

Effectiveness of Video Teaching Programme on Knowledge Regarding Socialisation and Prevention of Child Abuse Among School Children

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Abstract: Child abuse or maltreatment includes physical and mental harm, sexual abuse, neglect, careless care, and many kinds of exploitation that put a child's health, growth, dignity, and life at risk. Such abuse has serious and long-lasting effects, making it more likely that people will have problems with their bodies, minds, relationships, trust, and responsible behaviour later in life. Schools are very important for helping kids make friends and stay safe from abuse because they provide a safe, supportive place to learn. But a lot of schools don't have enough qualified staff or resources to teach kids how to avoid being abused. The goal of this study was to find out how well a video teaching package worked to teach school kids about socialisation and how to stop child abuse. An experimental research design was utilised, involving 60 youngsters chosen by simple random sampling. Data were gathered using a standardised questionnaire and analysed using descriptive and inferential statistics. The results showed that the intervention led to a big increase in knowledge. After the test, 85% of the kids showed they knew enough, 15% showed they knew a little, and none showed they didn't know enough. The average post-test score was 20.38 ± 4.49 , equivalent to 67.94%. A paired t-test value of 14.767 ($p = 0.012$) validated the efficacy of the video instruction method.

Keywords: Video Teaching Program; Socialisation and Prevention; Child Abuse; School Children; Child Maltreatment; Educational Intervention; Experimental Study; Mental Health Problems.

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1. Introduction

Child abuse includes physical assault, physical neglect, emotional abuse, and sexual assault involving physical contact. It has far-reaching and devastating effects not only on victims but also on society as a whole. Survivors of child maltreatment are at greater risk of developing physical and mental health problems, difficulties in work and education, and challenges in forming healthy relationships based on trust, responsibility, and emotional security [1]. Child abuse or maltreatment refers to all forms of physical and emotional ill-treatment, sexual abuse, neglect, negligent care, commercial exploitation, or other forms of

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exploitation that result in actual or potential harm to a child's health, survival, development, or dignity [2]. One of the major challenges in understanding the true scope of child abuse is the difficulty in obtaining accurate information from children [3]. Because of their limited understanding and fear, many children are unable or unwilling to speak about their experiences [4]. As a result, collecting reliable data—both within and across countries—remains extremely difficult. Despite this limitation, governments worldwide acknowledge that the number of abused and neglected children is alarmingly high [5]. Failure to address this issue through effective prevention and intervention measures would amount to a grave injustice and a denial of children's basic human rights. Every year, thousands of families welcome new babies into the world, dreaming of happy childhoods filled with love, safety, and joyful memories [6]. While most children grow up in nurturing environments, a significant number face unimaginable suffering behind closed doors. According to Andersson and Ho-Foster [23], an estimated 25–50% of children globally have experienced some form of physical abuse, and approximately 31,000 homicides of children under the age of 15 occur annually.

Estimates of child abuse vary widely due to differences in definitions, data collection methods, reporting systems, and the quality of official statistics. Studies may focus on victims or perpetrators, further contributing to inconsistencies [7]. These challenges are reflected in national data, such as the South African Police Service crime statistics (2011–2012), which revealed that one in ten reported serious contact crimes was committed against a child [18]. These crimes included murder, attempted murder, sexual offences, assault, and robbery, with children accounting for one in twenty reported murder and attempted murder cases. Globally, child abuse remains a major public health concern [8]. Millions of children suffer annually from various forms of abuse, including sexual abuse, physical assault, emotional abuse, neglect, and even death. Studies have shown strong links between child maltreatment and substance abuse, mental health disorders, and risky behaviours during adolescence [9]. Research in the United States also estimates the lifetime economic burden of child maltreatment to be as high as \$585 billion. Research from different regions, including Europe, Africa, and Asia, highlights common risk factors such as parental unemployment, substance abuse, financial stress, and family instability. Cultural beliefs and harmful traditional practices further increase children's vulnerability. In some African countries, children accused of witchcraft have faced abandonment, torture, and murder [10]. Similarly, in India, practices such as child marriage, caste discrimination, child labour, and trafficking significantly increase the risk of abuse and exploitation. India faces particularly severe challenges related to child abuse [11]. Crime statistics show a steady increase in reported cases, including sexual abuse, trafficking, and physical violence [12].

Reports indicate that a child is sexually abused every few minutes, making India one of the countries with the highest incidence of child sexual abuse worldwide [13]. Many children remain missing or trapped in commercial sexual exploitation, highlighting the urgent need for systemic intervention. Child abuse is not only a legal or social issue but also a serious public health concern with lifelong consequences [14]. Socialisation plays a vital role in preventing abuse by helping children develop communication skills, emotional awareness, and the ability to recognise and report unsafe situations. Schools are especially important in this regard, as children spend a significant portion of their time with teachers and peers [15]. However, many schools lack adequate resources, training, and structured programs focused on child protection and abuse prevention. Addressing child abuse requires a coordinated effort involving families, schools, communities, and governments [16]. Only through awareness, education, early intervention, and strong protective systems can societies ensure the safety, dignity, and well-being of every child. Video teaching programs have emerged as a promising tool for educating children on a range of topics, including socialisation and child abuse prevention [17]. These programs can be engaging, interactive, and easy to understand, making them an effective way to reach schoolchildren. Despite the potential benefits of video teaching programs, there is a need for research on their effectiveness in promoting knowledge and skills related to socialisation and child abuse prevention among school children [19]. This study aims to investigate the effectiveness of a video-based teaching program in improving schoolchildren's knowledge and skills related to socialisation and child abuse prevention [20].

1.1. Objectives

- To assess the level of knowledge regarding socialisation and prevention of child abuse among school children.
- To evaluate the effectiveness of the video teaching programme on knowledge regarding socialisation and prevention of child abuse [21].
- To find out the association between the pre-test level of knowledge regarding socialisation and prevention of child abuse among school children and their demographic variables.

1.2. Hypothesis

- **H1:** There will be a significant relationship between the pre-test level of knowledge regarding socialisation and prevention of child abuse score with demographic variables among school children [22].
- **H2:** The post-test score on knowledge regarding socialisation and prevention of child abuse will be significantly higher than the pre-test score among school children.

2. Review of Literature

A literature review enhances depth of knowledge and provides a clear understanding of the core issues related to the research problem. It highlights previous studies, their findings, and the gaps that justify the present study. The literature reviewed for this study focuses on the effectiveness of video-assisted teaching programmes on knowledge regarding the prevention of child abuse among children, parents, teachers, and other stakeholders. Antai-Otong [3] conducted a study among school-aged children in Chennai. A total of 100 students were selected, and demographic data were collected. A self-structured questionnaire was used to assess baseline knowledge through a pre-test. A 20-minute video-assisted teaching session was conducted on the same day, followed by a post-test on the fifth day using the same questionnaire. The results showed that before the intervention, 68% of children had moderate knowledge, 25% had inadequate knowledge, and only 7% had adequate knowledge. After the video-assisted teaching, children's awareness regarding child abuse significantly improved, indicating the effectiveness of the intervention. Wong et al. [4] conducted a study in Karad city, Maharashtra, using a purposive sampling technique. Sixty mothers of school-aged children participated in the study. The findings revealed that before the video-assisted educational programme, 48% of mothers had average knowledge regarding child abuse. After the intervention, 73% demonstrated good knowledge. The mean pre-test score was 11.6 (SD \pm 3.845), which increased to 23.2 (SD \pm 3.502) in the post-test, confirming that the video-assisted programme was effective in improving maternal knowledge. Brockopp et al. [6] conducted a study in selected schools in Jodhpur to educate children about good touch and bad touch. A quantitative pre-test and post-test design was used, involving 150 school children.

The mean pre-test score was 16.09, and the post-test score increased to 20.56. Before the intervention, 39.3% of children had average knowledge, and 8.6% had poor knowledge. After video-assisted teaching, 54.6% achieved excellent knowledge, and 42% had good knowledge, demonstrating significant improvement. Varcarolis and Fosbre [7] evaluated the effectiveness of video-assisted teaching on child abuse awareness among school children in Chennai using a pre-experimental design. A questionnaire was administered before and after a 20-minute video session. The findings revealed a statistically significant increase in awareness levels after the intervention ($p < 0.001$). Knowledge was also significantly associated with occupation and sources of information, emphasising the importance of structured educational interventions. Varcarolis et al. [8] conducted a descriptive survey in a rural area of Rajasthan among parents of children under 18 years. Using a purposive sampling technique, 60 parents were selected. The results showed that 60% of parents had poor to fair knowledge, 39% had good knowledge, and only 1.6% had excellent knowledge regarding child abuse. The study concluded that parental awareness was largely inadequate. Ainsworth [9] conducted a study among 60 primary school teachers in Belgaum city using convenience sampling. The findings revealed that 73% of teachers had average knowledge, 16.66% had poor knowledge, and only 13.33% had good knowledge regarding child abuse and its prevention. This highlighted the need for focused educational programmes for teachers. Stuart and Laraia [10] studied the recognition and reporting practices of child abuse among South African teachers. The study emphasised the need for training programmes to improve reporting practices and address negative attitudes that hinder reporting.

The findings underscored the high burden of child abuse and the limited knowledge among teachers regarding child maltreatment. Coovadia et al. [12] conducted a large quantitative study involving 17,336 participants in sub-Saharan Africa to compare abuse experiences among orphans and non-orphans. The findings indicated that orphans were not significantly more likely to experience physical or sexual abuse than non-orphans; however, the authors cautioned that data quality limitations necessitate careful interpretation. Bordin et al. [13] explored the role of healthcare professionals and teachers in detecting and reporting child abuse. Through group interviews, the study identified gaps in specific knowledge, self-efficacy, and reporting skills. The authors emphasised the need for supportive tools and structured training. DeWit et al. [14] reviewed neurobiological evidence linking childhood maltreatment to increased risks of psychopathology. The study found that maltreated individuals exhibited earlier onset, greater severity of symptoms, increased comorbidity, and poorer treatment outcomes. Other studies conducted across various countries consistently highlight the lack of adequate knowledge, confidence, and training among teachers, parents, and frontline professionals. These findings reinforce the need for effective educational strategies, such as video-assisted teaching, to improve awareness, early detection, and prevention of child abuse. Overall, the reviewed literature broadened the investigator's understanding and helped establish the need for the present study. It guided the selection of the research design, the development of tools, and the identification of variables. The literature was sourced from nursing and medical journals, research publications, and internet resources.

3. Materials and Methods

This paper describes the methodology adopted for the present study. It outlines the research design, setting, population, sampling technique, data collection tools, and procedures to ensure data validity and reliability. The study aimed to evaluate the effectiveness of a video-assisted teaching programme on knowledge regarding socialisation and prevention of child abuse among school children. The primary objective was to assess the level of knowledge and awareness among schoolchildren in selected schools in Moradabad. This paper addresses the research approach, research design, schematic presentation of the

methodology, research setting, population, sample size, sampling technique, inclusion criteria, exclusion criteria, description of the tools, content, validity, data collection, data analysis, procedure, and summary.

3.1. Research Approach

According to Beck et al. [16], the research approach outlines the basic procedures for conducting research. The Quantitative research approach adopted for this study is used to assess knowledge among schoolchildren.

3.2. Research Design

An Experimental research design is the overall plan for obtaining answers to the questions being studied for handling some of the difficulties encountered during the research process.

3.3. Research Setting

The study was conducted at a selected school in Moradabad, Uttar Pradesh, India.

3.4. Population

The target population for this study was 7th- and 8th-grade students.

3.5. Sampling

- **Sample:** The study sample comprises 7th- and 8th-grade students (ages 12-14).
- **Sample Size:** The total sample size was set at 60.
- **Sampling Technique:** The sample was selected for the study using simple random sampling.

3.6. Sampling Criteria

Inclusion and exclusion:

- Children who speak and understand English and Hindi.
- Children who are willing to participate in the study.
- Children in a selected school.

3.7. Data Collection Technique

A self-structured questionnaire method was used to collect the data.

3.8. Ethical Considerations

- Formal administrative permission was obtained from the principal of TMCON.
- Formal administrative permission was obtained from the principal of the selected school, Saraswati Vidya Mandir, in Moradabad.

4. Tools and Technique

A self-structured knowledge questionnaire method was used to collect the data from the candidates.

4.1. Development and Description of the Tool

In any research investigation, the instrument should be the one that best obtains data to support the pertinent study and, at the same time, adds to the body of knowledge in the discipline. Development of the tools is based on the research statement and objectives of the study instruments developed were divided into two sections, in which the tools developed were:

- **Section A:** Socio-demographic data.
- **Section B:** Structured knowledge questionnaire on socialisation and the prevention of child abuse.

4.2. Description of the Tool

- **Section A:** Socio-demographic data

The investigator developed the Socio-demographic Performance to select the sample and assess its characteristics. There were 12 items in the socio-demographic Form, i.e., age, gender, birth order, number of siblings, type of family, father's education, mother's education, father's occupation, mother's occupation, previous history, previous knowledge, and source of information:

- **Section B:** Structured knowledge questionnaire on knowledge regarding socialisation and prevention of child abuse among school children.

The knowledge questionnaire was developed to find out the level of knowledge regarding socialisation and the prevention of child abuse. The tool consisted of 30 items regarding socialisation and the prevention of child abuse. The prepared questionnaire will be multiple-choice, with one correct answer and three incorrect responses. Subjects were asked to give the most appropriate answer. The correct answer received one score, and the incorrect response received zero. The maximum score was 30, and knowledge was arbitrarily classified into adequate (24-30), inadequate (0-15), and moderate (16-23).

4.3. Scoring Procedure

- **Tool 1:** Socio-demographic data.
- **Tool 2:** Structured knowledge questionnaire on socialisation and prevention of child abuse, consisting of 30 multiple-choice questions, where the total score is 30.

4.4. Score Interpretation

The maximum score was 30 and was arbitrarily classified into (Table 1).

Table 1: Classification of knowledge levels based on scoring criteria

No.	Scoring	Category
1	0-15	Inadequate Knowledge
2	16-23	Moderate Knowledge
3	24-30	Adequate Knowledge

4.5. Content Validity of Tool

The investigator prepared the tool based on the literature review and the study's purpose. The tool was validated by five experts: one from Pediatric Nursing, two from mental health nursing, one from community health nursing, and one from fundamentals of nursing. In the 1st section (socio-demographic), the tool had 12 items, and there was 100% agreement. In the 2nd section (knowledge questionnaire), the tool had 30 items, and there was 100% agreement. After validation, modifications were made in the tool.

4.6. Reliability of the Tool

- The tool's reliability was tested by introducing it to students using a test formula—the result of reliability-r.
- The research study found it feasible in all aspects.
- The reliability of the self-structure questionnaire was tested on 6 students.

5. Pilot Study

Formal administrative permission was obtained from the Principal of Teerthanker Mahaveer College of Nursing, at Moradabad in Uttar Pradesh, India. The pilot study was conducted among six schoolchildren from a selected school in Moradabad, after obtaining the necessary permissions. A probability random sampling technique was used to select the participants for the pilot study. The purpose of the pilot study was to assess the clarity, relevance, and feasibility of the research tools, sampling technique, and data collection procedure before conducting the main study. It also aimed to evaluate the feasibility of assessing the effectiveness of a video-assisted teaching programme on knowledge regarding socialisation and prevention of child abuse among school children. Six samples were selected, and data were collected using a structured interview schedule that included demographic variables. A pre-test was conducted, followed by a 30-minute video-assisted teaching session. In addition, a 45-

minute session on child abuse prevention was conducted, and informational pamphlets were distributed to all participants. A total of 1.5 hours was used for the pre-test and teaching session. The post-test was conducted on the tenth day, using the same structured tool, and one hour and thirty minutes was allotted for post-test data collection. The collected data were analysed using descriptive and inferential statistics. The pilot study findings indicated that the study was feasible and that the tools and procedures were appropriate to proceed with the main study.

5.1. Data Collection Procedure for Main Study

Data were collected after obtaining written permission from Teerthanker Mahaveer College of Nursing. Formal written permission will be obtained from the school in Moradabad. A total of 60 samples were selected, and participants were selected using probability sampling. A self-structured questionnaire method was used to collect the data:

- **Phase 1:** Formal written permission was obtained from the headmistress of the Saraswati Vidya Mandir school after explaining the benefits of the video-teaching programme for preventing child abuse.
- **Phase 2:** The data were collected at Saraswati Vidya Mandir School using a probability sampling technique. 60 samples were collected, and a structured questionnaire including demographic variables was administered. After 30 minutes, a 45-minute video teaching session on socialisation and child abuse prevention was presented. On the 10th day, a 45-minute video teaching session was held on socialisation and the prevention of child abuse. 1 hour and 30 minutes were also given for a group post-test; finally, the data were analysed.

5.2. Description of Data Analysis

Descriptive and inferential statistics were used to analyse the collected data. The analysis was conducted in accordance with the stated objectives and hypotheses. The demographic variables were assessed using frequency and percentage to assess knowledge regarding socialisation and the prevention of child abuse.

5.3. Summary

This paper has dealt with the research approach, research design, schematic presentation of research design, setting of the study, population and sample size, sampling frame, sampling technique, sampling criteria (inclusion and exclusion criteria) development, and description of tools and validity of tools, ethical consideration, reliability and pilot study and data collection procedure and plan for data collection procedure and plan for data analysis and interpretation of data. It also includes a schematic representation of research methodology.

6. Results and Findings

- **Section A:** Describing the frequency and percentage distribution of socio-demographic variables of school students (Table 2).

Table 2: Frequency and percentage distribution of socio-demographic variables of school students (N=60)

No.	Socio Demographic Variables	Category	Students	Percentage (%)
1	Age	13	23	38.33
		12	24	40.00
		14	13	21.67
2	Gender	Male	15	25.00
		Female	45	75.00
3	Birth Order	First	25	41.67
		Second	16	26.67
		Third	19	31.67
		Fourth and above	0	0.00
4	No. of Siblings	Nil	26	43.33
		One	11	18.33
		Two	23	38.33
		Three and above	0	0.00
5	Type of Family	Nuclear	39	65.00
		Joint	21	35.00
6	Father Education	No Formal Education	0	0.00

		Primary	22	36.67
		Middle	20	33.33
		Graduate	18	30.00
7	Mother Education	No Formal Education	21	35.00
		Primary	26	43.33
		Intermediate	13	21.67
8	Father Occupation	Skilled Worker	21	35.00
		Worker	39	65.00
9	Mother Occupation	Professional Occupation	0	0.00
		Unemployed	57	95.00
		Semi Professional	2	3.33
		Professional	1	1.67
10	Previous History	Yes	0	0.00
		No	60	100.00
11	Previous Knowledge	Yes	12	20.00
		No	48	80.00
12	Source of Information	Teachers	34	56.67
		Peer group	22	36.67
		Parents	4	6.67

The student category includes 23 students who are 13 years old, 24 students who are 12 years old, and 13 students who are 14 years old. The student category includes 45 females and 15 males. The student category includes 25 in the first position, 16 in the second, 19 in the third, and 0 in the fourth and higher positions:

- **The Frequency Distribution is as Follows:** 26 students have NIL, 11 have ONE, 23 have TWO, and 0 have THREE or more.
- **The Description of Student Categories is as follows:** 39 students come from nuclear families, and 21 come from joint families.
- **The Father's Educational Levels are as Follows:** 0 fathers with no formal education, 22 with primary education, 20 with middle education, and 18 with graduate education.
- **The Mothers' Educational Levels are as Follows:** 21 mothers with no formal education, 26 with primary education, and 13 with intermediate education.
- **The Distribution of Fathers' Occupations is as Follows:** 21 are skilled workers, 39 are workers, and 0 are professionals.
- **The Distribution of Mothers' Occupations is as Follows:** 57 are unemployed, 2 are semi-professional, and 1 is a professional.
- **The Previous History Distribution is as Follows:** 0 students have a previous history, and 60 do not.
- **The Distribution of Prior Knowledge is as Follows:** 12 students have prior knowledge, and 48 do not.
- **The Sources of Information are as Follows:** 34 students receive information from teachers, 22 from peer groups, and 4 from parents.

Table 3: Assess pre-test level of knowledge on socialisation and prevention of child abuse among school children (N=60)

No.	Criterion	Range of Score	No. of Respondents	Percentage
1	Inadequate knowledge	0 to 7	15	25.00
2	Moderately adequate knowledge	8 to 15	45	75.00
3	Adequate knowledge	16 to 30	0	0.00

- **Section B:** To assess the level of knowledge on socialisation and prevention of child abuse among school children.

Figure 1 shows the participants' level of knowledge before the test. Most of them (45) had moderate knowledge, 15 had inadequate knowledge, and none had appropriate knowledge. This shows that the majority of respondents had only a moderate grasp of the topic before the intervention, indicating that more education is needed.

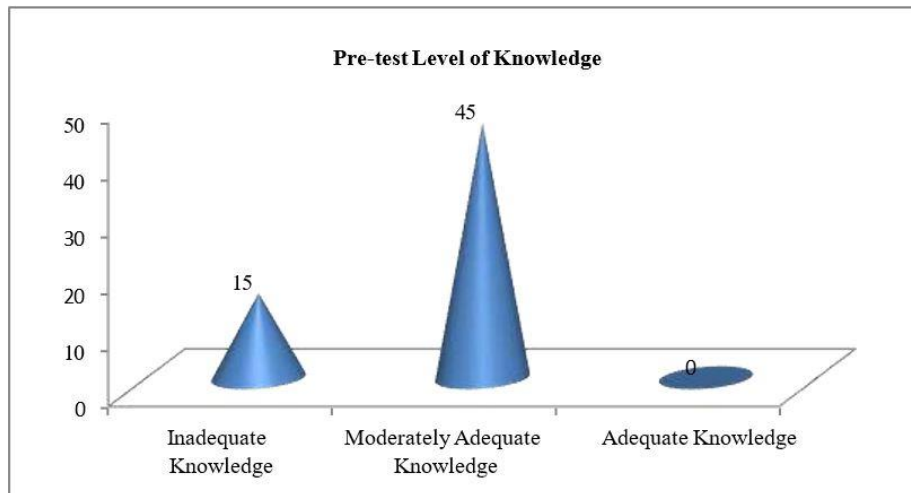


Figure 1: The cone diagram shows the pre-test level of knowledge

Table 3 shows that pre-test knowledge levels indicate that the majority of respondents (45) had moderately adequate knowledge, followed by 15 students with inadequate knowledge, and none had adequate knowledge.

Table 4: Assess post-test level of knowledge on socialisation and prevention of child abuse among school children (N=60)

No.	Criterion	Range of Score	No. of Respondent	Percentage
1	Inadequate knowledge	0 to 7	0	0.00
2	Moderately adequate knowledge	8 to 15	9	15.00
3	Adequate knowledge	16 to 30	51	85.00

Table 4 shows that post-test knowledge levels indicate that the majority of respondents (51) have adequate knowledge, followed by 9 school students with moderately adequate knowledge, and none of the students had inadequate knowledge (Figure 2).

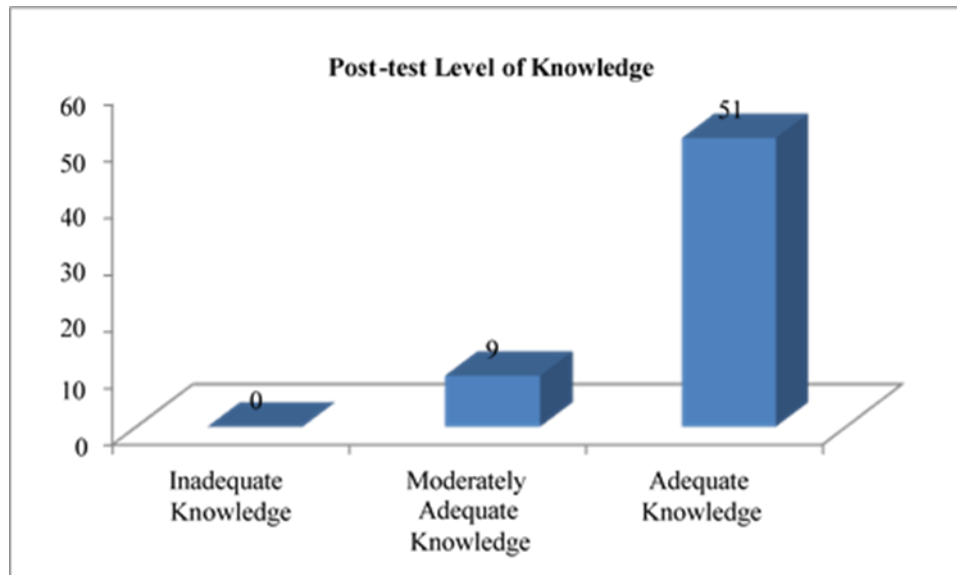


Figure 2: The bar diagram shows the post-test level of knowledge

- **Section C:** To evaluate the effectiveness of the video teaching program on knowledge regarding socialisation and prevention of child abuse.

Table 5 shows the effectiveness of the video teaching programme on knowledge regarding socialisation and the prevention of child abuse. In the pre-test, the mean score is 10.18 with a standard deviation of 2.31, resulting in a mean percentage of 33.94%. While Post Test, the mean score is 20.38 with a standard deviation of 4.49, resulting in a mean percentage of 67.94%. No paired t-test value is provided for the post-test.

Table 5: Evaluate the effectiveness of the video teaching program on knowledge regarding socialisation and prevention of child abuse (N=60)

No.	Group	Mean	Standard Deviation	Mean %	Paired t Test	Table Value
1	Pre-test	10.18	2.31	33.94	14.767	0.012
2	Post-test	20.38	4.49	67.94		

The calculated paired t-test value is 14.767, with a significance value of 0.012. This indicates a significant improvement from the pre-test to the post-test, as evidenced by the paired t-test result (0.012), which is less than the typical significance level of 0.05:

- **Section D:** To find out the association between the pre-test level of knowledge and selected demographic variables of school students.

Table 6: Find out the association between pre-test level of knowledge with selected demographic variables of school students (N=60)

No.	Socio Demographic Variables	Category	Pre-test Levels of Knowledge				Total	Chi-Square Value	p Value	
			Inadequate Knowledge		Moderately Adequate Knowledge					
			f	%	f	%				
1	Age	13	5	21.74	18	78.26	23	1.660	0.436 ^{NS}	
		12	8	33.33	16	66.67				24
		14	2	15.38	11	84.62				13
2	Gender	Male	5	33.33	10	66.67	15	0.741	0.389 ^{NS}	
		Female	10	22.22	35	77.78	45			
3	Birth Order	First	7	28.00	18	72.00	25	3.576	0.167 ^{NS}	
		Second	6	37.50	10	62.50	16			
		Third	2	10.53	17	89.47	19			
		Fourth and Above	0	0	0	0	0			
4	No. of Siblings	Nil	8	30.77	18	69.23	26	2.973	0.226 ^{NS}	
		ONE	4	36.36	7	63.64	11			
		TWO	3	13.04	20	86.96	23			
		Three And Above	0	0	0	0	0			
5	Type of Family	Nuclear	8	20.51	31	79.49	39	1.197	0.274 ^{NS}	
		JOINT	7	33.33	14	66.67	21			
6	Father Education	No Formal Education	0	0	0	0	0	0.994	0.608 ^{NS}	
		Primary	5	22.73	17	77.27	22			
		Middle	4	20.00	16	80.00	20			
		Graduate	6	33.33	12	66.67	18			
7	Mother Education	No Formal Education	6	28.57	15	71.43	21	0.835	0.659 ^{NS}	
		Primary	7	26.92	19	73.08	26			
		Intermediate	2	15.38	11	84.62	13			
8	Father Occupation	Skilled Worker	3	14.29	18	85.71	21	1.978	0.160 ^{NS}	
		Worker	12	30.77	27	69.23	39			
		Professional	0	0	0	0	0			

		Occupation							
9	Mother Occupation	Unemployed	15	26.32	42	73.68	57	1.053	0.591 ^{NS}
		Semi Professional	0	0.00	2	100.00	2		
		Professional	0	0.00	1	100.00	1		
10	Previous History	Yes	0	0	0	0	0	Constant	
		No	15	25.00	45	75.00	60		
11	Previous Knowledge	Yes	0	0.00	12	100.00	12	5.000	0.025*
		No	15	31.25	33	68.75	48		
12	Source of Information	Teachers	8	23.53	26	76.47	34	1.918	0.383 ^{NS}
		Peer group	7	31.82	15	68.18	22		
		Parents	0	0.00	4	100.00	4		

* Significant at the level of p 0.05.

Table 6 shows that the association between pre-test knowledge and prior knowledge regarding socialisation and the prevention of child abuse is significant at the 0.05 level. Association between pre-test level of knowledge and Age, Gender, Birth Order, No. of Siblings, Type of Family, Father Education, Mother Education, Father Occupation, Mother Occupation, Source of Information, the chi-square values found to be 0.436, 0.389, 0.167, 0.226, 0.274, 0.608, 0.659, 0.160, 0.591, and 0.383, respectively, and they are not significant at the 0.05 level.

7. Discussion

- **Age:** The majority of students are 12 years old (24 students), followed by 13 years old (23 students) and 14 years old (13 students).
- **Gender:** There are significantly more females (45 students) than males (15 students).
- **Birth Order:** Most students are first-born (25), followed by third-born (19) and second-born (16). No students are in the fourth category or above.
- **No. of Siblings:** The most common number of siblings is 0 (26 students), followed by 2 (23 students) and 1 (11 students). No students have more than two siblings.
- **Type of Family:** The majority of students (39) come from nuclear families, while 21 come from joint families.
- **Father Education:** Most fathers have a primary education (22 fathers), followed by middle education (20 fathers), and graduate education (18 fathers). No father has a formal education.
- **Mother Education:** Most mothers have a primary education (26), followed by intermediate education (13), and no formal education (21).
- **Father Occupation:** The majority of fathers are workers (39), with skilled workers accounting for 21. No fathers have professional occupations.
- **Mother Occupation:** Most mothers are unemployed (57), with a few being semi-professional (2) and professional (1).
- **Previous History:** All students (60) have no previous history.
- **Previous Knowledge:** Most students have no previous knowledge (48 students), while 12 students have previous knowledge.
- **Source of Information:** The primary source of information for most students is teachers (34 students), followed by peers (22 students) and parents (4 students).

The results of the study have been organised according to its objectives:

- **Objective 1:** To assess the level of knowledge regarding the prevention of child abuse among school children.

Pre-test knowledge levels show that the majority of respondents (45) had moderately adequate knowledge, followed by 15 students with inadequate knowledge, and none had adequate knowledge. Post-test knowledge levels show that the majority of respondents (51) have adequate knowledge, followed by 9 school students with moderately adequate knowledge, and none had inadequate knowledge:

- **Objective 2:** To evaluate the effectiveness of the video teaching programme on knowledge regarding the prevention of child abuse.

Effectiveness of video teaching programme on knowledge regarding socialisation and prevention of child abuse. In the pre-test, the mean score is 10.18 with a standard deviation of 2.31, resulting in a mean percentage of 33.94%. While Post Test, the

mean score is 20.38 with a standard deviation of 4.49, resulting in a mean percentage of 67.94%. No paired t-test value is provided for the post-test. The calculated paired t-test value is 14.767, with a significance value of 0.012. This indicates a significant improvement from the pre-test to the post-test, as evidenced by the paired t-test result (0.012), which is less than the typical significance level of 0.05:

- **Objective 3:** To associate the pre-test level of knowledge regarding prevention of child abuse among school children with their demographic variables.

Shows that the association between pre-test knowledge and prior knowledge regarding socialisation and the prevention of child abuse is significant at the 0.05 level. Association between pre-test level of knowledge and Age, Gender, Birth Order, No. of Siblings, Type of Family, Father Education, Mother Education, Father Occupation, Mother Occupation, Source of Information, the chi-square values found to be 0.436, 0.389, 0.167, 0.226, 0.274, 0.608, 0.659, 0.160, 0.591, and 0.383, respectively, and it is not significant at the level of 0.05.

8. Conclusion

The results of this study showed that a video teaching program helped teach school students about socialising and how to stop child abuse. The findings unequivocally indicate that the structured video-based educational intervention significantly contributed to the participants' comprehension of essential ideas about good socialisation practices and measures for the prevention of child abuse. A comparison of the pre-test and post-test results showed that the school kids' knowledge level had increased significantly after they watched the instructional video. A paired t-test with a p-value of 0.0012 (14.767) supports this large change, indicating that the difference between the pre-test and post-test scores is statistically significant. The low p-value strongly supports the idea that the observed improvement was not a fluke but was caused by the intervention. Also, the increase in knowledge shows that visual learning methods might better interest pupils and help them remember what they learn. The planned, age-appropriate material in the video training program likely helped participants better understand the material and become more alert. The findings indicate a significant enhancement in knowledge or skills post-intervention, underscoring the need to employ innovative, evidence-based educational strategies in academic environments to address sensitive, socially pertinent issues, including child abuse prevention and the promotion of healthy socialisation.

8.1. Implications

The study's findings can be discussed in four areas: nursing practice, nursing education, and nursing research. Several implications for nursing practice can be drawn from the present study.

8.2. Nursing Education

- School students should be made aware of socialisation and the prevention of child abuse.
- Nurse educators should educate students on socialisation and the prevention of child abuse.
- The findings may improve a critical analysis of school students for socialisation and the prevention of child abuse.
- Nurse educators should adopt different teaching methodologies to educate the school's students regarding socialisation and the prevention of child abuse.

8.3. Nursing Administration

- The nurse administrator should take an interest in providing information on socialisation and the prevention of child abuse among school students.
- The organisation of such programmes requires efficient teamwork and planning for human resources, finances, materials, methods, and time to conduct successful education programmes at both the college and community levels.
- The nurse administrator should also encourage and depute nurses to participate in programmes conducted by other voluntary organisations.

8.4. Nursing Research

- There is a need for extensive, intensive research in this area to develop a strategy for educating non-medical students about cervical Spondylosis.
- In-service education and continuing education should be organised to update the nurse's knowledge regarding socialisation and the prevention of child abuse.

8.5. Recommendations

Based on the study's findings, the following recommendations have been made for further study:

- A similar study may be replicated with large samples to achieve wider generalisation.
- A similar study can be conducted in different schools with different interventions.
- A similar study can be conducted using an experimental research approach.
- Use innovative strategies to live better, be happier, and be healthier.

This paper discusses, summarises, and concludes, presenting the study's implications and offering recommendations.

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