

Effectiveness of Structured Teaching Program on Knowledge of Parents of School Aged Children regarding Child Trafficking

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Abstract:

Background: Child trafficking is a serious problem worldwide. It is a crime that exploits girls and boys for numerous purposes including forced labor, commercial sexual exploitation, begging etc. There are roughly 152 million children engaged in child labor globally. Child trafficking has long term consequences on both physical and mental health (intellectual development). Many victims suffer post-trafficking trauma resulting in depression, anxiety, post-traumatic stress disorder etc. Trafficked girls are especially vulnerable to STDs. Child trafficking is prevalent in India as crimes against children has increased by more than 500% over a period of one decade (1,06,958 in 2016 over 18,967 in 2006). School-aged children (6 to 12 years) are mostly vulnerable to child trafficking. It is necessary to assess the understanding of child trafficking and its magnitude in India to implement comprehensive child protection mechanisms. The first step could be to spread public awareness. Structure teaching program can be an effective tool to educate important members regarding issues of child trafficking. The objective of our study is to assess the effectiveness of the structured teaching program regarding child trafficking among parents of school aged children (6 to 12 years) in a selected community in Bangalore, India. We also investigated association of socio-demographic determinants to the knowledge regarding child trafficking.

Materials and Methods: We selected 60 participants (mother or father) of school aged children, using purposive sampling method, in K. Narayanpura, Bangalore, India. First, knowledge regarding child trafficking among the participants was assessed by using a structured knowledge questionnaire (SKQ). It was followed by an intervention, which is an administration of structured teaching program (STP). Then, a second test was done using the same SKQ. A knowledge score for each participant on child trafficking was calculated before and after the intervention. Association of the variables with mean knowledge score obtained from the test pre-intervention was investigated using Chi-square test (χ^2) using SPSS software (v 2.0). Paired t-test was used to investigate the effectiveness of the STP using R statistical software (R 4.2.1). Normality distribution of the mean difference in knowledge scores was investigated using Shapiro-Wilk test in R.

Results: A significant association to mean knowledge score obtained from the test pre-intervention was obtained with variables: age of father, occupational status of father, family income per month, number of children in the family and the type of residence. The paired t-test (obtained t-value 13.096 > t-distribution table value 1.96 at 59 df and 0.05 level of significance) was significant and suggested a significant increase in the knowledge score of the participants after application of the structured teaching program (STP).

Conclusion: Significant association of the socio-demographic variables suggest that we can focus on the associated variables to improve the knowledge of a population. Such variables can also help us to predict the knowledge level regarding child trafficking. Our study concludes that the structured teaching program is an effective tool to increase the knowledge of a population regarding child trafficking.

Key Word: Child trafficking, Structured knowledge questionnaire, Structured knowledge program, India.

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I. Introduction

Children are the most important building blocks of the future world and are also amongst the most vulnerable and innocent victims of crimes. Crimes against children include physical and emotional abuse, child labor, neglect, discrimination, and exploitation, such as through child pornography or trafficking to name a few^{1,2}. Child trafficking is a crime that exploits girls and boys for numerous purposes including forced labor, commercial sexual exploitation, begging e.t.c². There are roughly 152 million children engaged in child labor globally³. However, as child trafficking is lucrative and often linked with criminal activity and corruption, it is hard to obtain an exact number of children suffering from trafficking⁴. Majority of the victims of the child

trafficking are reported to be girls^{5,6}. L Kiss et al., 2015 observed 80% of female victims of trafficking⁶. The causes leading to global child trafficking are varied and complex. Among many causes' poverty, lack of opportunity, economic disparity, land demarcation, increased gender discrimination and discriminatory cultural practices lead to child trafficking⁷.

Child trafficking has long term consequences on both physical and mental health (intellectual development) making it difficult for the victims to integrate or function properly in a society post-trafficking. Many victims suffer post-trafficking trauma resulting in depression, anxiety, post-traumatic stress disorder etc. A study concluded that children and adolescents in post trafficking care showed high symptom levels of depression, anxiety, and post-traumatic stress disorder, which are strongly associated with self-harm or suicidal behaviors⁹. This study was performed on 387 children and adolescent (aged 10 to 17 years) survivors of human trafficking. A result showed that 12% of survivors had tried to harm or kill themselves in the month before the interview. Fifty-six percent of the survivors screened positive for depression, 33% for an anxiety disorder, and 26% for posttraumatic stress disorder. Abuse at home was reported by 20% of the survivors. Mental health symptoms were strongly associated with self-harm and suicide attempts.

Some trafficked children are exploited sexually. Children are even more likely than adults to lack accurate information about the transmission and prevention of sexually transmitted diseases (STDs), including HIV/AIDS. Even with accurate information, children may still lack the skills, power, and ability to negotiate condom use, increasing their risk of infection. Trafficked girls are especially vulnerable to STDs⁸.

Child trafficking is a serious problem worldwide that is prevalent especially in India. According to a report published by the U.S. Department of State, "India is a source, destination and transit country for men, women and children subjected to forced labor and sex trafficking"⁹. Crimes against children in India have increased by more than 500% over a period of one decade (1,06,958 in 2016 over 18,967 in 2006)⁹. Trafficking is not only limited to India but trafficking of people to India is also abundant. Non-governmental organization (NGOs) estimate that 12,000 to 50,000 women and children are trafficked in India every year from neighboring countries such as Nepal and Bangladesh.

School-aged children (6 to 12 years) are mostly vulnerable to the manipulation and exploitation tactics of traffickers. Law enforcement has confirmed cases of trafficking occurring on school grounds, at school events, and even carried out by classmates¹⁰.

It is necessary to assess the understanding of child trafficking and its magnitude in India to implement comprehensive child protection mechanisms. The first step could be to spread public awareness. We need to educate about the issue among children, parents, guardians, schools, and community members, along with strengthening the government system for ensuring a safety net for vulnerable children. A study conducted to find out association of education factors with child trafficking in India with 392 samples showed association of lack of educational facilities, ignorance of parents, dropout from schools, harsh attitude of teachers, and passive role of media with child trafficking incidents¹¹. A systematic review was done to assess influence of social determinants on trafficking of women and children in Southeast Asia also suggested ignorance of trafficking methods among others that facilitate trafficking and conversely, formal education, maternal education, among others that mitigate trafficking¹². These studies suggest proper training, against trafficking, to students, teachers, parents, and other community members. Structure teaching program can be an effective tool to educate important members regarding issues of child trafficking. Improvement in knowledge level among participants after administration of the structured teaching program has been shown by various studies^{15,16,17,18}.

The objective of our study is to assess the effectiveness of the structured teaching program regarding child trafficking among parents of school aged children (6 to 12 years) in a selected community in Bangalore, India. We also investigated association of socio-demographic determinants to the knowledge regarding child trafficking.

II. Material and Methods

Ethical consent

This experimental study was conducted in 2019 after approval by PHC [MS: full form], Bangalore, India and the dissertation committee of Faran College of Nursing, Bangalore, India. The participants gave a written consent before starting the data collection. The participants were assured that their anonymity would be maintained.

Structured knowledge questionnaire (SKQ)

To assess the knowledge regarding child trafficking the investigator (Jarina Shrestha) used a structured knowledge questionnaire (SKQ). The SKQ was designed by the trained investigator. The SKQ contained two sections. Section A contained questions related to thirteen socio-demographic variables: age, educational level and occupational status of mother and father, type of family, number of children in the family, type of residence, monthly income of the family, religion of the family, previous knowledge about child trafficking (if yes then a

source of the knowledge). Section B in the SKQ contained questions to evaluate knowledge of school-aged children's parents on child trafficking. This section contained 30 multiple-choice questions. Each question contained one correct answer and three incorrect answers (four choices in total). A correct answer for each questions carried one score. The total score for each participant was categorized into different levels of knowledge as mentioned in Table 1.

Table 1. Category of knowledge levels along with the assigned scores regarding child trafficking

| Knowledge levels | Score | |
|------------------|--------|----------------|
| | Range* | Percentage (%) |
| Inadequate | 1-10 | ≤ 50% |
| Moderate | 11-19 | 51-75% |
| Adequate | 20-30 | 76-100% |

*Range refers to the minimum and the maximum number of the correct answers

Structured Teaching Program (STP)

The STP on knowledge regarding child trafficking, was prepared by the trained investigator (Jarina Shrestha) after reviewing the research and non-research literature and seeking opinion of the subject guide. The objective of a structured teaching program (STP) was to give the participants general information about child trafficking including causes and preventive measures of child trafficking. The STP on child trafficking, with appropriate A.V. aids (flash cards, chart, meta card, flip chart, posters), was 45 minutes long in duration.

Validity of both SKQ and STP was evaluated and modified based on suggestions of a team of seven experts specialized in Pediatric Nursing (Acknowledgement section). The team of experts evaluated these tools in terms of relevance, appropriateness, adequacy, and degree of agreement for the study.

Data collection and Tests

To understand if there is knowledge about child trafficking among citizens of a community in Bangalore, we invited/selected parents (mother or father) from a family of school aged children (6 to 12 years of age) to participate in our study. The participants were selected based on following criteria: availability of a parent at the time of data collection, willingness to participate in our study and ability to communicate in Hindi and English.

To collect data, an interview was scheduled by the investigator. A complete instruction was given to the participants during the interview followed by the SKQ. Information on socio-demographic variables (section A on SKQ) was collected followed by a test pre-intervention, which evaluated the knowledge regarding child trafficking (section B on SKQ). The pre-test was followed by the intervention. During the intervention, the investigator provided the STP on knowledge regarding child trafficking to the participants. One week after administering the STP, the same SKQ was given to the participants, a test post-intervention, to evaluate their knowledge regarding child trafficking.

Pilot study

A pilot study was performed to assess validity, reliability of SKQ and STP; ensure appropriateness of methods and procedures of data collection; understand study variables and other confounding variables; estimate the real time and potential problems in our study. The pilot study was performed to also refine methodology if needed.

The pilot study was carried out in Hegde Nagar, Bangalore, India, from 14th February to 21st February 2019 (8 days). This study contained six participants sampled using simple random sampling technique, and who fulfilled inclusion criteria. The steps 1 to 6, mentioned on Figure 1, were performed in this study. Test post-intervention was conducted on the last day (8th day) of the study.

Reliability of SKQ

To analyze the reliability of SKQ, split-half testing method was used. The split half testing method measures how well the components contribute to the construct that is being measured. The questionnaire (Section B) was split into two parts and each half test was given to six participants. The score on the two-half test was used to compute Karl Pearson product moment correlation co-efficient. The reliability co-efficient ('r') of 0.829 (at 0.05 level of significance) suggested that the SKQ was reliable to understand the knowledge of the participants regarding child trafficking.

The critical values for Pearson "r" for $D = N - 2 = 4$; $\alpha = 0.05$; 0.811

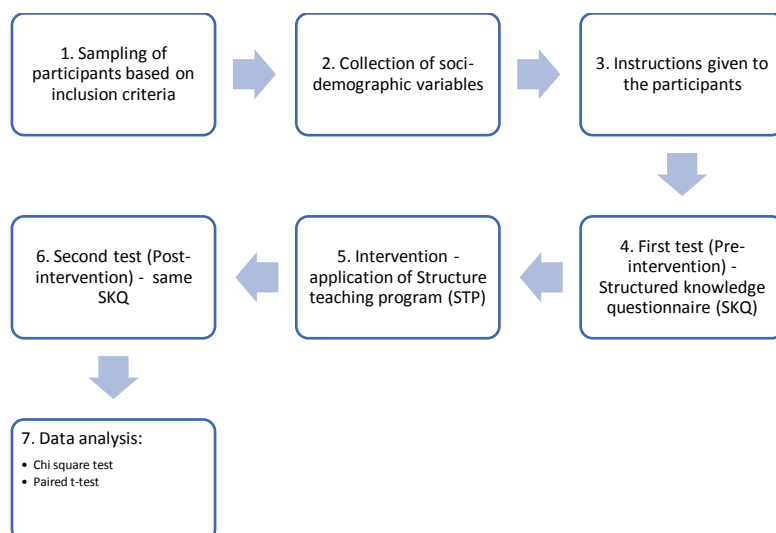


Figure 1. Flowchart of different steps in our main study

Main study

The main study was performed in K. Narayanpura, Bangalore, India. It contained 60 participants. The participants were selected using a purposive sampling method. It consisted of similar subjects, settings, treatment, method of data collection and analysis technique as used in our pilot study.

Statistical determination of the sample size

The sample size for the main study was determined by comparing means with standard deviation (5.92) of the pilot study assuming 80% power at 0.05 level of significance and 3 clinical differences. Following formula was used to determine the sample size:

$$n = \frac{2 (Z_{1+\alpha/2} + Z_{1-\beta})S^2}{d}$$

where,

$Z_{1+\alpha/2}$: Value from standard normal distribution at a specified confidence level (For $\alpha=0.05$, $Z_{1+\alpha/2}=1.96$)

$Z_{1-\beta}$: Value at specified power ($Z_{0.8}=0.84$)

S: Standard Deviation ($S = 5.92$)

d: Clinically significant difference in means ($d=2$)

$$n = \frac{2 (1.96 + 0.84) * (5.92)^2}{2}$$

$$n = 61$$

The recommended sample size was 61. However, the period of data collection was limited to four weeks. Hence, the study was conducted on an arbitrary 60 samples after discussion with the team of experts.

Statistical analysis

The data obtained were analyzed using both descriptive and inferential statistics based on the objective and hypothesis of the study.

Association of socio-demographic variables

As mentioned above, the socio-demographic variables collected in this study were age, educational level and occupational status of mother and father, type of family, number of children in the family, type of residence, monthly income of the family, religion of the family, previous knowledge about child trafficking (if yes then a source of the knowledge). Each variable contained categories as mentioned in Table 2. The number (percentage) of samples distributed within categories of variables are also mentioned in Table 2.

Association of the variables with mean knowledge score obtained from the test pre-intervention was investigated using Chi-square test (χ^2). The association was considered significant if the level of significance was ≤ 0.05 . The analyses were performed using SPSS software (v 2.0).

Effectiveness of STP

A knowledge score of each participant on child trafficking was calculated before and after the administration of the STP (intervention) by using the SKQ. Distribution of the scores pre, and post intervention is mentioned in Figure 2.

The difference in knowledge scores between pre, and post intervention was calculated. The distribution of the difference in knowledge scores is mentioned in Figure 3. The normality distribution of the difference in knowledge scores was investigated using Shapiro-Wilk test in R statistical software. The distribution of the difference in knowledge scores was not significantly deviated from normal distribution (W= 0.97, p-value 0.13 > 0.05 (level of significance)). Hence, following paired t-test was applied to investigate the effective of the STP using R statistical software (R 4.1.2).

$$t = \frac{\bar{D}}{sd/\sqrt{n}}$$

Where,

\bar{D} = mean difference of knowledge scores pre, and post intervention

sd = standard deviation of the difference

n = number of samples.

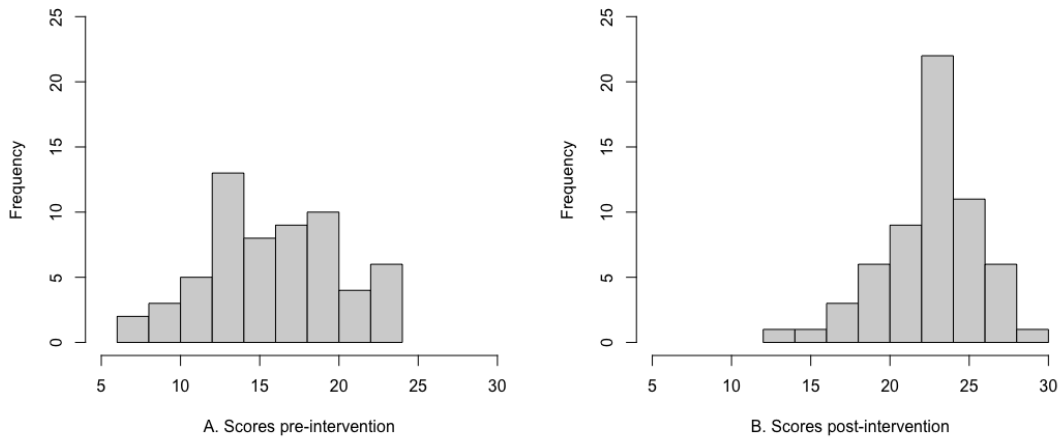


Figure 2. Histogram of the knowledge score pre-intervention (A) and post-intervention (B).

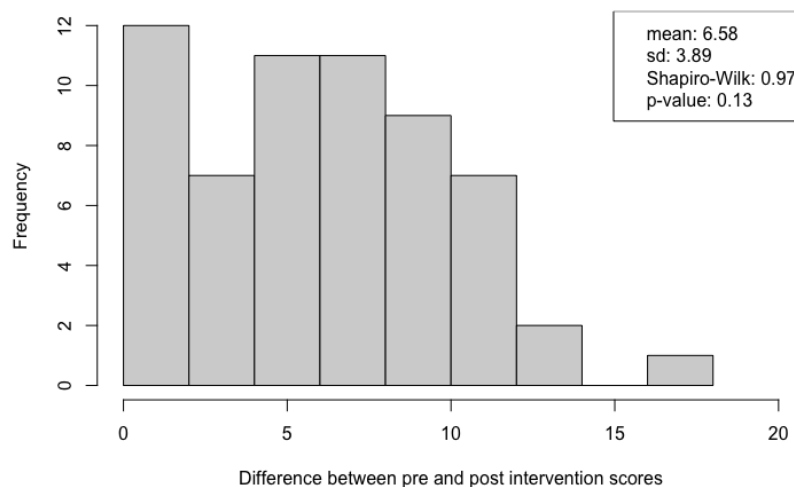


Figure 3. Histogram of the difference in knowledge scores between pre, and post intervention.

III. Results

In this study we investigated association of socio-demographic variables with the mean knowledge scores obtained from the test pre-intervention.

Distribution of scores

The number of samples in each category of knowledge level for the pre, and post-intervention is mentioned in Table 3. More than half of the parents (63.3%) of school aged children had inadequate knowledge regarding child trafficking pre-intervention (application of the STP). Post-intervention, none of the parents (0%) had inadequate knowledge regarding child trafficking and majority of the parents (70%) had adequate knowledge.

Association of Socio-demographic variables

A significant association to mean knowledge score obtained from the test pre-intervention was obtained with variables: age of father, occupational status of father, family income per month, number of children in the family and the type of residence (Table 2).

With regards to the age of father, the obtained χ^2 (chi square) value 5.49 was greater than the table value 3.841 with 1 degrees of freedom (df) and 0.05 level of significance. Similar scenario was observed for the occupational status of father (obtained χ^2 value 6.97 is greater than the table value 5.991 with 2df), family income per month (obtained χ^2 value 3.86 is greater than the table value 3.841 with 1df), number of children in the family (obtained χ^2 value 6.03 is greater than the table value 5.991 with 2df), and the type of residence (obtained χ^2 value 4.88 is greater than the table value 3.841 with 1df). The level of significance was 0.05 for all the above-mentioned tests.

Effectiveness of STP

The mean and standard deviation for the total knowledge score pre-intervention was 15.87 and 3.28, respectively. The mean and standard deviation for the total knowledge score post-intervention was 24.57 and 2.59 respectively. The mean and standard deviation in percentages is mentioned in Table 4.

Paired t-test was performed to investigate the effectiveness of the STP in this study. The mean and standard deviation of the difference of knowledge scores, used in the test, was 6.58 and 3.89 respectively (Figure 3). The number of samples was 60.

We obtained t-value 13.096, which was greater than t-distribution table value 1.96 at 59 df (n-1 degree of freedom) and 0.05 level of significance. Hence, the alternative hypothesis that is the mean difference of knowledge scores was greater than zero was not rejected. This concluded that there is a significant increase in the knowledge score of the participants after application of the structured teaching program (STP).

Table 2. Association between socio-demographic variables and the knowledge scores of participants collected using the SKQ pre-intervention

| Socio-demographic Variables | Category | Sample number (%) | Knowledge level | | df | χ^2 Value | P value (χ^2 table value) |
|-------------------------------|------------------|-------------------|-----------------|--------------|----|----------------|---------------------------------|
| | | | Inadequate (%) | Moderate (%) | | | |
| Age of mother (years) | 20-25 | 13(21.67) | 8(61.5) | 5(38.5) | 2 | 1.89 | P>0.05 (5.991) |
| | 26-30 | 14(23.33) | 11(78.6) | 3(21.4) | | | |
| | Above 30 | 33(55.00) | 19(57.6) | 14(42.4) | | | |
| Mother's educational level | Secondary | 9(15.00) | 8(88.9) | 1(11.1) | 2 | 3.12 | P>0.05 (5.991) |
| | Higher secondary | 21(35.00) | 13(61.9) | 8(38.1) | | | |
| | Graduate & above | 30(50.00) | 17(56.7) | 13(43.3) | | | |
| Occupational status of Mother | Unemployed | 25(41.67) | 13(52) | 12(48) | 3 | 3.6 | P>0.05 (7.815) |
| | Agriculture | 4(6.67) | 3(75) | 1(25) | | | |
| | Government | 3(5.00) | 3(100) | 0(0) | | | |
| | Private | 28(46.67) | 19(67.9) | 9(32.1) | | | |
| Age of Father | 20-25 | 0(0.00) | 0(0) | 0(0) | 1 | 5.49* | P<0.05 |

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|--|-------------------|-----------|----------|----------|---|-------|----------------|
| (years) | 26-30 | 16(26.67) | 14(87.5) | 2(12.5) | | | (3.841) |
| | Above 30 | 44(73.33) | 24(54.6) | 20(45.4) | | | |
| Father's educational level | Secondary | 7(11.67) | 5(71.4) | 2(28.6) | 2 | 1.05 | P>0.05 (5.991) |
| | Higher secondary | 20(33.33) | 14(70) | 6(30) | | | |
| | Graduate & above | 33(55.00) | 19(57.6) | 14(42.4) | | | |
| Occupational status of Father | Unemployed | 0(0.00) | 0(0) | 0(0) | 2 | 6.97* | P<0.05 (5.991) |
| | Agriculture | 3(5.00) | 3(100) | 0(0) | | | |
| | Government | 3(5.00) | 0(0) | 3(100) | | | |
| | Private | 54(90.00) | 35(64.8) | 19(35.2) | | | |
| Type of family | Nuclear | 39(65.00) | 21(53.8) | 18(46.2) | 1 | 4.32* | P<0.05 (3.841) |
| | Joint | 21(35.00) | 17(80.9) | 4(19.1) | | | |
| Family income/month | Rs.10001-15000 | 6(10.00) | 6(100) | 0(0) | 1 | 3.86* | P<0.05 (3.841) |
| | Above Rs.15000 | 54(90.00) | 32(59.3) | 22(40.7) | | | |
| Number of children in family | One | 23(38.33) | 11(47.8) | 12(52.2) | 2 | 6.03* | P<0.05 (5.991) |
| | Two | 26(43.33) | 17(65.4) | 9(34.6) | | | |
| | Three+ | 11(18.33) | 10(90.9) | 1(9.1) | | | |
| Residence | Own house | 27(45.00) | 13(48.2) | 14(51.8) | 1 | 4.88* | P<0.05 (3.841) |
| | Rented apartment | 33(55.00) | 25(75.8) | 8(24.2) | | | |
| Religion | Hindu | 23(38.33) | 12(52.2) | 11(47.8) | 2 | 2.01 | P>0.05 (5.991) |
| | Christian | 23(38.33) | 16(69.6) | 7(30.4) | | | |
| | Muslim | 14(23.33) | 10(71.4) | 4(28.6) | | | |
| Heard about Child trafficking | Yes | 58(96.67) | 37(63.8) | 21(36.2) | 1 | 0.16 | P>0.05 (3.841) |
| | No | 2(3.33) | 1(50) | 1(50) | | | |
| Source of information on Child trafficking | Family | 8(13.33) | 4(50) | 4(50) | 4 | 1.83 | P>0.05 (9.488) |
| | Friends/Relatives | 9(15.00) | 7(77.8) | 2(22.2) | | | |
| | Health workers | 4(6.67) | 3(75) | 1(25) | | | |
| | Mass media | 37(61.67) | 23(62.2) | 14(37.8) | | | |
| | No | 2(3.33) | 1(50) | 1(50) | | | |

Table 3. Number of respondents and percentages in each category of the knowledge level for pre, and post intervention. The mean and standard deviation (SD) of total knowledge scores for the pre, and post intervention.

| Knowledge level | Score (%) | Pre-intervention | | | | Post-intervention | | | |
|-----------------|-----------|-------------------------------|------|--------------|-------------|-------------------------------|-----|--------------|------------|
| | | Classification of respondents | | Mean (%) | SD (%) | Classification of respondents | | Mean (%) | SD (%) |
| | | Number | % | | | Number | % | | |
| Inadequate | ≤ 50 | 38 | 63.3 | 15.87 (52.9) | 3.28 (10.9) | 0 | 0 | 24.57 (81.9) | 2.59 (8.6) |
| Moderate | 51-75 | 22 | 36.7 | | | 18 | 30 | | |
| Adequate | > 75 | 0 | 0 | | | 42 | 70 | | |
| Total | | 60 | 100 | | | 60 | 100 | | |

IV. Discussion

Comparison of socio-demographic variables

In our study, some socio-demographic variables made significant impact on the knowledge scores of the parents regarding child trafficking before administration of the structured teaching program. We observed significant association to the number of children in the family. Such association has also been reported by the study¹³. The study was performed to generate information about child trafficking in Uganda. It was observed that child trafficking was reported more among household with seven or more children (57%) compared to household with one to two children (34.3%). Educational status of the parents didn't show significant impact on knowledge regarding child trafficking in our study. However, educational status of the parents (n=100) showed a significant impact on the knowledge of child abuse in the study performed by M.D. Kojiam and R. Yadav, 2016¹⁴.

Effectiveness of structured teaching program (STP)

In this study, the application of the STP (intervention) significantly increased the knowledge of the parents of school aged children regarding child trafficking. The effectiveness of the STP was concluded by the paired t-test in this study. In addition to the paired t-test, this can also be observed by the number of increases in the percentage of samples in adequate knowledge level (from 0% at pre-intervention to 70% at post-intervention) and decrease in the percentage of samples in inadequate knowledge level (from 63.3% at pre-intervention to 0% at post-intervention). Also, the mean of the total knowledge scores increased from 15.87 at pre-intervention to 24.57 at post-intervention.

Improvement in knowledge by applying different teaching programs have been observed in different studies. A study by L. E. Taylor and H. Harris, 2018 suggested significant increase in the knowledge level of the undergraduate nursing students on how to prevent, recognize, and react responsibly to child sexual abuse and trafficking¹⁵. The study contained 118 nursing students. Data analysis revealed that test scores post-training were significantly improved: mean of scores of test pre-training=45.5%; mean score of test post-training=91.9%. The students also reported a high level of confidence in how to prevent abuse and react skillfully when child sexual abuse had occurred.

Another interventional study also suggested effectiveness of such educational intervention¹⁶. This interventional study was done to evaluate the trafficking knowledge level of student nurse practitioners enrolled in an adult, family, or pediatric clinical course. The study was designed as a non-probability sampling of adult, family, and pediatric nurse practitioner students (n = 73). Methods used for study was as a one-hour educational intervention intended for presentation in a lecture-style format. The study suggested that an educational intervention increased knowledge of human trafficking among students enrolled in a nurse practitioner program and concluded that as an integral part of the health care team, nurse practitioners should receive trafficking education as part of the standard course curricula.

Such effectiveness of teaching program has been observed also in different topics apart from child trafficking such as to mitigate problems of substance abuse¹⁷ and prevention of intestinal worm infestations¹⁸.

A study was carried out to evaluate the effectiveness of Structured Teaching Program on level of knowledge regarding problems of substance abuse among higher secondary school students (age 15-17 years, n=50) at Selected Schools in Dindigul District¹⁷. A significant difference ($p < 0.05$) was observed between the mean test score pre-intervention 10.16 (+2.08) and mean test score post-intervention 15.9 (+1.81). The finding of study showed that structured teaching programme is more effective to improve the level of knowledge regarding problems of substance abuse among school students.

A study was conducted to assess the effectiveness of structured teaching programme on knowledge and practice regarding prevention of intestinal worm infestations among the mothers (n=60) of 1-5 years children in selected villages of Moga, Punjab¹⁸. 60 samples was equally divided into experimental and control group by using purposive sampling method. Pre test of both the groups was taken using structured knowledge questionnaire followed by structured teaching administered to experimental group with the help of A.V. aids. The findings of the study revealed that mean post test knowledge score (17.63) and practice score (16.60) were significantly higher than pre test knowledge score (12.67) and practice score (12.97) respectively in experimental group. Whereas in control group mean post test knowledge score (13.27) and practice score (13.17) were not significantly higher than pretest knowledge score (13.17) and practice score (13.10) respectively. Significant positive correlation existed between knowledge and practice of experimental group and control group ($p < 0.01$). The study concluded that the structured teaching programme on prevention of intestinal worm infestation was effective in increasing the knowledge and practice mothers regarding prevention of intestinal worm infestation.

Our study was limited to only 60 participants and information was collected based on self-reported response. This study can be conducted in large sample size to get a better view regarding effectiveness. Also, the

knowledge level regarding was only limited to knowledge of parents who plays important role, but other types of participants can be involved to get a better picture.

V. Conclusion

Significant association of the socio-demographic variables to the knowledge level on child trafficking in our study suggest that we can also focus on the associated variables to improve the knowledge of a population by focusing on the associated variables. Such variables can help us to predict the knowledge level regarding child trafficking. Our study concludes that the structured teaching program is an effective tool to increase the knowledge of a population regarding child trafficking.

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