

Effect of Health Education Program for Mothers of Preschool Children with Domestic Violence

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Abstract:

Background: Every parent has the opportunity, and the responsibility, to play a role in preventing child violence. **The aim of the study:** was to evaluate the effect of a health educational program on knowledge, attitudes and practice of mothers about prevention of preschooler domestic violence. **Research design:** A quasi experimental design was used. **Setting;** this study conducted at private nursery schools at Talkha city. **Sample:** composed of 220 mothers (110 for the experimental group and 110 for the control group) and 110 children. **Tools of data collection:** Three tools were used: a structured interview questionnaire, check list (attitude scale) for mothers, and observation assessment sheet for the child. **Results:** revealed that More than three quarters of mothers in the experimental group, and the majority of mothers in the control group had unsatisfactory knowledge about child violence. The majority of mothers in the studied groups had negative attitudes towards child rearing. **Conclusion:** the designed educational program lead to significant improvement in mother's knowledge, attitudes, and practice regarding their children compared to control group. **Recommendations:** conducting of further educational program for new couples about methods of child rearing in primary health care centers to improve mothers' knowledge, attitude, and practice towards child rearing.

Key words: domestic violence; preschool child; health education.

Introduction:

Preschool is generally considered appropriate for children between three and five years of age. The environment of the young child influences the development of cognitive skills and emotional skills due to the rapid brain growth that occurs in the early years.⁽¹⁾

Domestic violence is now more broadly defined to include "all acts of physical, sexual, psychological or economic violence that may be committed by a person who is a family member or a person that has been an intimate partner or spouse, irrespective of whether they lived together."⁽²⁾

All violence against children and especially child maltreatment occurring in the first decade of life is both a problem in itself and a major risk factor for other forms of violence and health problems through a person's life.⁽³⁾

Child violence is a serious problem in our nation, and there a real need for effective programs to

prevent child violence from beginning or from continuing once it has already begun. Parent education programs have shown some promise in reducing the risk for child violence. By following the guidelines outlined in this paper, parent education programs will likely be able to help parents change their behaviors in positive ways, which should improve the quality of life for parents and their children.⁽⁴⁾

Significance of the study:

The caregiver's frequent contacts with children put them in an excellent position to recognize and report suspected child maltreatment. In addition, by providing support to children, families, and colleagues under stress and building on family strengths, caregivers may help them learn ways to cope with their problems, thus preventing maltreatment from occurring. In that way, every parent has the opportunity, and the responsibility, to

play a role in preventing child abuse.
(4)

Aim of the study:

The aim of the current study was to:

Construct and implement a health educational program for mothers about prevention of domestic violence, and then evaluate the effect of this program on knowledge, attitudes and practice of mothers towards their children.

Specific Objectives:

The objectives of this study were to:

- Assess knowledge of mothers about domestic violence, definition, types, risk factors, and the effect of violence on their children.
- Determine the effect of program on change of knowledge, attitudes and practice of mothers.

Research Hypotheses:

After implementation of health educational program about child domestic violence:

- Mother's satisfactory level of knowledge about child domestic violence will increase by at least 50% relative to pre-program level.
- Mother's attitudes and practice towards their children will change to positive manner relative to pre-program.

Subjects and Methods:

Research design:

A quasi experimental design was used in this study.

Study Setting:

The present study was conducted at 8 nurseries out of 10 private nursery schools at Talkha city, Dakahleia Governorate.

Study subjects:

Random subjects of mothers were collected from the private nursery schools with the following inclusion criteria:

- Their child belonged to age group 4-6 years old.
- Residence was near to the nursery.
- No physically handicapped.

- Accept to participate in the study.

The sample size included 220 mothers have preschool children joined in these nursery schools, and 110 children from the nursery schools. The study sample was divided into two groups, the study group was 110 mothers received the health education program, and the control group was 110 mothers did not attend the health education program.

Tools of Data Collection:

Three types of tools were used for collection of data, included a questionnaire sheet, attitude scale, and observation sheet.

Tool one: An Interviewing questionnaire:

A structure questionnaire sheet consisted of three parts:

- **Part I:** Socio demographic characteristics of the study subjects such as age, birth order, level of education.
- **Part II:** covered mothers' knowledge about child violence as definition, types, risk factors, and effects of violence on the child either physically or emotionally.
- **Part III:** Concerning with signs of violence which may appear on the child.

Scoring system for mother's

knowledge:

Knowledge questionnaire sheet was consisted of 12 questions, with 75 points. The scores of the items will summed –up and the total will be divided by the number of the items giving a means of score for the part. These scores will be converted into a percent score, means and standard deviations will be computed. The mother's knowledge was considered satisfactory if the percent score will be 37.5 points or more (50% or more) and unsatisfactory if less than 37.5 points.

- **Tool two: Attitude scale:** For assessing mother's attitudes towards child domestic violence, it composed of two parts:

- **Part (I):** Covered items related to mother's attitudes towards child rearing and violence was developed by the researcher after reviewing related literatures.
- **Part (II):** Composed questions adapted from The International Society for the Prevention of Child Abuse and Neglect, with support from UNICEF and the Oak Foundation, These instruments are known as ISPCAN⁽⁵⁾ parents version, it composed of two sessions:
 - ✓ **Session (1):** Covered items related to mother's way of punishing their children.
 - ✓ **Session (2):** This session covered items related to the mother's way of managing child's wrong behaviors.

Scoring system for mother's attitude scale:

For mother's attitude: An attitude check list used to assess mother's attitude toward domestic violence. For the attitude scale we used "Likert scoring for 3 items scale", agree items scored "2", not sure scored "1", disagree scored "0" for each part, but item 2 & 3, the mother who answered agree takes "0", not sure "1", and disagree take "2", the scores of the items summed –up and the total divided by the number of the items giving a means of score for the part. These scores considered "positive attitude" if the score less than 12 points (50%), "don't know" if the score 12- 14.3 points (50% to less than 60%), and "negative attitude" if the score 14.4 points (60% or more).

- **Tool three: Observation sheet:** It was used to collect data about the observed signs of violence that appears on the child, these questions were adapted from Connors⁽⁶⁾ CBRS, 1989b.

Validity and Reliability:

The modified tools were tested for content validity clarity for relevance, comprehensiveness, applicability, and understanding by a Jury of seven experts (Professors of community health nursing) from the Faculty of

Nursing, Banha, Mansoura, and Port Said University.

For reliability the test was administered twice at two different points in time. This kind of reliability is used to assess the consistency of a test across time

Field Work:

An official approval was obtained from study setting to carry out the study. A clear explanation was given about the nature, and the expected outcomes of the study. The researcher started to collect data and explain objectives of the study during the interview. All study subjects had a pre-test using the designed tools, then they divided into two groups: For the experimental group the intervention program was applied to them, and the group assessed pre the program, immediately post, and post three months of the program. For the control group, interviewing the mothers of the control group from other nursery schools settings, These sessions were done either individually or into small groups (5-10 mothers), and the mothers were reassessed after 3 months from the first interview. Questionnaire sheet was filled by the mothers under observation of the researcher. Data were collected over 12 months throughout the period from beginning of December 2012 to December 2013.

The Education Program:

Data were collected over 12 months throughout the period from beginning of December 2012 to December 2013. It was carried out by the researcher for mothers in selected setting. A clear explanation was given about the nature, and the expected outcomes of the study. The researcher started to collect data and explain objectives of the study during the interview. The researcher started each phase with a summary for a previous one. The researcher used different teaching strategies (lectures, group discussion, and role play). For the experimental group the intervention program was applied to the same group, and the group

assessed pre the program, immediately post, and post three months of the program.

The experimental group was divided into 11 groups each contained 10 mothers, and the program carried out into 6 sessions, the sessions were from 2-3 days / week. The handout was distributed to all mothers in the first day of starting implementation of the program after explaining the aim and objectives of the program to all mothers. The education program sessions covered the following topics:

- Definition of preschool child period and normal growth and development of the children at this stage of life.
- Identify the common needs and problems of preschool children.
- Definition of child domestic violence, its types, and the magnitude of the problem.
- Predisposing factors which lead to increase the availability of child domestic violence (factors related to the family, other related to the child and physical environment surrounding the child).
- Signs of violence appear on the child.
- Opinions of mothers related to child domestic violence.
- Methods used by mothers for punishing their children.
- Methods used for managing the child's wrong behaviors.
- How to prevent child domestic violence.

For the control group, interviewing the mothers of the control group from other nursery schools settings, regarding socio-demographic characteristics, assessment of mothers' knowledge about domestic violence, signs of abuse observed on child in the home, mothers' opinion about child rearing, methods of punishment used by the mother, and methods used by the mother to manage the child's wrong behaviors. These sessions were done either individually or into small groups (5-10 mothers), and the mothers were reassessed after 3

months from the first interview. Questionnaire sheet was filled by the mothers under observation of the researcher.

Pilot Study:

A pilot study was carried out on 10% of the studied sample to evaluate the content of questionnaire, and attitude scale. It also helps to estimate the needed time for data collection. The mothers who shared in the pilot were excluded from main sample after modification of the tools

Administrative and ethical considerations:

An official permission obtained from Dean of faculty of Nursing and director of the nursery school children in Talkha city to obtain their approval before conducting the study. Additional oral consents were taken from every mother who will participate in the study after explanation of its purpose.

Statistical analysis:

All collected data were organized, categorized, tabulated, entered, and analyzed by using SPSS, (Statistical Package for Social Sciences), soft-ware program version 16. Categorical variables were presented as numbers and percent and chi -square or Fisher's Exact Test, t- test, one way Anova test were used for comparison between groups. Quantitative variables were presented as mean and standard deviation.

Results:

Table (1): Shows that there was no significance difference between the experimental and control group regarding socio-demographic characteristics. Regarding gender, 50.9 % of children in the experimental group were girls, while 57.3% of the children in the control group were boys. Regarding birth order more than half of children (53.6% & 56.4%) were the first rank of birth order in the family of the experimental and control group respectively. Otherwise 73.6% of mothers in the studied groups were

house wives, 47.3% & 51.8% of them were middle education, and one third of them had university certificates. As regard to mother's age, the results revealed that (53.6% & 48.2%) in the experimental and control groups aged from 26 to 30 years old respectively.

Table (2): Reveals that there was no significance statistical difference between the two groups (experimental & control) as regard to family characteristics. Most children in the experimental and control groups (90% & 78.2%) respectively were living with their parents, and (69.1% & 74.1%) of them have no specific time spent with their fathers respectively. As regard mothers (84.5% & 90.9%) of mothers in the experimental and control groups respectively spent their time at home, (55.5% & 57.3%) in both experimental and control groups were occupied with household work.

Table (3): Displays that there was highly significant statistical difference in mother's knowledge about child violence in the experimental group immediately post the program compared to their knowledge pre the program.

Table (4): Shows that there were improvement in mother's attitudes in the experimental group towards child rearing pre -post the program as 90% of mothers had negative attitudes towards child rearing pre the program, compared to 44.5% of immediately post program which is highly significant $p < 0.00001$. While 52.7% of mothers had negative attitudes post 3 months of program implementation.

Figure (1): Presents that 20.9% of children had signs of violence on their body as observed in their nursery schools.

Table (5): Shows that there were positive statistical significant correlation between mother's age and total mean scores of their knowledge about child domestic violence, compared to father's age, and negative significant correlation

between mother's age and total mean scores of their attitudes towards child rearing.

Discussion:

Family violence is viewed as a major public health concern partly due to its increasing prevalence and also because of the serious long term impact on the development of children. Millions of children are exposed to domestic violence in their homes each year with research indicating that children may be at risk of emotional, behavioral, academic, and social problems as a result of that exposure.⁽⁷⁾

The current study evaluated the effect of a health education program on two groups of mothers whose children were exposed to violence at home. The present study revealed that slightly more than half of the children in the experimental group were girls, while in the control group were boys, their age ranged from 4 to 6 years, and were the first rank of birth order in the family, there were no differences between the experimental and control group regarding their socio-demographic characteristics.

It is obvious from the current study that, nearly half of mothers who participated in the study had middle education, and one third of them had university certificates, however nearly three quarters of them were housewives. This result may be due to two reasons, the first that nearly half of the mothers had middle education, and the second reason is the bad economic status in Egypt, so the employment opportunities for those mothers are few. This finding was in contrast with Olson et al.⁽⁸⁾ who conducted a longitudinal study in the University of Michigan, and found that about one-fifth of mothers who participated in his study had finished high school and more than half of them worked outside the home.

Regarding mother's knowledge about child domestic violence the present study showed that there were an improvements in mother's

knowledge about child development, definition of violence, types of violence, risk factors, and the effects of violence on their children after the program, which more than three quarters of mothers have unsatisfactory knowledge before the program, which reduced to nearly one third immediately after the program and reaches one third after three months of the program, compared to mothers in the control group there were no improvements in mother's knowledge before and after the program, which is highly significant.

In the current study, mother's knowledge and attitudes had a significant effect on their practices, after implementation of the educational program; there was a positive relation between mother's knowledge with their practices towards child rearing. This finding was in agreement with Hughes, et al.,⁽⁹⁾ who showed that parenting programs help parents develop appropriate skills and learn positive and effective parenting while decreasing the risk of child maltreatment. Understanding the impact of important factors such as having high levels of self-efficacy, knowledge and skills of parenting, and using effective discipline have success in the parental role is significant because these factors have been suggested to be related to the risk of engaging in abusive behaviors.

In the light of the current study, the results revealed that signs of violence which appeared on the children however in their nursery schools or that reported by their mothers, about one third of children only had showed serious signs, as hyperactivity, aggression, or always crying without reasons. This result was in accordance with the study of English et al.⁽¹⁰⁾ who indicated that domestic violence does not have a direct effect on the child's health or behaviors by age 6, but has significant indirect effects on family functioning, caregivers' general health

and wellbeing, and the quality of the caregivers' interaction with the child. These findings were similar to Johnson and Lieberman⁽¹¹⁾ who suggested that children were reported to have fewer externalizing (acting out) behaviors when the mothers were attuned to their child's feelings of sadness and anger, which may have helped to prevent the onset of externalizing behaviors. However, children continue to respond negatively to the presence of domestic violence through such actions as aggression and hyperactivity. As for internalizing behaviors, the results of the study did not indicate a significant effect when examining the severity of the violence reported by mothers and mothers' attunement to the feelings of sadness and anger in their children. This is may be due to that internalizing behaviors such as depression and anxiety in preschool children is difficult to recognize. Preschool children who are in distress may compensate by displaying aggressive and acting out behaviors in response to depression and anxiety and may grow to display internalizing behavior problems later in life.

Clearly, child rearing practice is so difficult, and parents face numerous challenges in order to develop healthy and productive youth; so parenting programs that provide parents a chance to develop self-efficacy by being educated about positive parenting practices are useful.⁽¹²⁾ In addition, parenting group meetings are where parents find the support they need to interact and converse with their fellow parents and the facilitators about the obstacles and the difficulties that they are facing as parents.⁽¹³⁾

Conclusion:

After implementation of the educational program, the mother's total knowledge about child domestic violence in the experimental group were improved, which leads to

positive changes in mother's attitudes and practice towards their children.

Recommendations:

Based on the results of the present study, it is highly recommended that:

- Increasing awareness of child's caregivers (mothers, fathers, grandmothers, and teachers in nursery school) about child's growth and development, health promotion of the children, and common health problems among preschool children by frequent health educational program.
- Primary health care centers should have a vital role in preventing child violence by raising awareness of mothers about normal child's growth and development, and positive methods of punishment in every visit of mother for vaccination or even for checkup.
- Conducting of further educational program for new couples about methods of child rearing in primary health care centers or other health sectors with a certificate gives to the couples.
- More studies are needed to improve mother's knowledge, attitudes, and practice towards child rearing.

Table (1): Distribution of the studied groups according to their demographic characteristics (N=220)

Socio-demographic data	Experimental group N=110		Control group N=110		x ²	p-value
	No.	%	No.	%		
Sex:						
▪ Boy	54	49.1	63	57.3	1.48	0.22
▪ Girls	56	50.9	47	42.7		
Birth Order						
▪ 1 st .	59	53.6	62	56.4	1.35	0.5
▪ 2 nd	30	27.3	23	20.9		
▪ 3 rd	21	19.1	25	22.7		
Mother's Education						
▪ Illiterate or read& write	15	13.6	11	10	0.86	0.65
▪ Middle education	52	47.3	57	51.8		
▪ University education or above	43	39.1	42	38.2		
Mother's Occupation						
▪ Working	29	26.4	29	26.4	0.00	1.0
▪ House Wife	81	73.6	81	73.6		
Mother's Age						
▪ 20-	21	19.1	31	28.2	2.53	0.28
▪ 25-	59	53.6	53	48.2		
▪ 30-45	30	27.3	26	23.6		
	mean±SD=29±4.44		mean±SD=28.6±4.8			
Father's Education						
▪ Illiterate or read& write	26	23.6	30	27.3	2.76	0.25
▪ Middle education	60	54.5	48	43.6		
▪ University education or above	24	22.9	32	29.1		
Father's Occupation						
▪ Working	106	96.4	102	92.7	1.41	0.23
▪ Not working or dead	4	3.6	8	7.3		
Father's Age						
▪ 20-	20	18.2	25	22.7	2.16	0.34
▪ 30-	79	71.8	69	62.7		
▪ 40-55	11	10	16	14.5		
	mean±SD=34.5±5.55		mean±SD=35.2±5.5			
Family Income						
▪ Less than 200pounds	11	10	13	11.8	5.8	0.12
▪ From200-500	24	21.8	31	28.2		
▪ From 500-1000	42	38.2	48	43.6		
▪ More than 1000	33	30	18	16.4		
Housing						
▪ Holding house	57	51.8	38	34.5	7.6	0.02
▪ A rent apartment	11	10	10	9.1		
▪ Shared residence	42	38.2	62	56.4		
Crowding index						
▪ >1	24	21.8	31	28.2	1.47	0.47
▪ 1 to 2	75	68.2	71	64.5		
▪ More than 2	11	10	8	7.3		

Table (2): Distribution of the studied groups according to their family characteristics (N=220)

Items	Experimental group N=110		Control group N=110		x ²	p-value
	No.	%	No.	%		
The child lives with:						
▪ Parents	99	90	86	78.2	0.13	0.7
▪ Mother only	11	10	8	7.3		
Number of hours spent by the father at home :						
▪ One hour or less	6	5.4	7	6.5	1.3	0.5
▪ From 1-2 hours	28	25.5	21	19.4		
▪ No specific time	76	69.1	82	74.1		
Number of meals shared with the family:						
▪ Nothing or one meal	33	30	23	20.9	7.2	0.02
▪ Two meals	31	28.2	50	45.5		
▪ Three meals	46	41.8	37	33.6		
Number of visits or picnics with family:						
▪ Once a week	36	32.7	37	33.6	0.71	0.87
▪ Once every two weeks	14	12.7	11	10		
▪ Once every month	27	24.5	31	28.2		
▪ Nothing	33	30	31	28.2		
Mother spent most time:						
▪ At home	93	84.5	100	90.9	2.07	0.15
▪ At work	17	15.5	10	9.1		
Mother spent her time at home:						
▪ With children	43	39.1	39	35.5	*FET=0.3	0.58
▪ Watching T.V.	3	2.7	3	2.7		
▪ Household work	61	55.5	63	57.3		
▪ With friends or on reading	3	2.7	5	4.5		
Quarrel between mother and father in front on children:						
▪ Daily	9	8.2	24	26.4	15.3	0.001
▪ Once a week	36	32.7	23	20.9		
▪ Twice a week	18	16.4	7	6.4		
▪ Does not happen	47	42.7	56	50.9		
The mother childhood was happy and enjoyable :						
▪ Yes	64	58.2	53	48.2	3.09	0.21
▪ No	22	20	22	20		
▪ I do not remember	24	21.8	35	31.8		
The mother want to treat her child as her parents do:						
▪ Yes	61	55.5	61	55.5	0.06	0.97
▪ No	39	35.5	38	34.5		
▪ I do not remember	10	9.1	11	10		
Did the mother embrace her child and accepted tenderly touch:						
▪ Once a day	13	11.8	20	18.2	1.97	0.5
▪ More than once a day	83	75.5	75	68.2		
▪ Only when he cry	8	7.3	8	7.3		
▪ On special occasions or do not remember	6	5.4	7	6.4		
Would the mother say to her child that she loves him and he is the best baby in her consideration:						
▪ Once a day	13	11.8	13	11.8	*0.32	0.57
▪ When he does something I loved	82	74.5	79	71.8		
▪ Only when he cry	11	10	5	4.5		
▪ On special occasions or do not remember	4	3.6	13	11.9		

(*) Fisher's Exact Test

Table (3): Comparison between mother's knowledge about child violence in the experimental group pre and post the program (N=110)

Total knowledge	Pre- program		Post- immediately		Post 3 months	
	No	%	No.	%	No.	%
▪ Satisfactory	20	18.2	80	72.7	76	69.1
▪ Un satisfactory	90	81.8	30	27.3	34	30.9
▪ Significance tests	▪ Pre versus post –immediately ($\chi^2= 66.0$ - $p\leq 0.000\cdot\cdot 1$) ▪ Pre versus post 3 months ($\chi^2=57.9$ - $p\leq 0.000\cdot\cdot\cdot$) ▪ Post –immediately versus post 3 months ($\chi^2=0.35$ - $p\leq 0.55$)					

Table (4): Comparison of mother's attitudes towards child rearing in the experimental group throughout the program (N=110)

Mother's attitudes	Pre-program		Post- immediately		Post 3 months	
	No.	%	No.	%	No.	%
▪ Positive	10	9.1	55	50	45	40.9
▪ Negative	90	90	49	44.5	58	52.7
▪ Don't know	10	9.1	6	5.5	7	6.4
Significance tests	▪ Pre versus post –immediately ($\chi^2= 66.0$ - $p\leq 0.000\cdot\cdot 1$) ▪ Pre versus post 3 months ($\chi^2=57.9$ - $p\leq 0.000\cdot\cdot\cdot$) ▪ Post –immediately versus post 3 months ($\chi^2=0.35$ - $p\leq 0.55$)					

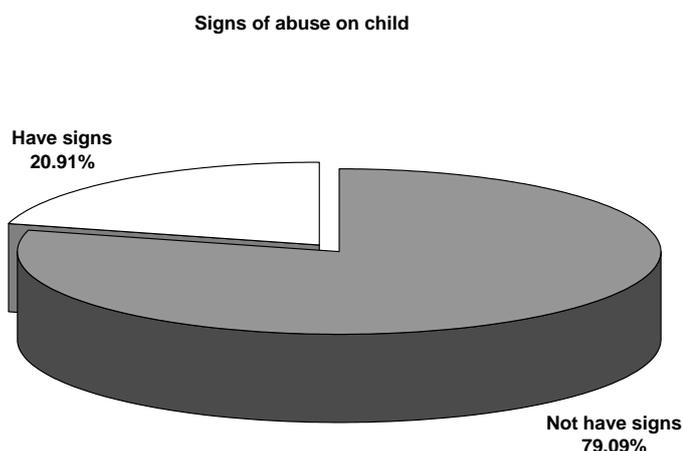
**Figure (1): Signs of child violence as observed among the experimental nursery school children (N=110)**

Table (5): Correlation between total knowledge scores and total attitudes scores towards child rearing with the parental age among experimental group

Variables	Total Knowledge Score Mean		Total Attitude Score Mean	
	r- coefficient	P	r-coefficient	P
▪ Age of mothers in years	0.201	*0.035	-0.004	0.963
▪ Age of fathers in years	0.174	0.069	0.024	0.804

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تأثير برنامج تثقيف صحي لأمهات أطفال ما قبل المدرسة حول العنف المنزلي

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^(١) مدرس مساعد ترميض صحة الأسرة والمجتمع - كلية التمريض- جامعة بورسعيد^(٢) أستاذ ترميض صحة المجتمع- كلية التمريض- جامعة الزقازيق،^(٣) أستاذ طب الأسرة- كلية الطب- جامعة قناة السويس،^(٤) مدرس ترميض صحة الأسرة و المجتمع-كلية التمريض- جامعة بورسعيد

مقدمة:

كل يوم يمر عبر العالم تتهدد سلامة وأمن الأطفال بسبب العنف المنزلي. التدخل بشكل فعال وإيجابي في حياة هؤلاء الأطفال وأسرهم ليس مسؤولية جهة واحدة أو أفراد مهنيين فقط، وإنما هو مسؤولية المجتمع ككل. ففي كل عام هناك ثلاثة ملايين طفل يتعرضوا للعنف في الولايات المتحدة والمزيد من الملايين في جميع أنحاء العالم. كما أن العنف المنزلي يحدث في جميع المستويات الاجتماعية والاقتصادية، والخطوط العرقية والثقافية، والأديان ومستويات التعليم المختلفة. واستخدام الوالدين للأساليب العنيفة في العقاب وخصوصا العقاب البدني والنفسي يتسبب في العديد من المشاكل السلوكية في مرحلة الطفولة وأيضا المراهقة.

الهدف من الدراسة:

هدفت الدراسة الحالية إلى التقليل من العنف المنزلي الموجه لطفل ما قبل المدرسة عن طريق تصميم برنامج تثقيفي صحي للامهات حول العنف المنزلي الموجه للطفل ومن ثم تقييم أثر هذا البرنامج علي معلومات واتجاهات وممارسات الأمهات تجاه أبنائهن.

التصميم البحثي:

تم استخدام تصميم شبه تجريبي

مكان الدراسة:

أجريت الدراسة في دور الحضانات الخاصة بطلخا - محافظة الدقهلية.

عينة الدراسة:

شملت الدراسة علي مجموعتين من الأمهات، المجموعة التجريبية وتتكون من ١١٠ طفل و أمهاتهم، والمجموعة الضابطة وتتكون من ١١٠ أم أخرى.

أدوات جمع البيانات:

تم جمع البيانات بواسطة الأدوات التالية:

الأداة الأولى: استمارة استبيان مقابلة شخصية لأمهات الأطفال وتحتوي علي ثلاثة أجزاء:

- الجزء الأول: تشمل البيانات الاجتماعية مثل العمر، الحالة الاجتماعية، عدد الأطفال ومستوي التعليم و الوظيفة.
- الجزء الثاني: يشتمل على معلومات الأمهات حول العنف تجاه الأطفال مثل أنواع

العنف، علامات العنف الجسدي، وتأثير العنف على الطفل.

- الجزء الثالث: تشتمل على علامات العنف التي قد تظهر على أطفالهن كالبكاء المستمر، الانطواء، والتبول اللاإرادي.
- الأداة الثانية: استمارة تقييم آراء وسلوكيات الأمهات تجاه أطفالهن وتحتوي علي ثلاثة أجزاء:
- الجزء الأول: يشتمل علي آراء الأمهات تجاه إساءة معاملة الأطفال.
- الجزء الثاني: يشتمل على ممارسات الأمهات تجاه أطفالهن مثل طرق العقاب والثواب الموجهة للطفل، مثل الضرب والركل، أو التوبيخ.
- الجزء الثالث: يشتمل علي الطرق التي تتبعها الأم في تقويم سلوك الطفل مثل توضيح السلوك الصحيح بهدوء، حرمان الطفل من اللعب أو شراء هدية للطفل حتي لا يكرر هذا السلوك الخاطئ.
- الأداة الثالثة: استمارة تقييم للطفل أثناء تواجده بالحضانة وتشتمل علي : آثار وعلامات العنف التي قد تظهر علي الطفل مثل آثار عض أو خمش، آثار جروح أو خدوش، الانطواء أو عدم النظافة.

النتائج: أسفرت نتائج الدراسة عن الآتي:

- قبل تنفيذ البرنامج كان أكثر من ثلاثة أرباع الأمهات في المجموعة التجريبية، وغالبية الأمهات في المجموعة الضابطة ليس لديهن معلومات كافية حول العنف المنزلي الموجه للطفل، وأن الغالبية العظمي من الأمهات في عينة الدراسة لديهن آراء سلبية تجاه تربية الأطفال.
- بعد تنفيذ البرنامج وجد تحسن ملحوظ في معلومات الأمهات عن العنف المنزلي الموجه للطفل في المجموعة التجريبية مقارنة بالمجموعة الضابطة ، كما وجد تحسن إيجابي ملحوظ في معلومات الأمهات وأرائهن وسلوكياتهن تجاه أطفالهن في المجموعة التجريبية مقارنة بالمجموعة الضابطة.

الخلاصة:

أدي البرنامج التعليمي إلي تحسن ملحوظ في معلومات الامهات عن العنف المنزلي الموجه

للطفل في المجموعة التجريبية مقارنة بالمجموعة الضابطة.

التوصيات:

- ينبغي أن يكون مركز الرعاية الصحية الأولية له دورا حيويا في الوقاية من العنف ضد الأطفال من خلال رفع وعي الأمهات حول النمو الطبيعي للطفل، وأساليب العقاب الإيجابية والصحيحة وذلك في كل زيارة للأم سواء للتطعيم أو حتى لإجراء الفحوصات المختلفة.
- إجراء المزيد من البرامج التعليمية للمقبلين علي الزواج حول أساليب التربية الصحيحة للأطفال في مراكز الرعاية الصحية الأولية أو القطاعات الصحية الأخرى مع شهادة تعطي للأزواج بالمشاركة في البرنامج.
- تشجيع المزيد من الأبحاث العلمية لتحسين معرفة الأمهات، وآرائهن وممارستهن تجاه تربية الأطفال.