

# Effect of Educational Interventional Program for Preschool Children on their Knowledge and Practice Regarding Sexual Harassment

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## Abstract

**A. Background:** Harassment against children is often hidden from view (a source of shame that neither the offender nor the child is willing to reveal). This study evaluated an educational interventional program for preschool children regarding sexual harassment.

**B. Research design:** A quasi-experimental research design (pretest and posttest) was used in the current study.

**C. Setting:** The current study was carried out at Minia and Damanshour cities.

**D. Sample:** A simple random sample of 100 preschool children was selected (50 preschool children from Damanshour city and 50 preschool children from Minia city).

**E. Tools of data collection:** Two tools were used in this study.

**F. Tool I:** is an interview questionnaire that included two parts: Part 1: Personal characteristic of children as sex, age, and school name and Part 2: Knowledge assessment sheet and Tool II which was a practice sheet.

**G. Results:** the main results revealed that the highest percentage of the Damanshour preschool children and nearly half of the Minia preschool children had an unsatisfactory level of knowledge pre educational interventional program. However, about two-thirds of the Damanshour preschool children and the majority of the Minia preschool children had good knowledge level post educational interventional program with a statistically significant difference. The results highlighted that more than half of the Damanshour preschool children and more than a quarter of the Minia preschool children had poor practice level pre-educational interventional programs. While the highest percentage of the Damanshour preschool children and the majority of the Minia preschool children had good practice level post educational interventional program with a statistically significant difference.

**H. Conclusion:** knowledge and practices of the preschool child in Damanshour and Minia nursery schools had increased by an educational program.

**I. Recommendation:** Sexual harassment educational guidance must be provided for all children to improve their knowledge about sexual harassment.

**Keywords** - Educational interventional program, Preschool children, Sexual harassment

## I. INTRODUCTION

Children are a major target for sexual, physical, or emotional harassment, which is a serious and complex public health problem in many low and middle-income countries [1]. Many children in Egypt are exposed to different forms of harassment, and it's unacceptable in any form. Freedom from harassment is a fundamental right that leader in Egypt, as in other countries, has promised to safeguard for all children, everywhere and always. Harassment against children is often hidden (a source of shame that neither the offender nor the child is willing to reveal).

Sexual harassment is defined by the United Nations Population Fund[2] as any unwelcome sexual advance, request for sexual favor, verbal or physical conduct or gesture of a sexual nature, or any other behavior of a sexual nature that might reasonably be expected or be perceived to cause misdemeanor or shame to another person. Sexual harassment may occur within the family, or outside the home, for example, by a parent, sibling, or other relatives; or by a friend, neighbor, child care person, teacher, or stranger. Children of all ages, from infants to adolescents and different genders, maybe sexually harassed [3].

The impact of harassment on children are health problems (as failure to thrive), cognitive impairment (as impaired nursery school achievement), psychological and emotional consequences (as a feeling of rejection, fear, anxiety, insecurity, and low self-esteem), and risky behaviors (initiation of sexual activity) [4]. Child harassment causes children and families to suffer and can have long-term effects. Children who are harassed are

more likely to have adult physical and mental health issues, including chronic inflammation, asthma, abuse of substances, and post-traumatic stress disorder. Extreme stress can affect nervous and immune systems development. As adolescents, therefore, Extreme stress can impair the development of the nervous and immune systems. Consequently, as adults, harassment children are at increased risk for behavioral, physical, and mental health problems such as perpetrating or being a victim of violence, depression, smoking, obesity, high-risk sexual behaviors, unintended pregnancy, alcohol and drug misuse[5], [6].

Preventing sexual harassment must be an ongoing priority. Training that occurs over time, across settings, and includes the entire faculty, staff, and administrative personnel will be more effective than a one-time session of training for teachers. In addition to integrating sexual harassment with existing coursework, specific materials about this topic should be available for classroom use [7].

Prevention needs a continuum of person, connection, community, and societal policies. Prevention programs are more efficient when involved in all elements of program planning, execution, and assessment by parents as partners. When parents are empowered to define alternatives that make sense to them, they are more likely to create enduring improvements. Citizens and organizations are becoming increasingly aware that the best way to prevent child harassment is to help parents develop the skills and identify the resources they need to understand and meet the emotional, physical and developmental needs of their children and to protect their children from harm[8].

The function of a nursery school in stopping child sexual harassment in the first location is clear-to stop this harassment. For all kids and families, safe, stable, nurturing relationships and surroundings can deter harassment and assist all kids in achieving their complete potential. Instead of depending exclusively on disciplinary implications for inappropriate conduct and language, nursery schools must provide beneficial, proactive behavioral support, continuing coaching and debate as part of the regular classroom routine[9]. Nursery schools are well placed to identify and recognize harassment-prone kids and to link families with suitable prevention measures.

The on-site health care representative is the nursery school nurse as well as the psychiatric nurse. To ensure coordinated care, an understanding of the role of the nursery school nurse is crucial. There is a known connection between health and teaching because there is a connection between the accessibility of college nurses and the well-being of students and academic achievement. The nursery school nurse's function includes both health and educational objectives. It is essential for educators, parents, and learners to understand what sexual harassment is, how to react to sexual harassment, and how to stop it [10].

### **A. Significance of the study**

Children set up a big section of the population; they are prone to harassment because they are slower, weaker, and less advanced than elderly, aggressive, and crafty perpetrators. According to Egypt's 2018 demographic profile, the percentage of the population under the age of 14 (0-14 years) is 33.29% of the total population (11). According to, at least 25% of females and 10% of males experienced some form of childhood sexual violence. Also, a survey conducted by the National Council for Childhood and Motherhood (NCCM) and United Nations Children's Fund UNICEF(4).in Alexandria, Assiut, and Cairo revealed the most common forms of sexual violence reported by the girls and boys aged 13-17 who were surveyed was verbal harassment followed by sexual touching. There were no reported incidents of children being forced into sexual intercourse or of any attempts to coerce them into sexual intercourse. However, this does not mean that there were no such incidents, given the secrecy and shame around this issue. The reported experience of verbal sexual harassment differed by gender, particularly in Cairo, where two out of three girls had been affected by this form of violence. Some parents and children alike believed that girls are responsible for such harassment, which is sparked by the way in which they dress and behave, and boys even did not believe that looking at a girl's body or making verbal remarks was harassment. So, it's important to educate children on appropriate behaviors to protect them or to reinforce power relations. Education is an important factor for the awareness of this problem.

### **B. Aim of the study**

This study evaluated an educational interventional program for preschool children on their knowledge and practice regarding sexual harassment.

### **C. Research hypotheses**

H0: The preschool children who receive an educational program will not change their knowledge and practice levels regarding sexual harassment.

H1: The preschool children who receive an educational program will change their knowledge levels regarding sexual harassment.

H2: The preschool children who receive an educational program will change their practice levels regarding sexual harassment.

## **II. METHODOLOGY**

**A. Research design:** A quasi-experimental research design (pretest and posttest) was used in the current study.

**B. Setting:** The current study was carried out at Damanhour and Minia cities and included four nursery schools determined through the following multistage: Stage 1: List all governmental nursery schools at Damanhour and Minia cities (15 and 27, respectively).

Stage 2: Select two nursery schools from Damanhour and Minia cities randomly from available nursery schools.

Stage 3: List all nursery school classes in each of the two nursery schools

Stage 4: Select two classes from each nursery school from Damanhour and Minia cities randomly.

**C. Sample:** A simple random sample of 100 preschool children was selected (50 preschool children from Damanhour city and 50 preschool children from Minia city) through the following steps:

1. List all children attending the school
2. Each child is assigned a number from 1 to 150
3. Randomly select 50 numbers between 1 and 150 from each city.

**D. Tools of data collection:** Two tools were used in this study

A Structured Interview Questionnaire Sheet in the Arabic language was used for studied children and designed by the researchers after reviewing the related literature.

**Tool I:** An interview questionnaire sheet that included two parts:

Part 1: Personal characteristics of the children as sex, age, and school name.

Part 2: Knowledge assessment sheet (pre; post-test) was developed by the researchers to assess preschool children's knowledge regarding sexual harassment, which included 8 aspects as definitions of innocent (un-sexual) touch and sexual harassment (forms, effects on the child, characters of the harasser, places where sexual harassment can occur, preventions, and how to confront sexual harassment situation.

#### **E. Scoring system of preschool children knowledge sheet**

Each correct response was assigned a one score, and the wrong answer or don't know the response was assigned a zero score. The total scores less than 50% were considered unsatisfactory knowledge level, 50-75% were considered as average knowledge level, and  $\geq 75\%$  were considered as good knowledge level.

**Tool II:** practice sheet (pre-, and post-test) was developed by the researchers to assess practices that can lead to sexual harassment, which included 20 items, e.g., seeing undressed woman photo, a man kissed the child by force, person touch me in an uncomfortable manner, anyone asked to go with him cause he lives alone and afraid from dark, one older than me, hold and kiss me cause he is afraid, .....etc.

#### **F. Scoring system of preschool children practice regarding sexual harassment**

Each item correctly answered was assigned two scores, sometimes done was assigned one score, and not done was assigned a zero score. A total score  $< 60\%$  was considered as poor practice, while a score of  $\geq 60\% - < 85\%$  was considered an average practice, and  $\geq 85\%$  was considered as a good practice.

#### **G. Content validity and tools reliability**

The tool was given to five experts in the field of pediatric and psychiatric nursing. No modification of the content was being done according to the panel judgment on the clarity of sentences, appropriateness of the content, and sequence of items. Reliability of tools was performed to confirm its internal consistency by Cronbach's Alpha reliability test and was 0.902 & 0.870, respectively.

#### **H. Pilot study**

A pilot study was performed on 10% of the total sample (10 children) before starting data collection to investigate and ensure the feasibility, objectivity, applicability, clarity, adequacy, content validity, and internal consistency of the study tool and to determine the possible problems in the methodology approach or instrument. Those children in the pilot study were included in the main sample size.

#### **I. Ethical consideration**

Primary approval was obtained from the ethics committee, Faculty of Nursing, Damanhour, and Minia Universities. Official permission was obtained from the Faculty of Nursing at Damanhour and Minia Universities to the directors of the nursery schools. Written consent was taken from all mothers whose children participated in the study. The purpose and nature of the study were explained by the researchers to the participant through direct personal communication prior to their participation in the study. These data were confidential, and it was used for research purposes only. Children and their mothers were informed that participation in the study is voluntary; mothers have the right to withdraw from the study at any time without giving any reason.

#### **J. Educational interventional program:**

An educational and training program was designed by the researchers in the Arabic language based upon the actual needs of the children. It was carried out through these phases: preparatory, assessment, planning & implementation, and evaluation phases.

**a) Preparatory phase:** The researchers reviewed recent, national, and international textbooks, literature, online magazines in various aspects regarding sexual harassment in preschool children.

**b) Assessment phase:** Started as a baseline (pre-test) by using the previous tool to determine the personal characteristics of the children and their knowledge regarding sexual harassment.

#### **c) Planning and implementation phase:**

##### **1) Objectives of the educational intervention program:**

**The general objective of the intervention:** by the end of this educational intervention, each child will acquire new knowledge regarding sexual harassment.

**2) Specific objectives:** by the end of each session of the program, each child will be able to: Define innocent (un-

seductive) touch and sexual harassment, mention forms of sexual harassment, how sexual harassment affects the child, identify characters of the harasser, list places where sexual harassment can occur, demonstrate preventions measures to protect from sexual harassment, outline malpractice behaviors that lead to sexual harassment, and how to run into sexual harassment situation.

### 3) Contents of the program:

The educational intervention started at the end time of nursery school in the presence of their mothers. The time required for the program implementation was three months from February to the middle of May 2018, through 39 hours divided into 13 hours theoretical and 26 hours of practical sessions. It was applied individually or in groups of children (3-4 children). The program content was converted into four sessions (two sessions of theoretical and four sessions of practice). Each session took 20- 25 minutes. Different teaching methods were used, such as videos, bencher, and pictures, to easily understand. Motivation, shaping, and reinforcement were performed by rewarding and supporting to encourage the child. The researchers used different ways of communication with the children to build a trust relationship and encourage them to report any sexual harassment that occurred without fear for their mothers or school managers. Skills practice/role-play was used to identify probable threats of harassment situations and how to react with them by using physical and verbal active techniques. A copy of the educational intervention videos and bencher was given to each child at the end of the educational intervention.

### 4) Evaluation phase:

The post-test was carried out after one month at the end of the educational intervention to evaluate the educational intervention for pre-school children regarding sexual harassment.

### 5) Statistical analysis

The collected data were tabulated and statistically analyzed using statistical package for social science (SPSS 25.0) software. Descriptive data were expressed as mean and standard deviation. Qualitative data were expressed as frequency and percentage. Chi-square was used to detect the relation between the studied sample and their knowledge and practices. The level of significance at  $P \leq 0.05$  was used as the cut of value for statistical significance.

## III. RESULTS AND DISCUSSION

Table (1): shows that 40.0% of pre-school children from Damanhour nursery school aged between  $4 < 5$  years and 58.0% of them were girls, while 64.0% and 60.0% of pre-school children from Minia nursery school aged between  $5- < 6$  years and were boys, respectively, with no statistically significant differences between both nursery schools ( $p=0.07$ ).

**Table (1): Percentage distribution of personal characteristics of studied children (n = 100).**

Personal characteristics	Damanhour nursery school (n=50)		Minia nursery school (n=50)		$X^2$	P-value
	No.	%	No.	%		
Age/years						
3- 4	9	18.0	7	14.0	5.146	0.07 NS
4- 5	20	40.0	11	22.0		
5- 6	21	42.0	32	64.0		
Mean $\pm$ SD	4.4 $\pm$ 0.7 years		4.9 $\pm$ 0.9 years			
Gender						
Boy	21	42.0	30	60.0	3.241	0.07 NS
Girl	29	58.0	20	40.0		

NS= No Statistical significant difference

Table (2) shows that Minia nursery school children had a higher knowledge score regarding sexual harassment when compared to Damanhour nursery school children in pre-test evaluation (pre-intervention) except on effects of sexual harassment on the child with statistically significant differences between them ( $p=0.0001^{**}$ ). Also, it was observed that there is an increased level of knowledge among both nursery school children post educational program with a statistically significant difference ( $p=0.0001^{**}$ ).

**Table (2): Relation between preschool children correct knowledge in Damanhour and Minia nursery schools in pretest and posttest (n=100)**

Preschool children knowledge	Damanhour nursery school (n=50)		Minia nursery school (n= 50)	
	pretest	posttest	pretest	posttest
	No (%)	No (%)	No (%)	No (%)
Definition of innocent (un-seductive) touch	15 (30.0)	48(96.0)	26(52.0)	48 (98.0)
$X^2$ (P – value)	46.718(0.0001 $^{**}$ )		28.213 (0.0001 $^{**}$ )	
Definition of sexual harassment	14 (28.0)	50(100.0)	39(78.0)	50 (100.0)
$X^2$ (P – value)	54.215 (0.0001 $^{**}$ )		40.087 (0.0005 $^{**}$ )	
Forms of sexual harassment	15 (30.0)	50(100.0)	23(46.0)	50(100.0)



Preschool children knowledge	Damanhour nursery school (n=50)		Minia nursery school (n= 50)	
	pretest	posttest	pretest	posttest
	No (%)	No (%)	No (%)	No (%)
$X^2$ (P – value)	58.154 (0.0001**)		38.145 (0.0001**)	
Effects of sexual harassment on the child	12 (24.0)	48(96.0)	13(26.0)	47 (94.0)
$X^2$ (P-value)	57.545(0.0001**)		48.1667(0.0001**)	
Characters of the harasser	5 (10.0)	44 (88.0)	20(40.0)	46 (92.0)
$X^2$ (P – value)	60.864(0.0001**)		30.125(0.0001**)	
Places of sexual harassment can occur	10 (20.0)	48 (96.0)	28(56.0)	49 (98.0)
$X^2$ (P – value)	59.278(0.0001**)		34.222(0.0001**)	
Preventions of sexual harassment	7(14.0)	49(98.0)	23(46.0)	49(98.0)
$X^2$ (P – value)	71.591(0.0001)		35.532 (0.0001**)	
How to encounter sexual harassment situation	25 (50.0)	50(100.0)	35(70.0)	50 (100.0)
$X^2$ (P – value)	51.478 (0.0001**)		31.215 (0.0001**)	

\* Statistical significant difference (P < 0.05) \*\* Statistical significant difference (P < 0.05)

Table (3) show that Minia nursery school children had higher practice regarding sexual harassment than Damanhour nursery school children in pretest evaluation (pre-intervention), with statistically significant differences between them. Also, it observed that increased level of practice among both nursery school children posts educational program with statistical significance differences (p=0.0001\*\*).

**Table (3): Relation between preschool children done practice in Damanhour and Minia nursery schools in pretest and posttest (n=100)**

Preschool children practice	Damanhour City		Minia nursery school	
	pretest	posttest	pretest	posttest
	No (%)	No (%)	No (%)	No (%)
Avoid kissing or touching a	24(48.0)	48(96.0)	42(84.0)	49 (98.0)

Preschool children practice	Damanhour City		Minia nursery school	
	pretest	posttest	pretest	posttest
	No (%)	No (%)	No (%)	No (%)
child's private body parts				
$X^2$ (P-value)	28.571(0.001**)		5.983(0.01*)	
Avoid change the clothes in front anyone	26(52.0)	50(100.0)	37(74.0)	50(100.0)
$X^2$ (P – value)	(0.0001**)		(0.0001**)	
Avoids sexy (undesirable) movies	23(46.0)	48 (96.0)	37(74.0)	49(98.0)
$X^2$ (P – value)	30.354(0.001**)		11.961(0.005**)	
Avoid malpractice behaviors	25(50.0)	49 (98.0)	36(72.0)	49(98.0)
$X^2$ (P – value)	29.938(0.0001**)		13.254(0.000**)	
Good behaviors	20(40.0)	48 (96.0)	34(68.0)	48(96.0)
$X^2$ (P – value)	36.029(0.001**)		13.279(0.0003**)	
Child – parent relationship	24(48.0)	50(100.0)	35(70.0)	49(98.0)
$X^2$ (P – value)	28.147(0.0001**)		14.458(0.0001**)	

\* Statistical significant difference (P < 0.05) \*\* Statistical significant difference (P < 0.05)

Table (4) illustrates that 74.0% and 48.0% of Damanhour and Minia nursery schools children, respectively, had unsatisfactory knowledge levels before implementing the educational intervention. On the other hand, 64.0% and 84.0% of Damanhour and Minia nursery school children had good knowledge levels post-implementing the educational program with a statistically significant difference(p=0.02\*).

**Table (4): Relation between preschool children in Damanhour and Minia nursery schools regarding total knowledge level in pre and post-educational intervention (n = 100).**

Knowledge level	Damanhour nursery school		Minia nursery school		$X^2$	P-value
	No.	%	No	%		
Pre-intervention						
Unsatisfactory	37	74.0	24	48.0	7.104	0.008*

Knowledge level	Damanhour nursery school		Minia nursery school		$X^2$	P-value
	No.	%	No.	%		
Average	13	26.0	26	52.0	5.198	0.02*
Post-intervention						
Average	18	36.0	8	16.0		
Good	32	64.0	42	84.0		

\* Statistical significant difference ( $P < 0.05$ ) \*\* Statistical significant difference ( $P < 0.05$ )

Table (5) shows that 52.0% and 26.0% of Damanhour and Minia nursery school children, respectively, had poor practice level pre-educational intervention program compared to 70.0% and 88.0% of Damanhour and Minia nursery school children, respectively, had good practice level post-implementing the educational program with statistically significant difference ( $p=0.03^*$ ).

**Table (5): Relation between preschool children in Damanhour and Minia nursery schools regarding total practice level in pre and post-educational intervention (n = 100).**

Practice level	Damanhour nursery school		Minia nursery school		$X^2$	P-value
	No.	%	No.	%		
Pre-intervention					7.104	0.008**
Poor	26	52.0	13	26.0		
Average	24	48.0	37	74.0		
Post-intervention					4.883	0.03*
Average	15	30.0	6	12.0		
Good	35	70.0	44	88.0		

Table (6) shows that there were no statistically significant differences between the personal characteristics of preschool children in Damanhour and Minia nursery schools and their knowledge of a pre-educational intervention.

**Table (6): Relation between total knowledge level pre-educational intervention among preschool children in Damanhour and Minia nursery schools and their personal characteristics (n = 100).**

Personal characteristics	Pre-intervention							
	Damanhour nursery school				Minia nursery school			
	Unsatisfactory (n= 37)		Average (n= 13)		Unsatisfactory (n= 24)		Average (n= 26)	
Knowledge level	No.	%	No.	%	No.	%	No.	%
Age								
3- 4	6	16.2	3	23.1	5	20.8	2	7.7
4- 5	14	37.8	6	46.2	7	29.2	4	15.4
5- 6	17	46.0	4	30.7	12	50.0	2	7.9
$X^2 (P-value)$	0.946 (0.623)				4.030 (0.133)			
Sex								
Boy	18	48.6	3	23.1	17	70.8	1	3.8
Girls	19	51.4	1	7.9	7	29.2	1	3.8
$X^2 (P-value)$	2.582 (0.108)				2.257 (0.133)			

Table (7) shows that 70.8% and 75.0% of the preschool children from Damanhour nursery school had average knowledge level pre-educational intervention aged between 5 < 6 years and girls, respectively, while 75.7% of the preschool children from Minia nursery school had average knowledge level pre-educational program aged between 5 < 6 years with a statistically significant difference ( $p=0.0004^{**}$  and  $p=0.004^{**}$ ).

**Table (7): Relation between total practice level pre-educational intervention among preschool children in Damanhour and Minia nursery schools and their personal characteristics (n = 100).**

Personal characteristics	Pre-intervention							
	Damanhour nursery school				Minia nursery school			
	Poor (n= 26)		Average (n= 24)		Poor (n= 13)		Average (n= 37)	
Practice level	No.	%	No.	%	No.	%	No.	%
Age								
3- 4	7	26.9	2	8.4	5	38.4	2	5.4
4- 5	15	57.7	5	20.8	4	30.8	7	18.9
5- 6	4	15.4	17	70.8	4	30.8	28	75.7
$X^2 (P-value)$	15.771 (0.0004**)				11.154 (0.004**)			

Personal characteristics	Pre-intervention							
	Damanhour nursery school				Minia nursery school			
	Poor (n= 26)		Average (n= 24)		Poor (n= 13)		Average (n= 37)	
	N o.	%	N o.	%	N o.	%	N o.	%
Practice level								
value)								
Sex								
Boy	15	57.7	6	25.0	7	53.8	23	62.2
Girls	11	42.3	18	75.0	6	46.2	14	37.8
$X^2 (P - value)$	5.476 (0.02*)				.277(0.599NS)			

\* Statistical significant difference ( $P < 0.05$ ) \*\* Statistical significant difference ( $P < 0.05$ )

#### IV. DISCUSSION

According to a study performed by the National Council for Childhood and Motherhood (NCCM) and United Nations Children's Fund UNICEF (2015)[4], conducted in three governorates in Egypt (Cairo, Alexandria, and Assuit) focused on violence against children aged 13-17 years in their home and school setting found that children who are abused tend to keep quiet, rather than reporting it. Under half of all the children surveyed knew what to do when abused, and fewer than 10% of them knew of any services that could help them.

Regarding the age of pre-school children in the current study, less than half of them aged between 4 and 5 years in Damanhour nursery school while that of Minia nursery school was less than a quarter of them. This difference in the result may be attributed to the point that in Minia nursery school, most parents prefer their children be educated after four years. Also, this nursery school contains three classes for children aged between 3- 4 years, three classes for children aged between 4-5 years, and four classes for children aged between 5-6 years.

Concerning the gender of a pre-school child in the current study, more than one-third vs. more than half of pre-school children were boys in Damanhour and Minia nursery schools, respectively. This difference may be due to the parent increased interest in education toward boys than girls in Minia city, and the girls assist their mother's in-home care.

Regarding pre-school children knowledge towards sexual harassment, half of the pre-school children in Damanhour nursery school had satisfactory knowledge about how to encounter sexual harassment situations, and more than one-quarter of them had satisfactory knowledge about the definition of innocent touch, the definition of sexual harassment, its forms and the minority of them identified characters of the harasser, places where sexual harassment can occur, and how to prevented sexual harassment before the educational intervention. On the other hand, in Minia nursery school, more than three-quarters of the pre-school children had satisfactory knowledge about the definition of sexual harassment, and

approximately three-quarters of them had satisfactory knowledge about how to encounter sexual harassment situations, and more than half of them had satisfactory knowledge about the definition of innocent touch and places where sexual harassment can occur. Also, approximately half of them had satisfactory knowledge about forms of sexual harassment and how to prevent sexual harassment before implementing the educational intervention.

These results mean that pre-school children in Minia nursery school had an increased level of knowledge than Damanhour nursery school before implementing the educational intervention. These results may be due to increased training and educational sessions among preschool children due to the increased number of kidnapped children and sexual harassment in Minia city.

Concerning differences between the pre-and post-educational intervention of knowledge regarding sexual harassment, there were statistically significant differences in Damanhour and Minia nursery schools, and these results emphasize research hypothesis no 1. These findings reflect the effectiveness of an educational program on improving the knowledge of pre-school children regarding sexual harassment. These results are in line with a study performed by Tremblay and Begin [12], who evaluated mother knowledge in preventing child sexual abuse and found that mothers who received a workshop program on sexual abuse prevention significantly improved their knowledge on post-test. Also, a study performed by Fayed &Alam[13] identified the effect of an educational guide on mothers' awareness regarding sexual harassment for their school-age children conducted in El-Gondy El-Shaheed and El- Azhar model elementary schools selected randomly in Shebin EL-Kom city at Menoufia Governorate, Egypt, mentioned that there was a highly statistically significant difference between mother's total knowledge score regarding sexual harassment at pre-and post-intervention.

Regarding differences between the pre-and post-educational intervention of practices to prevent sexual harassment, there were statistically significant differences in Damanhour and Minia nursery schools, and these results emphasize research hypothesis no 2. These findings reflect the effectiveness of an educational program on improving practices of pre-school children regarding sexual harassment. These results are in the same line with that of Yossif&Elbahnasawy[14], who evaluated the effect of a sexual harassment prevention program for mothers to protect their children carried out at the Maternal and child health center in Benha, Egypt, and showed that a significant improvement between pre-and post-sexual harassment preventive program implementation regarding all practices' items. This result is supported by **Alsaifet al.** [15], who concluded that teaching self-protection against sexual abuse could be the first introduction of sexual issues to children and hence could lead to source monitoring errors and false allegations of child sexual assault.

## V. CONCLUSION

The current study results concluded that knowledge and practices of preschool children in both Damanhour and Minia nursery schools had increased levels in post educational interventional programs. The program was effective in increasing the knowledge and practice of preschool children as regards sexual harassment.

## RECOMMENDATIONS

1. Continuous educational program for children regarding child sexual harassment prevention is required to improve their knowledge, and practices to protect themselves.
2. Sexual harassment educational guidance must be provided for all children to improve their knowledge about sexual harassment.
3. Sexual harassment educational guidance must be provided for teachers and announced in nursery schools.
4. Parent education program regarding sexual harassment and how to protect their children.

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