitals at cardiopulmonary department, nutrition department and dialysis department.

**Subjects:** The study was conducted on sample of 93 mothers who attended the previous setting and had a child aged 6-12 years and agreed to participate in the study.

**Tools of data collection:** three tools were used for collection of data; the first tool was a structed interview Questionnaire for mothers' characteristics and their children. The second tool was reported practice checklist to assess the mothers' reported practices regarding child sexual harassment prevention. The third tool was mothers' attitudes scale

**Results:** The studied mothers mean age was 34.78 ± 5.52 years. 51.6% of studied mothers had three children and 38.7% of mother's children aged from 6- >8years with a mean age 9.04± 2.02 years. 50.5% of studied mothers and 48.4% of fathers had university education. 43.0% of the studied mothers had satisfactory level of total practices regarding sexual harassment before the intervention compared to 87.1% after intervention. 75.3% of the studied mothers had positive attitudes regarding sexual harassment prevention education pre-intervention compared to 94.6% of them had positive attitudes post intervention.

**Conclusion:** It can be concluded that the mother's practices regarding sexual harassment prevention and their attitude regarding sexual harassment prevention education had been improved significantly after intervention.

**Recommendations:** Encourage all organizations serving children to incorporate trainings about child sexual harassment and its prevention into ongoing, regular in-service education for all staff who supervise younger children in these settings.

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## Introduction:

Childhood is a golden and enjoyable period of life. Protection of a child during this period is the responsibility of the parents especially their mothers who care for the child. Beside the parents, teachers and physicians play a very important role. Child sexual harassment is a common public problem that affect the child wellbeing, development and has serious physical and psychological consequences **(Alsaleem et al., 2019).**

Sexual harassment is a serious public health problem in the United States. Each year millions of children report completed or attempted sexual acts against their will, but these reports are likely underestimates because victims fear being blamed, attacked again or not being believed as well as sexual harassment goes underreported due to fear, being ostracized by friends, retaliation of the harasser, hopelessness that nothing will be done or fear of parents and law enforcement getting involved (**National Center for Injury Prevention and Control, 2022).**

**World Health Organization (WHO, 2012)** defined sexual harassment as any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic or otherwise directed against a person's sexuality using coercion by any person regardless of their relationship to the victim.

Peer sexual harassment is defined as persistent unwanted conduct of a sexual nature by a child towards another child that can occur online and offline. Sexual harassment is likely to violate a child's dignity and make him feel intimidated, degraded or humiliated and create a hostile, offensive or sexualized environment **(Department of Education, 2021).**

Harassment has a negative impact on children's health as evidenced by failure to thrive, cognitive development as shown by impaired school achievement, psychological and emotional effects as evidenced by feelings of rejection, fear, anxiety, insecurity, low self-esteem and risky behaviors. Also, children who are harassed are more likely to have adult physical and mental health issues including chronic inflammation, substance abuse and post-traumatic stress disorder. Extreme stress can impair nervous and immune systems development and as adults, harassed children are more likely to experience behavioral, physical and mental health issues including perpetrating or becoming a victim of violence, depression, smoking, obesity, high-risk sexual behaviors, unintended pregnancy, alcohol and drug misuse **(Alsaif et al., 2018).**

Protection of children from sexual harassment 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 harassment so the mothers should be aware of the various aspects of the CSH and increase their knowledge and improving practices which plays an important role in the ability of the mothers to prevent CSH **(Russel et al., 2020)**.

Parents can play crucial role in preventing sexual harassment in their children by knowing with whom their child spends time, understanding that harasser could be someone you know and trust, teaching their children correct names for their private body parts, difference between acceptable and unacceptable touch and encouraging them to speak up and report any incidents to trusted adults ( **Hokmabadi et al., 2022).**

**Significance of the study:**

Children set up a big section of the population, they are prone to harassment because they are lower, weaker, and less advanced than elderly as well as children's accessibility to perpetrators and children being left unprotected for long periods. The issue of child sexual harassment assumes extraordinary significance due to the rising number of child sexual harassment cases reported and unreported in the country despite the existence of a plethora of national and international legal as well as policy commitments and conventions.

In Egypt official reports suggest that violence and sexual assaults against children have increased in recent years, The National Council for Childhood and Motherhood (NCCM) has documented 206 cases of "sexual harassment" on children between 2011 and 2014, 138 of the incidents were carried out against girls, with the rest suffered by boys **(El-Ashmawy, 2014)**.

Mothers are often the first source of information for their children when it comes to education about their bodies, safety and sex. Due to their close relationship and the influence they have on their children's lives, mothers should have an active role in child sexual harassment prevention **(Brown & Saied-Tessier, 2015)**.

**Aim of the study:**

The current study aimed to evaluate the effect of intervention program on mother's practices regarding child's sexual harassment and their attitudes regarding sexual harassment prevention education.

**Research Hypothesis:**

The interventional program improves mother's practices regarding child's sexual harassment and their attitudes regarding sexual harassment prevention education.

**Subjects and methods:**

**Research Design:**

A quasi experimental design was utilized in this study.

**Study Setting:**

The study was conducted in pediatric hospital at Zagazig university hospitals at cardiopulmonary department, nutrition department and dialysis department.

**Subjects:**

The subjects of this study were composed of 93 mothers who attended the previous setting and had a child aged 6-12 years and agreed to participate in the study.

**Sample size:**

The sample size was calculated based on the study carried out by **Fatouh et al., (2020)**. Based on the incidence of satisfactory knowledge pre-intervention was 22% and at post intervention was 92.7%, statistical power of 85%, confidence level (1-Alpha Error) 95%, Alpha 0.05 and Beta 0.15, the sample size determined for the group at least was 93 mothers.

**Tools of data collection:**

Three tools were used to collect the necessary data

**Tool I: A structured Interview Questionnaire** for mothers' characteristics and their children such as mother's age, child's age, gender, mother/father education and occupation, marital status, the maternal relationship with a child and number of children was developed by the researcher through reviewing related literature.

**Tool II: Reported Practice Checklist** developed by the researcher, guided by **Prikhidko & Kenny (2021)** and **Yossif & Elbahnasawy (2016)** to assess the mothers' reported practices regarding child sexual harassment and was used as (Pretest and posttest). It consisted of two parts as follow:

**Part I: Reported practices regarding child healthy sexual developmen**t which included teaching child correct names of private body parts, teaching the child how to clean his/her genitals by him or herself, teaching the child the functional and physical differences between male and female, introducing correct concepts to the child about reproduction between animals and birds, avoiding the child's sleeping in the parent's bed, disperse between males and females' children during sleeping, trying to gain information about sexual developmental stages to answer any child's questions and talking with the child about the physical changes that would occur during puberty.

**Part II: Reported practices regarding child sexual harassment prevention** which included accustoming the child to abide by the rules of meeting others and welcoming them, accustoming the child the etiquette of asking permission to enter, accustoming the child not to undress in front of others, not accustoming the child to feel his private parts and the mother doesn't caress his genitals, avoid kissing the child's private body parts. teaching the child the difference between wanted and unwanted touch, introducing the child to the controls of entering the bathroom such as entering alone and privacy, tell the child not to accept gifts from stranger unless they had parental permission, tell the child not to ride

in a car alone with strangers, tell the child does not go with others even familiar grown-ups unless he had parental permission and providing the child with skills to protect himself from sexual harassment by others.

**Scoring System:**

The studied mothers' practices rated on two points (Yes or No). The yes response was given 1 grade and the no response was given zero with total practice score of 31 grades.

**The total practice score was divided into satisfactory and unsatisfactory as follow:**

| Total Score | % | Corresponding Score |
|---|---|---|
| Total Practice Score | | |
| Satisfactory | ≥ 60 % | ≥ 18 |
| Unsatisfactory | < 60 % | < 18 |

**Tool III: Mothers' Attitudes Scale** was adapted from **Mlekwa et al., (2016)** to evaluate the mothers' attitudes regarding child sexual harassment prevention education. The Arabic version of this scale was developed by the researcher and was utilized in this study. The scale consisted of 25 items were rated on 4-point Likert scale with response options: strongly agree, agree, disagree and strongly disagree. Higher score indicated a more positive attitude toward sexual harassment prevention education.

**The scoring system:**

The items were scored 3, 2, 1 and 0 for the responses strongly agree, agree, disagree and strongly disagree respectively. The scoring was reversed for the negative items, (11-14 items) were scored as strongly agree = 0 and strongly disagree = 3. the scores of items were summed up with total score of (0-75) and mean score for total attitude was calculated. These scores were converted into percent score. It was considered that the mother had:

**Positive Attitude**: if the percentage score was 60% or more

**Negative Attitude:** if less than 60%

**Administrative and Ethical Consideration:**

An official permission was obtained by submission of an official letter issued from the dean of faculty of nursing, Zagazig University to the responsible authorities of pediatric hospital at Zagazig university hospitals to obtain their permission for data collection. the research protocol was approved by the Scientific Research Ethics Committee (SREC) at faculty of nursing, Zagazig University. The agreement of participants was taken by oral and written consent after full explanation of the aim of the study. The

participants were given the opportunity to refuse participation and they were notified that they could withdraw at any time of data collection, also they were assured that the information obtained during the study would be confidential and used for the research purpose only. The researcher assured maintaining anonymity and confidentiality of the participants.

**Pilot study:**

It was carried out on a sample of eleven mother representing 10% of the calculated total sample size after the tools were developed and before starting the data collection to test the applicability, consistency, clarity and the feasibility of the study tools as well as to estimate the exact time required for filling out the tools sheet. The mothers involved in the pilot study were included in the study sample, since there was no modification in the tools of data collection.

**Field work:**

Data collection took a period of 9 months from the beginning of February 2022 to the end of October 2022. After getting the official permission the pilot study was done and analyzed. The researcher attended the study settings 4 days per week (Saturday, Sunday, Monday and Tuesday) from 10:00 a.m. to 4:00 p.m. for data collection and implementation of the program. After identifying the mothers who fulfilled the criteria of the study the researcher started with introducing herself, explaining the aim and process of the study and obtaining their verbal and written consent. Each mother interviewed individually to collect the necessary data and assess their reported practice regarding child sexual harassment prevention and their attitudes regarding child sexual harassment prevention education. the average number of interviewed mothers was between 3-4 mothers/day depending on their responses to the interviewer. Each interviewed mother took about 25-30 minutes to fill the questionnaire depending upon their understanding and response. The Program was developed by the researcher and executed through four phases as follow:

**Assessment phase:**

The program was constructed on the assessment of mother's knowledge before implementation of the program. The assessment was performed before the implementation of program by interviewing each mother individually to assess their reported practices regarding child sexual harassment prevention and their attitudes regarding child sexual harassment prevention education.

**Planning Phase:**

Based on the results obtained from the pilot study and assessment phase as well as reviewing the related literature, the intervention was planned and designed by the researcher. Detected needs, requirements and deficiencies were translated into aim and objectives of the program and set in the form

of the booklet that was prepared by the researcher and its content was validated by scientific committee then planned to distributed to the mothers to be used as a guide for learning.

**Teaching methods** were selected to suit teaching in small groups in a form of lectures, group discussion and brainstorming.

**Teaching materials** were prepared as brochures, videos and colored posters.

**Implementation phase:**

The interventional program was implemented through three sessions in which the mothers given the program individually or in groups according to their availability. The length of each session varied according to the content of the session and the mother's responses and it ranged 30-45 minutes.

- **Session (1):** In this initial session the researcher introduced herself, clarified the aim of the program, determined the timetable that was two days/week for each mother and conducted the pre-test using the tools.
- **Session (2):** This session focused on practices of how to enhance healthy sexual development & how to protect the child from sexual harassment. This session was the termination of the program the researcher asked the mother for her phone number to contact her after the hospital discharge to complete the post-test regarding their reported practices and attitudes
- **Session (3):** In this session the researcher completed the post-test via phone calls & WhatsApp messages. The researcher acknowledged the mother's role and wish all the best in her life with their children.

**Evaluation Phase:**

In this phase each mother of the studied sample was contacted after implementation of the intervention to assess their reported practices and attitude (post-test) by using tool II &III.

**Content validity & reliability:**

- **For validity assurance purposes**, tools were developed after a thorough review of the related literature then submitted to a jury of three experts (one professor of pediatric nursing at faculty of nursing, one assistant professor of psychiatric and mental health nursing at faculty of nursing and one professor of obstetrics and gynecology nursing at faculty of nursing. The recommended modifications were done and the final forms were ready for use.
- Reliability of tools was done by using Cronbach,s Alpha test to measure the internal consistency for the components of tools.

**The reliability of mothers' reported practice assessment tool (Reported Practice Checklist) was 0.83**

**The reliability of mothers' attitude scale was 0.72**

**Statistical analysis:**

Mc nemar test or marginal homogeneity was used to compare between two dependent groups of categorical data. Wilcoxon signed ranks test was used to compare between two dependent groups of non-normally distributed variables. Percent of categorical variables were compared using Chi-square test or Fisher's exact test when appropriate. Spearman correlation coefficient was calculated to assess relationship between study variables, (+) sign indicate direct correlation & (-) sign indicate inverse correlation, also values near to 1 indicate strong correlation & values near 0 indicate weak correlation.

**Results:**

**Table (1)** clarifies mean scores of mothers' reported practices regarding child sexual harassment throughout study phases. The results revealed that the studied mothers had significant increase in the mean scores for all domains of mothers' reported practices regarding child sexual harassment after implementation of the intervention. As child healthy sexual development (6.79±1.25) and child sexual harassment prevention (21.59±1.27). The difference was highly statistically significant **(P<0.001).**

**Figure (1)** summarize total score of mothers' reported practices regarding child sexual harassment prevention throughout study phases. It was revealed that there was highly statistically significant difference at (P<0.001) between two phases of the intervention (pre and post) regarding sexual harassment. As evidence, 43.0% of the studied mothers had satisfactory level of total practices regarding sexual harassment before the intervention compared to 87.1% after intervention.

**Table (2)** indicates total score of mothers' attitudes regarding child sexual harassment prevention education throughout study phases. It was found that 75.3% of the studied mothers had positive attitudes regarding sexual harassment prevention education pre-intervention compared to 94.6% of them had positive attitudes post intervention and there were highly statistically significant differences between pre and post phases of the intervention (P> 0.001).

**Table (3)** Shows relation between total satisfactory practice level of the studied mothers and their characteristics throughout study phases. It was found that there was highly statistically significant relation between total practice score pre-intervention and mother's educational level, father's educational level, mother's occupation and father's occupation at **(P<0.001).** meanwhile statistically significant relation was found with the child gender **(P<0.05).**

Also, there was highly statistically significant relation between total practice score post intervention and child gender, mother's educational level, father's educational level, mother's occupation and father's occupation at **(P<0.001).** While no statistically significant relation was found between total practice score and mother's age, child's age, marital status and number of children **(P>0.05).**

**Table (4):** illustrated that there was highly statistically significant relation between total mothers' positive attitudes pre-intervention and child age, mother's educational level, mother's occupation and father's occupation at **(P<0.001).** meanwhile statistically significant relation was found with father's educational level **(P< 0.05).** Also, there was highly statistically significant relation between total mothers'

positive attitudes post intervention and child age, mother's educational level, mother's occupation, father's educational level and father's occupation at **(P > 0.001).**

**Table (5)** describes the best fitting multiple linear regression model for mothers' attitude score pre-intervention. The results revealed that father's occupation and practice score pre-intervention were statistically significant positive predictors of mothers' attitude score pre-intervention where (P>0.05) and R-square=0.173. While other variables had no influence on the mothers' attitude score pre-intervention.

Best fitting multiple linear regression model for mothers' attitude score post intervention was clarified in **table (6).** It was found that practice score post intervention was highly statistically significant positive predictor for mothers' attitude score post intervention where (P<0.001) and R-square=0.241. While other variables had no influence on the mothers' attitude score post intervention.

**Discussion:**

Child sexual harassment is a universally silenced problem due to the taboo and shame that surrounds it despite the important consequences. In Egypt, there is no accurate Egyptian epidemiologic study assessing the extent of the problem and it is rarely reported for many reasons; social stigma, embarrassment, guilt, lack of awareness regarding victim's rights and unwillingness to confront the legal system. This underreporting makes determination of actual incidence a difficult and challenging task **(Bryant et al., 2021).**

Regarding to the characteristics of the studied subjects, the results of the present study showed that approximately two thirds of the studied mothers were at the age group 30 – < 40 years with a mean of 34.78 ± 5.52 years. This finding agreed with **Saboula et al. (2019),** who carried out study about Effect of health education intervention on sexual abuse awareness and perception among school children and their parents in Shebin El- Kom district, Menoufia Governorate, Egypt" and reported that the majority of mothers belong to the age group of 30 to less than 40 years. This could be interpreted as younger parents had low level of knowledge and eager to learn while elderly parents are less keen to learn new concepts.

Concerning the child's gender, the current study revealed that slightly more than half of children were females. This finding was in harmony with **Saboula et al. (2019)** who found nearly the same results.

**Fatouh et al. (2020)** investigated practices of the studied participants regarding healthy child sexual development and indicated that there was a significant improvement between pre and post intervention regarding all practice items. This finding was in the same line with the results of the current study which proved that there was highly statistically significant improvement in all Mothers' reported practice items regarding child healthy sexual development domain. This may be due to the effectiveness of interventional program which provide the studied mothers with the skills needed to raise healthy sexual child.

Concerning to total reported practice level of studied mothers regarding child sexual harassment prevention, the results of the current study showed that more than half of the studied mothers had unsatisfactory total reported practices pre-intervention. However, more than three quarters of studied mothers had satisfactory reported practice post intervention. This result could be because the mothers had inadequate knowledge regarding CSH and ways of prevention in pre-intervention phase.

This finding was congruent with **Okiche et al. (2019)** who studied "Child sexual abuse: knowledge, perception and preventive practice of caregivers of children seen in a tertiary hospital in southeast Nigeria and found that slightly less than three quarters had inadequate practice regarding prevention of child sexual harassment.

Also, this finding was in the same line with **Mlekwa et al. (2016),** who carried out study about "Knowledge, attitudes and practices of parents on child sexual abuse and its prevention in Shinyanga district, Tanzania" and reported that more than two thirds of respondents had poor performance regarding practices for prevention of child sexual harassment.

On the same context, the results of the current study showed that there was highly statistically significant improvement in all domains of mothers' reported practices regarding sexual harassment between pre and post intervention. This result emphasizes on the research hypotheses and indicated the effectiveness of the intervention. This finding was consistent with **Abo elmagd et al. (2019)** who evaluated **Effect of Educational Interventional Program for Preschool Children on their Knowledge and Practice Regarding Sexual Harassment** and found a significant improvement between pre- and post-sexual harassment preventive program implementation regarding all practice items.

As regards total attitude level of studied mothers, the current study illustrated that more than three quarters of studied mothers had positive attitude regarding child sexual harassment prevention education. This might be due to mothers have unsatisfactory knowledge regarding CSH and recently become more common problem with continuously increasing incidence that encourage mothers to have good perception to help their children.

These results agreed with **Kaushik & Daniel (2019)** in a study about Knowledge and Attitude of Mothers regarding Prevention of Child Sexual Abuse and mentioned that most of mothers had positive attitude regarding prevention of child sexual abuse.

On the contrary, **Pahantasingh et al. (2020)** carried out study of knowledge and attitude of mothers towards the prevention of child sexual abuse and found that more than half of the mothers had negative attitude towards prevention of child sexual abuse.

According to **Leung et al. (2020)** The important thing for preventing sexual harassment in children regardless of gender is proper education by parents at home and educators at school. Overall, education can lead to increased knowledge about the warning signs of harassment, appropriate ways to respond to the child who reports harassment and information about who to talk and report about sexual harassment. Also, by giving education and knowledge, children will have a correct understanding of

their body and for this purpose, it is better for parents to spend more time answering the questions of their children patiently and correctly.

From this point of view, concerning attitudes towards CSH prevention education the results of the current study revealed that more than three quarters of studied mothers agreed that child sexual harassment prevention programs should be developed in schools and their children should be taught about CSH in schools. Despite this, about two thirds of mothers expressed some concern that CSH prevention education might induce their children to know too much about sex. This may be because a large number of mothers feel that education may have unintended negative side effects and may not be effective in helping their children to confront the harasser.

**Goswami et al. (2019)** conducted A Descriptive Correlational Study to Assess the Knowledge and Attitude of Mothers Regarding Prevention of Child Sexual Abuse (CSA) in Selected Urban Community in New Delhi and revealed that there was association between mothers' attitude score regarding prevention of child sexual abuse and variables like education and occupation and suggested that education and occupation may affect her attitude regarding child sexual abuse.

These findings were in the same line with the results of the present study which illustrated that there was highly statistically significant relation between total mothers' attitude score and educational level & occupation. Education may affect their attitude level which may be the reason that educational qualification was significantly associated with attitude. Also, occupation exposes the women to knowledge and latest information in the society which could be the reason that occupation was significantly associated with attitude of mothers.

In a study conducted to investigate parents' attitudes, knowledge and practices with their preschool-aged children on sexual abuse prevention education and to explore the associated factors of parental educative practices on child sexual abuse (CSA) prevention in Beijing, China, **Zhang et al. (2020)** found that both parents' knowledge and attitudes were significant factors for parents' communication about CSA prevention with their children. This goes in line with the findings of the present study which clarified that practice score was highly statistically significant positive predictor for mothers' attitude score. This may be due to positive attitudes leads to better practices.

## Conclusion:

Based upon the findings of the present study, it was concluded that the mother's reported practices regarding prevention of child sexual harassment and their attitudes regarding sexual harassment prevention education had been improved significantly after implementation of the program.

## Recommendations

**In the light of the findings of the current study, the following are recommended:**

- Continuous educational programs for all parents regarding sexual harassment and how to protect their children.

- An orientation program for newly mothers and their children to improve mother's education and training.
- Sexual harassment educational guidance must be provided for teachers and announced in the schools.
- Sexual harassment educational guidance must be provided for all children to improve their knowledge about sexual harassment.
- Counselling programs on sex education for school age children.
- Encourage all organizations serving children to incorporate trainings about child sexual harassment and its prevention into ongoing, regular in-service education for all staff who supervise younger children in these settings.

**Table (1): Mean Scores of Mothers' Reported Practices Regarding Child Sexual Harassment Throughout Study Phases (N= 93).**

| Mothers' Reported Practices | Study Phases | | W | P-value |
|---|---|---|---|---|
| | Pre-intervention | Post intervention | | |
| | Mean ± SD | Mean ± SD | | |
| Child healthy sexual development | 3.96±2.23 | 6.79±1.25 | -7.469 | <0.001** |
| Child sexual harassment prevention | 13.08±4.81 | 21.59±1.27 | -8.246 | <0.001** |
| Total score | 17.05±6.35 | 26.41± 5.67 | -7.984 | <0.001** |

W: Wilcoxon Signed Ranks Test **: statistically highly significant (p<0.001)

**Figure (1): Total Score of Mothers' Reported Practices Regarding Child Sexual Harassment Prevention Throughout Study Phases**

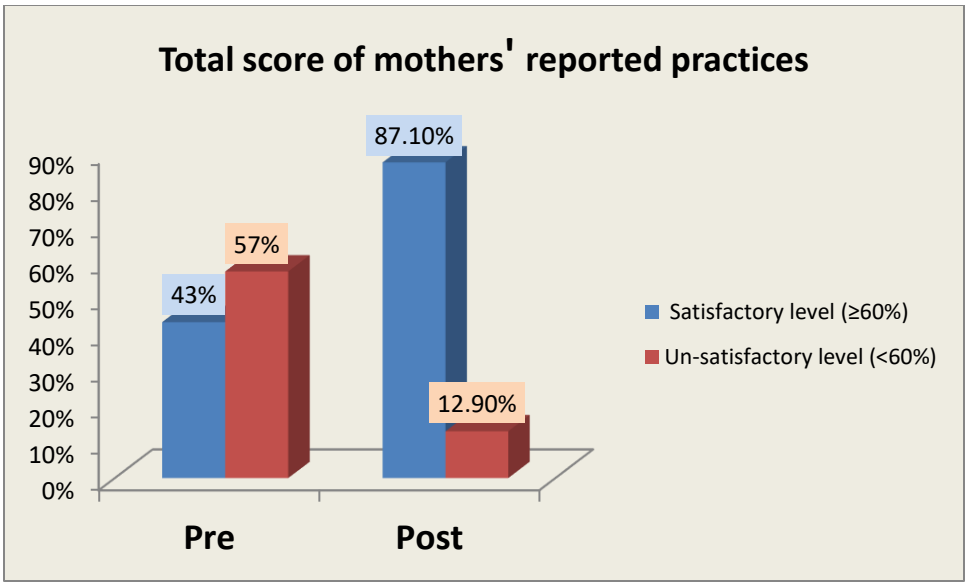


Table (2): Total Score of Mothers' Attitudes Regarding Child Sexual Harassment Prevention Education Throughout Study Phases (N= 93).

| Mothers' Attitude | Study phase | | | | MC p |
|---|---|---|---|---|---|
| | Pre-Intervention | | Post Intervention | | |
| | No. | % | No. | % | |
| Positive Attitude (≥60%) | 70 | 75.3 | 88 | 94.6 | <0.001** |
| Negative Attitude (<60%) | 23 | 24.7 | 5 | 5.4 | |
| Mean± SD | 51.24±9.28 | | 66.07±5.20 | | |

MC: Mcnemar test **: statistically highly significant (p<0.001)

**Table (3): Relation between Total Satisfactory Mothers' Practice Level and Their Characteristics Throughout Study Phases (N=93).**

| Characteristics | Satisfactory mothers' practice level ≥60% | | | | $\chi^2$ ([1]p-value) | $\chi^2$ ([2] p-value) |
|---|---|---|---|---|---|---|
| | Pre-intervention (n=40) | | Post intervention (n=81) | | | |
| | No. | % | No. | % | | |
| **Mother Age (years)** | | | | | | |
| 20- | 10 | 25.0 | 22 | 27.2 | 0.678 (0.713) | 3.047 (0.218) |
| 30- | 24 | 60.0 | 48 | 59.5 | | |
| 40- 50 | 6 | 15.0 | 11 | 13.6 | | |
| **Child Age (years)** | | | | | | |
| 6- | 17 | 42.5 | 32 | 39.5 | 0.908 (0.635) | 0.883 (0.643) |
| 8- | 13 | 32.5 | 26 | 32.1 | | |
| 10-12 | 10 | 25.0 | 23 | 28.4 | | |
| **Child Gender** | | | | | | |
| Male | 23 | 57.5 | 31 | 38.3 | FET (0.035*) | FET (<0.001**) |
| Female | 17 | 42.5 | 50 | 61.7 | | |
| **Marital status** | | | | | | |
| Married | 40 | 100.0 | 79 | 97.5 | 1.543 (0.462) | 0.303 (0.860) |
| Divorced | 0 | 0.0 | 1 | 1.2 | | |
| Widow | 0 | 0.0 | 1 | 1.2 | | |
| **Mother's educational level** | | | | | | |
| Illiterate or Read and write | 0 | 0.0 | 0 | 0.0 | 30.397 (<0.001**) | 72.507 (<0.001**) |
| Basic education | 0 | 0.0 | 2 | 2.5 | | |
| Secondary education | 7 | 17.5 | 32 | 39.5 | | |
| University education/Post graduate studies | 33 | 82.5 | 47 | 58.0 | | |
| **Mother's occupation** | | | | | | |
| Work | 32 | 80.0 | 52 | 64.2 | FET | |

| | | | | | | |
|---|---|---|---|---|---|---|
| Housewife | 8 | 20.0 | 29 | 35.8 | (<0.001**) | FET (<0.001**) |
| **Father's educational level** | | | | | | |
| Illiterate or Read and write | 0 | 0.0 | 0 | 0.0 | 13.310 (<0.001**) | 77.231 (<0.001**) |
| Basic education | 0 | 0.0 | 1 | 1.2 | | |
| Secondary education | 14 | 35.0 | 35 | 43.2 | | |
| University education/Post graduate studies | 26 | 65.0 | 45 | 55.6 | | |
| **Father's occupation** | | | | | | |
| A worker or farmer | 0 | 0.0 | 10 | 12.3 | 22.271 (<0.001**) | 15.853 (<0.001**) |
| An employee | 24 | 60.0 | 38 | 46.9 | | |
| Handicraft | 4 | 10.0 | 14 | 17.3 | | |
| Professional | 10 | 25.0 | 17 | 21.0 | | |
| Other | 2 | 5.0 | 2 | 2.5 | | |

$\chi 2$ :Chi square test FET: Fisher exact test Non-significant ( $p>0.05$) *: statistically significant($p<0.05$), **: statistically highly significant ($p<0.001$), $p^1$: for pre-intervention, $p^2$: for post-intervention

**Table (4): Relation between Characteristics of The Studied Mothers and Their Total Positive Attitudes Throughout Study Phases (N=93).**

| Characteristics | Positive mothers' attitude ≥60% | | | | $\chi^2$ ($^1$p-value) | $\chi^2$ ($^2$p-value) |
|---|---|---|---|---|---|---|
| | Pre-intervention (n=70) | | Post intervention (n=88) | | | |
| | No. | % | No. | % | | |
| **Mother Age (years)** | | | | | | |
| 20- | 16 | 22.9 | 22 | 25.0 | 1.375 (0.503) | 1.042 (0.594) |
| 30- | 45 | 64.3 | 55 | 62.5 | | |
| 40- 50 | 9 | 12.9 | 11 | 12.5 | | |
| **Child Age (years)** | | | | | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| 6- | 31 | 44.3 | 36 | 40.9 | 10.229 (<0.001**) | 12.267 (<0.001**) |
| 8- | 24 | 34.3 | 29 | 33.0 | | |
| 10-12 | 15 | 21.4 | 23 | 26.1 | | |
| **Gender** | | | | | | |
| Male | 32 | 45.7 | 38 | 43.2 | FET (0.635) | FET (0.651) |
| Female | 38 | 54.3 | 50 | 56.8 | | |
| **Marital status** | | | | | | |
| Married | 69 | 98.6 | 86 | 97.7 | 3.387 (0.184) | 0.116 (0.944) |
| Divorced | 0 | 0.0 | 1 | 1.1 | | |
| Widow | 1 | 1.4 | 1 | 1.1 | | |
| **Mother's educational level** | | | | | | |
| Illiterate or Read and write | 3 | 4.3 | 3 | 3.4 | 15.184 (<0.001**) | 42.922 (<0.001**) |
| Basic education | 2 | 2.9 | 5 | 5.7 | | |
| Secondary education | 23 | 32.9 | 33 | 37.5 | | |
| University education/Post graduate studies | 42 | 60.0 | 47 | 53.4 | | |
| **Mother's occupation** | | | | | | |
| Work | 48 | 68.6 | 54 | 61.4 | FET (<0.001**) | FET (<0.001**) |
| Housewife | 22 | 31.4 | 34 | 38.6 | | |
| **Father's educational level** | | | | | | |
| Illiterate or Read and write | 3 | 4.3 | 3 | 3.4 | 9.328 (0.025*) | 43.577 (<0.001**) |
| Basic education | 2 | 2.9 | 4 | 4.5 | | |
| Secondary education | 27 | 38.6 | 36 | 40.9 | | |
| University education/Post graduate studies | 38 | 54.3 | 45 | 51.1 | | |
| **Father's occupation** | | | | | | |
| A worker or farmer | 5 | 7.1 | 13 | 14.8 | 24.417 (<0.001**) | 13.684 (<0.001**) |
| An employee | 35 | 50.0 | 41 | 46.6 | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| Handicraft | 14 | 20.0 | 15 | 17.0 | | |
| Professional | 14 | 20.0 | 17 | 19.3 | | |
| Other | 2 | 2.9 | 2 | 2.3 | | |

χ 2: Chi square test FET: Fisher exact test Non-significant (p>0.05) *: statistically significant (p<0.05), **: statistically highly significant (p<0.001), $p^1$: for pre-intervention,
$p^2$: for post-intervention

**Table (5): Best Fitting Multiple Linear Regression Model for Mothers' Attitude Score Pre-Intervention.**

| Model | Unstandardized Coefficients | | Standardized Coefficients | t | Sig. | 95.0% Confidence Interval for B | |
|---|---|---|---|---|---|---|---|
| | B | Std. Error | Beta | | | Lower Bound | Upper Bound |
| Constant | 39.570 | 2.857 | | 13.851 | .000 | 33.894 | 45.245 |
| Father's occupation | 2.286 | 0.898 | 0.260 | 2.546 | 0.013* | 0.503 | 4.070 |
| Practice score (pre) | 0.362 | 0.149 | 0.248 | 2.429 | 0.017* | 0.066 | 0.658 |

*: significant (p<0.05)
R-square=0. 173, ANOVA: F=9.403, P<0.001
Variables entered and excluded: mother age, child age per years, gender, marital status, mother's educational level, mother's occupation, father's educational level, number of children and knowledge score (pre).

**Table (6): Best Fitting Multiple Linear Regression Model for Mothers' Attitude Score Post Intervention.**

| Model | Unstandardized Coefficients | | Standardized Coefficients | t | Sig. | 95.0% Confidence Interval for B | |
|---|---|---|---|---|---|---|---|
| | B | Std. Error | Beta | | | Lower Bound | Upper Bound |
| Constant | 37.198 | 5.397 | | 6.893 | .000 | 26.478 | 47.918 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Practice score (post) | 1.041 | 0.194 | 0.491 | 5.371 | <0.001** | 0.656 | 1.425 |

**: statistically highly significant (p<0.001)

R-square=0. 241, ANOVA: F= 18.683,

Variables entered and excluded: mother age, child age per years, gender, marital status, mother's educational level, mother's occupation, father's educational level, father's occupation, number of children and knowledge score (post).

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