A Study to Evaluate the Effectiveness of Structured Teaching Program on Knowledge and Attitude Regarding POCSO Act Among Healthcare Professionals in Selected Hospital, Bengaluru

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***Abstract*— A child is priceless to the entire globe in addition to his parents, family, community, and country. The child is the cornerstone of the country's prosperity and the nation's greatest human resource, and their well-being health, education, safety, happiness, and access to opportunities is a barometer of the socioeconomic progress of the nation. Children are vulnerable and need love, care, shelter, and protection from their caretakers for appropriate growth and development. Abuses against these tenders being often blight their childhood, leading to inability in reaching their full potential—both physically and mentally. The POCSO Act, which was introduced in 2012 in response to an increase in crimes against children. The Protection of Children from Sexual Offenses (POCSO) legislation was passed by the Union Cabinet on April 21, 2018, in response to a spate of horrible child rape. The Act has significantly helped to address the child sexual abuse (CSA) issue in India. POCSO Act not only spells out the punishments for offences, but also set out a system for support of victims and improved methods for catching offenders. Therefore, the present study aims to evaluate the effectiveness structured teaching knowledge and attitude regarding POCSO Act among health care professionals in selected hospital in Bengaluru.**

***Index Terms*— Structured teaching programme, knowledge, attitude, POCSO Act, health care professionals.**

I. INTRODUCTION

"There is no trust more sacred than the one the world holds with children. There is no duty more important than ensuring that their rights are respected, that their welfare is protected, that their lives are free from fear and want, and that they can grow up in peace."

Kofi Annan

A child is priceless to the entire globe in addition to his parents, family, community, and country. The child is the cornerstone of the country's prosperity and the nation's greatest human resource, and their well-being health, education, safety, happiness, and access to opportunities is a barometer of the socioeconomic progress of the nation. Children are vulnerable and need love, care, shelter, and protection from their caretakers for appropriate growth and development. Abuses against these tender beings often blight their childhood, leading to an inability to reach their full potential both physically and mentally. Though child maltreatment has existed for many centuries, contemporary societies have either remained in denial or have been snail-paced to acknowledge them as issues. India houses the second largest child population India houses 19% of the total children in the world and 18% of them are below 18 years.1

The POCSO Act was introduced in 2012 in response to an increase in crimes against children. The Protection of Children from Sexual Offenses (POCSO) legislation was passed by the Union Cabinet on April 21, 2018, in response to a spate of horrible child rape. The Act has significantly helped to address the child sexual abuse (CSA) issue in India. POCSO Act not only spells out the punishments for offenses but also sets out a system for support of victims and improved methods for catching offenders.2

II. VARIABLE UNDER STUDY

Research variables

Independent variable: Structured Teaching Program regarding POCSO Act.

Dependent variable: Knowledge and Attitude regarding POCSO Act.

Sample characteristics

Age in years, gender, marital status, occupation, have you ever attended any class related to the POCSO Act, yearly income, areas of work, years of experience, did you care victims of child sexual abuse, do you prefer to attend on the POCSO Act.

The setting of the study

The setting is the physical location and condition in which data collection take place in the study.

The study was conducted at St. Philomena's Hospital in Bengaluru. This is a Christian hospital run by the sisters of Jesus Mary Joseph congregation. It is a 400 bedded multispecialty hospital accredited by the National Accreditation Board for Hospitals (NABH) with highly skilled and experienced staff in handling a wide range of medical needs which consists of the emergency department, two maternity wards-general and special, four medical wards- two general wards and two special wards, one paediatric ward, one operation theatre complex, one medical intensive care unit (MICU), one paediatric intensive care unit (PICU), one neonatal intensive care unit (NICU) and a nursery.

Population

The population is the aggregation of all the unit in which researcher is interested a target population consists of a total number of people which are meeting the set of criteria, the aggregate of all the cases with a certain Phenomenon about which the researcher would like to make a generalization.

In the present study, the target population was Health Care Professionals working in emergency, paediatric and OBG in St; Philomena's hospital Bangalore.

Sample and sampling techniques

Sample

The sample consists of a subset of units that comprise the population selected by researcher to participate in their research project. In this study subjects consist of health care professionals from St. Philomena's Hospital, Bengaluru.

Sample size

Number of units gather for inclusion in the study is called sample size. In the present study sample size consists of 60 Health Care Professionals. (n = 60)

Sampling technique

The sampling technique refers to the process of selecting a population to represent the entire population. In this study sample was selected through purposive sampling of non -probability sampling techniques.

Sampling criteria

Sampling criteria are the list of characteristics essential for inclusion or exclusion in the target population.

Criteria for sample selection

Inclusion criteria

Male and female Health Care Professionals was working in selected hospitals, in Bengaluru.

Healthcare Professionals who were available at the time of data collection.

Exclusion criteria

Healthcare professionals who have attended the training on the POCSO Act.

III. DATA COLLECTION INSTRUMENTS

Data collection instrument is a device used to measure the concepts of interests in a research project that a researcher uses to collect data.

The tool was constructed by the researcher based on the objectives of the study.

The tool was developed based on the following:

Reviewed literature from related studies, books, journal articles, and internet searches.

Based on the opinions and suggestions of the experts and guide.

Based on the experience of the researcher.

Content validity

Reliability

The steps involved in the development of the tool were:

Preparation of the draft

Development of criteria checklist.
Content validation of the tool.
Reliability of the tool.
Item analysis.
Preparation of the final draft.

1. Preparation of the draft
The first draft of the tool has three sections
Section A: Sample characteristics - Age, gender, religion, occupation, years of experience, monthly income, marital status, source of information on POCSO Act.

Section B: Structured Knowledge Questionnaire. Structured knowledge questionnaire regarding POCSO Act. There were thirty items. Each item in the questionnaire had four possible responses. One mark was awarded for every correct response and zero for an incorrect response.

Section C: Structured Attitude Scale. It included 20 items among which 16 were positive and 4 were negative statements. The score was given on a four-point scale of 1,2,3, and 4.the positive statement has the maximum score of 4(strongly agree) and the lowest score of 1(strongly disagree). The negative statement score was given 1,2,3, and 4 has a maximum score of 4 (strongly agree) and the lowest score of 1(strongly disagree). thus, the minimum score is 4 and the maximum score was given 80.

2. Development of criteria checklist
A criteria checklist was formulated to assess the validity of the tool in terms of very relevant, relevant, and not relevant for the appropriateness of the content. It was submitted along with tool validation for validating the content. The expert was requested to give opinions and suggestions regarding each item.

3. Content validation of the tool
Content validity refers to the degree to which the items of instruments adequately represent the content for the concept being measure. The prepared tool along with the statement, objectives hypothesis, inclusion and exclusion criteria were sent to 14 experts for content validity. Experts from different fields like MSC nursing faculty (9), statistician (1), psychiatrists (2), psychologist (1) and lawyer (1). The permission for the tool validation was obtained by sending requisition letter and acceptance form. The experts were requested to judge the items for relevance, clarity, and appropriateness of the title. They gave their opinion and suggestions regarding each item in the tool. According to the recommendation and suggestion of the experts and with the consultation of the guide each item was modified.

4. Pretesting of the instrument
Pretesting is the process of measuring the effectiveness of a tool. The purpose is to reveal problems related to answering, completing, and understanding the items in the tool. It will help to check the clarity of the items, feasibility, reliability, and practicability.
Pretesting of the tool was done by administering the tools to 6 Health Care Professionals working in selected institutions. The responses were found to be appropriate in terms of time allotted, language, and simplicity of understanding.

5. Reliability of the tools
The reliability of the structured knowledge questionnaire was computed by the split-half method using the Karl Pearson correlation coefficient formula. The reliability of the tool was found to be Indicated at r=0.86. which is >0.7.
The reliability of the attitude was computed by the inter-rater reliability method using the Karl Pearson correlation coefficient formula. The reliability of the tool was found to be r=0.81 which is >0.7.
Hence the tools were found to be reliable.

6. Item analysis
In item analysis a question with a difficulty index range between 30% to 70% were as items with difficulty index below 30% and about 70 % should be discarded.
The first draft tool consisted of 40 items to measure the level of knowledge and 30 items to measure the attitude which was later modified and rearranged based on the pretesting suggestion of experts and an item analysis

Method of data collection:
Formal permission was obtained from the selected hospital authorities.
Ethical clearance was obtained from the Institutional Ethical Review Board (IERB) of St. Philomena's

Hospital Institutional Ethical Committee [SPHIEC], Bengaluru.
Subjects were selected based on the inclusion and exclusion criteria through purposive sampling technique.
The purpose and need for the study were explained to the study participants.
The written informed consent was obtained from the participants after assuring the anonymity and confidentiality of the information provided by them.
The pretest was conducted using a structured knowledge questionnaire and attitude scale followed by a structured teaching programme on POCSO Act was administered by the researcher for duration of 45 minutes on the first day.
The post-test was conducted on the 7th day among Health Care Professionals by using a Structured Knowledge Questionnaire and Attitude Scale.

Procedure for data collection of main study
Data collection is the gathering of information needed to address a research problem. The data collection period extended from 3.06.2024 to 7.06.2024. permission was obtained from administrator of St. Philomena's Hospital Bangalore. Informed consent was obtained from the subject before the administration of the tool. Self-introduction and purpose of study as explained to the subjects.

Pretest
The pretest was conducted from 3.06.2024 to 7.06.2024 by administration of structured knowledge questionnaire and attitude scale. The time taken was around 20 minutes.

Structured Teaching Program
Structured teaching program regarding the POCSO Act given to the health care professionals. The time has taken for 45 minutes the structured teaching programme was prepared in English based on the objectives.

Organization of content
The content of a structured teaching programme comprising the following areas

- General concept of POCSO Act
- Key concept of the POCSO Act
- General principles of the POSCO act
- Guidelines for interviewing role of medical professionals

Post-test
After 7 days of administration of the structured teaching programme the post-test was conducted. The post-test was conducted by using the same tool for the health care professionals.

Data analysis plan
Analysis is a process where data is edited, classified, tabulated, analyzed, interpreted, and rationally concluded. Data analysis was planned based on objectives and hypothesis states in the study by using descriptive and inferential statistics.
1 Descriptive statistic:
Descriptive statistics was useful for summarizing empirical information from which the data is obtained. Frequency, percentage, mean and standard deviation were used to assess the sample characteristics and description of variables.

2. Inferential statistics:
A paired 't-test was used to measure the knowledge and attitude regarding POCSO Act among Health Care Professionals.
The chi-square ($\chi 2$) test was used to determine the association between pretest knowledge and attitude scores with sample characteristics of Health Care Professionals.
Karl Pearson's correlation coefficient test was used to determine in the correlation between knowledge and attitude scores.

Hypotheses
At 0.05 level of significance
H1: There will be a statistically significant difference in the level of knowledge following Structured Teaching Program regarding POCSO Act among health care professionals in selected hospitals as measured by structured knowledge questionnaire.
H2: There will be a statistically significant difference in the level of attitude following Structured Teaching Program regarding POCSO Act among health professionals in selected hospitals as measured by structured attitude score.
H3: There will be a statistically significant association between pretest knowledge and attitude scores with their selected sample characteristics.

H4: There will be a statistically significant correlation between knowledge and attitude scores regarding POCSO Act among Health Care Professionals.

Major findings of the study

Section A: Description of sample characteristics of selected sample group. Frequency and Percentage of Health Care Professionals according to the sample characteristics.

Section B: Description of Knowledge Score and findings the difference between knowledge on POCSO Act before and after giving the structured teaching program.

Section C: Description of Attitude Score and findings the difference between attitude on POCSO Act before and after giving the structured teaching program.

Section D: Comparison between pretest and post-test level of knowledge on POCSO Act among Health Care Professionals using paired t test.

Section E: Comparison between pretest and post-test level of attitude on POCSO Act among Health Care Professionals using paired t test.

Section F: To determine the association between the pretest level of knowledge regarding POCSO Act among Health Care Professionals with selected demographic data.

Section G: To determine the association between the pretest level of attitude regarding POCSO Act among Health Care Professionals with selected demographic data.

Section H: Correlation between knowledge and attitude regarding POCSO Act among Health Care Professionals.

CONCLUSION

A report of findings is never sufficient to convey their significance. The meaning that researchers give to the results plays a rightful and important role in the report.This chapter illuminates the importance of nursing research and deals with the conclusion, nursing implications, recommendations, and limitations of the study. A study to evaluate the effectiveness of a Structured teaching program on knowledge and attitude regarding the POCSO Act among healthcare professionals in selected hospitals, In Bengaluru.

The conceptual framework for the study was based on Imogene King's goal attainment theory. The sample size selected was 60. The study design used was a pre-experimental one-group pre-test post-test design.

The conclusions drawn from the study are:

A Structured Teaching Program (STP) is effective in improving knowledge and attitude regarding the POCSO Act among healthcare professionals.

There is a statistically significant difference in the pre and post-test knowledge and attitude scores regarding the POCSO Act among healthcare professionals. It revealed that in the pre-test, a majority (88%) of health professionals had inadequate knowledge, and 12% had moderate knowledge, whereas in the post-test majority (85%) of the health professionals had moderate knowledge, (15 %) of them had adequate knowledge, and none of them had inadequate knowledge.

•The Correlation inferred in the study ranged between a weak positive correlation to Knowledge and attitude regarding the POCSO Act among healthcare professionals following a Structured teaching program

•There is no significant association found between the pre-test knowledge and attitude scores on the POCSO Act among health professionals with selected sample characteristics.

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