

# Attitude towards Recognition and Reporting of Child Sexual Abuse among Rural Parents in Rajasthan

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## Abstract

**Introduction:** Child sexual abuse is a major social and public health problem that affects children all over the world. Particularly in rural areas where awareness may be low, parents are essential in identifying and reporting such situations.

**Materials and Methods:** A descriptive cross-sectional study was conducted among 120 rural parents in selected villages of Rajasthan using a structured attitude scale. Data were analyzed using descriptive and inferential statistics.

**Results:** The majority (58%) of parents showed a moderately positive attitude, 27% had a positive attitude, while 15% demonstrated a negative attitude towards recognition and reporting of CSA. Significant association was found between attitude and educational status ( $p < 0.05$ ).

**Conclusion:** There are still gaps in reporting behavior even though awareness is growing. To improve parental attentiveness, educational interventions are crucial.

**Keywords:** Child Sexual Abuse, Attitude, Rural Parents, Reporting, Rajasthan

## Introduction

Child Sexual Abuse is a major concern worldwide and includes physical, emotional, and sexual exploitation of children. According to World Health Organization, a substantial proportion of children experience some form of abuse before the age of 18.<sup>1</sup>

In rural areas of Rajasthan, socio-cultural barriers, stigma, lack of awareness, and fear of social consequences often prevent parents from recognizing and reporting abuse. Parents' attitudes significantly influence early detection and prevention. Therefore, assessing their attitude is essential for planning effective interventions.<sup>2,3</sup>

In China, a recently enacted national legislation and regulation assigned healthcare workers the duty of

intervening in cases of child abuse. However, not much research has been done on how Chinese medical practitioners identify and report child abuse.<sup>4</sup>

It is usually the responsibility of others to notice and report child abuse because both victims and abusers do not self-report to child protection services. The first point of contact must be knowledgeable about child protection, and there is a dearth of such information in the study literature that originated in Sri Lanka. Anecdotally, a number of child abuse cases have been overlooked at the initial point of contact. In order to evaluate the knowledge, attitudes, and experiences of medical officers, nursing officers, and social workers on child protection, we conducted this survey.<sup>5</sup>

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Regardless of a person's social, racial, or geographic origin, child abuse and neglect are regrettably pervasive social phenomena. Dentists play a crucial role in handling cases of child maltreatment (CM) and may be the first medical experts to identify its symptoms.<sup>7</sup>

Physical, sexual, or psychological abuse or neglect of a child or children, particularly by a parent or other caregiver, is referred to as child abuse or child maltreatment. Any action or inaction on the part of a parent or other caregiver that causes actual or potential harm to a kid is considered child abuse. This can happen in the child's home as well as in the organizations, schools, or communities the child interacts with.<sup>8</sup>

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Primary health care professionals are frequently ill-prepared to conduct medical exams and diagnose child sexual maltreatment, even though the clinical significance of child sexual abuse is acknowledged. The basic symptoms and indicators of CSA are presented in the paper, which may indicate the need for additional patient diagnosis and referral. Particular focus is given to the silent warning indicators of child sexual abuse (CSA), such as changes in eating habits and body image, because the vast majority of sexually abused children do not exhibit any aberrant physical findings. According to a number of research, victims of CSA may have different types and severity of eating problems or obesity.<sup>10</sup>

The terrible realities of American society include child abuse and neglect. Nevertheless, the majority of dentistry schools in the United States do not adequately prepare their students to handle the issue. In order to help graduates screen for and report suspected child abuse and neglect throughout their careers, this paper suggests adding a problem-based learning paradigm to the predoctoral dentistry curriculum.<sup>11</sup>

## Objectives

1. To assess the attitude of rural parents towards recognition of child sexual abuse
2. To assess the attitude towards reporting of child sexual abuse
3. To find the association between attitude and selected demographic variables

## (Null Hypothesis – H<sub>0</sub>)

H<sub>01</sub>: There is no significant attitude among rural parents towards recognition of child sexual abuse

H<sub>02</sub>: There is no significant attitude among rural parents towards reporting of child sexual abuse

H<sub>03</sub>: There is no significant association between attitude and selected demographic variables

## Materials and Methods

### Research Design

Descriptive cross-sectional research design

### Setting

Selected rural villages of Rajasthan

### Population

Parents residing in rural areas

### Sample Size

120 rural parents

### Sampling Technique

Non-probability convenience sampling

### Tool for Data Collection

- Section A: Demographic variables
- Section B: Structured attitude scale

### Data Collection Procedure

Local authorities granted formal approval. Participants gave their informed consent. In-person interviews were used to gather data.

### Ethical Consideration

- Confidentiality maintained
- Voluntary participation ensured
- No harm to participants

### Results

Descriptive and inferential statistics were used to arrange, tabulate, and analyze the gathered data in accordance with the study's goals.

**Table 1: Attitude towards Recognition of Child Sexual Abuse**

Level of Attitude (Recognition)	Frequency (n=120)	Percentage
Positive	35	29%
Moderately Positive	68	57%
Negative	17	14%

**Interpretation:**

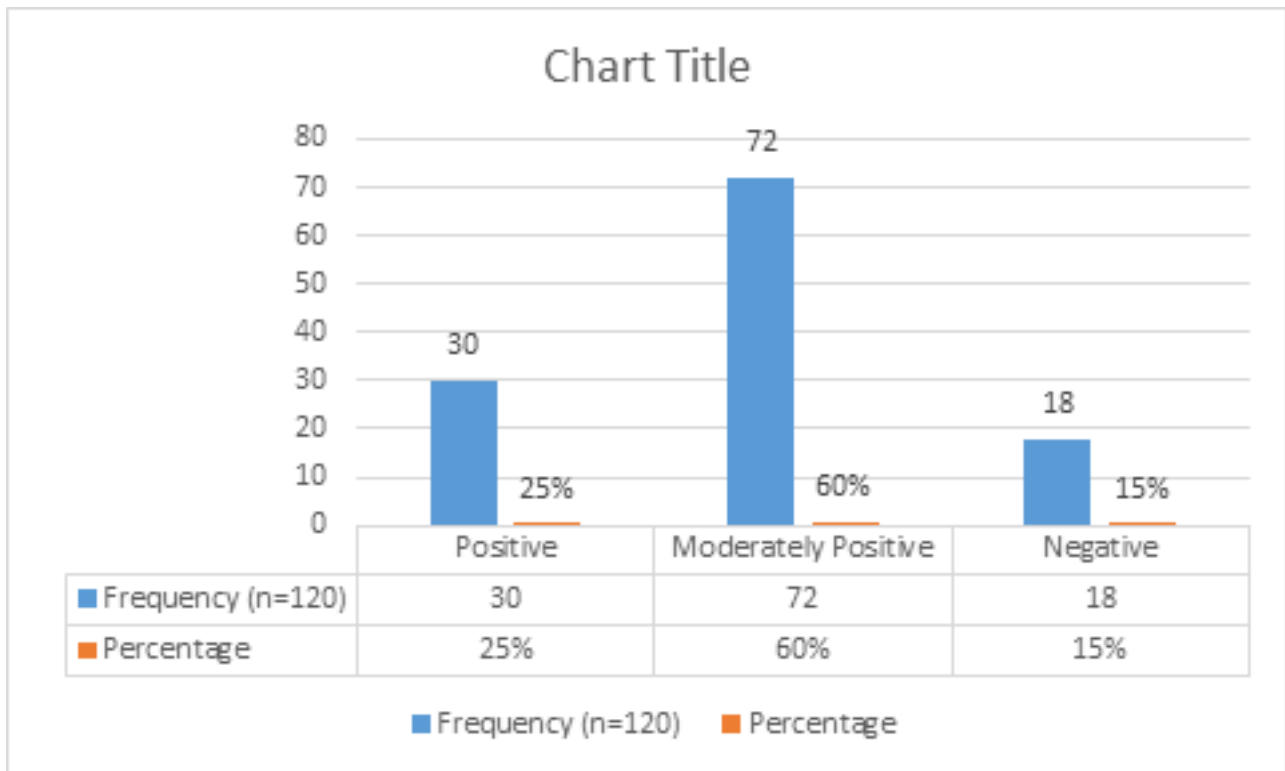
When it came to acknowledging child sexual abuse, the majority of parents (57%) had a somewhat positive view.

**Table 2: Attitude towards Reporting of Child Sexual Abuse**

Level of Attitude (Reporting)	Frequency (n=120)	Percentage
Positive	30	25%
Moderately Positive	72	60%
Negative	18	15%

**Interpretation:**

Although there is still reluctance, the majority of parents (60%) expressed a somewhat positive attitude regarding reporting.



**Figure 01: Attitude towards Reporting of Child Sexual Abuse**

**Table 3: Association between Attitude and Demographic Variables**

Demographic Variable	F	df	p-value	Significance
Education	6.21	2	<0.05	Significant
Occupation	2.10	2	>0.05	Not Significant
Income	4.32	2	<0.05	Significant

## Interpretation:

While there was no correlation with occupation, there is a strong correlation between attitude and income and education.

## Final Results Statement

- Majority of rural parents had moderately positive attitude towards recognition and reporting of child sexual abuse
- Significant association was found between attitude and selected demographic variables such as education and income
- Hence, H<sub>11</sub>, H<sub>12</sub>, H<sub>13</sub> are accepted and H<sub>01</sub>, H<sub>02</sub>, H<sub>03</sub> are rejected

## Discussion

The study findings indicate that while many parents have a moderately positive attitude, hesitation in reporting still exists due to fear of social stigma and lack of knowledge. These findings are consistent with previous studies conducted in rural Indian settings, highlighting the need for awareness programs.

## Conclusion

The study concludes that although rural parents show some positive attitude towards recognition of child sexual abuse, there is still reluctance in reporting cases. Strengthening awareness and education programs is necessary.

## Recommendations

- Organize neighborhood awareness initiatives.
- Put in place parental education in schools.
- Make reporting systems stronger.
- Nurses should play a bigger part in health education.

## Limitations

A little sample size

Restricted to specific rural regions

Self-reported information could be biased.

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**Conflicts of interests:** There is no conflict of interest

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