YANGON UNIVERSITY OF ECONOMICS
DEPARTMENT OF APPLIED ECONOMICS
MASTER OF PUBLIC ADMINISTRATION PROGRAMME

STUDY ON THE AWARENESS OF MOTHERS ON PREVENTING CHILD SEXUAL ABUSE IN HLAING THARYAR TOWNSHIP, YANGON REGION

SOE PAING LINN
EMPA - 63 (17th BATCH)

2022

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A thesis submitted as a partial fulfillment towards the requirement for the degree of Master of Public Administration (MPA)

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ABSTRACT

Child sexual abuse is a common social phenomenon with serious life-time consequences. A community-based descriptive study was conducted by a combination of qualitative and quantitative approaches to study the awareness of mothers on preventing CSA at Hlaing Tharyar Township, Yangon. A total of 120 respondents were chosen by the multistage cluster sampling method. Data was collected by using face-to-face interviewing with a structured questionnaire. The results showed that most of the respondents had low level of knowledge about for sign and symptom of CSA, but they had proper knowledge for prevention of CSA. Moreover, they had higher mean of perception regarding CSA, but some respondents had unfavorable perception on some perceptions. There were emerged from four major themes: victim of CSA, the pivotal role of mother, perceived cause of CSA and improper law and services. Therefore, mothers should actively participate in education programs in order to get accurate information, and it is needed to build the positive perception on awareness of CSA that can help in reducing the occurrence of CSA in the community.

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LIST OF ABBREVIATIONS

ADHD	-	Attention Deficit Hyperactivity Disorder
AIDS	-	Acquired Immunodeficiency Syndrome
CEDAW	-	Convention on the Elimination of Discrimination Against Women
CRC	-	Convention on the Rights of the Child
CSA	-	Child Sexual Abuse
CSE	-	Child Sex Education
CSOs	-	Civil Society Organizations
EBP	-	Evidence-Based Practice
ECD	-	Early Childhood Development
FGD	-	Focus Group Discussion
HDI	-	Health Development Initiative
HICs	-	High-Income Countries
HIV	-	Human Immunodeficiency Virus
HURFOM	-	Human Rights Foundation of Monland
LMICs	-	Low-and Middle-Income Countries
MoHS	-	Ministry of Health and Sports
NGOs	-	Non-Governmental Organizations
SE	-	Sex Education
SPSS	-	Statistical Package for Social Sciences
STIs	-	Sexually Transmitted Infections
T-RF	-	Reflective functioning about mother's own trauma
UNDP	-	United Nations Development Program
UNFPA	-	United Nations Population Fund
UNICEF	-	United Nations Children's Fund
WHO	-	World Health Organization

CHAPTER I
INTRODUCTION

1.1 Rationale of the Study

Child Sexual Abuse (CSA) is a serious problem of considerable magnitude throughout the world especially to be high in developing countries (United Nations Children's Emergency Fund [UNICEF], 2016). In recent times, anti-social behaviours such as violent sexual activities are affected in young children especially school-age children. The UNICEF (2014) estimated that over 120 million children in global are affected by sexual violence activities. The World Health Organization (WHO) has estimated that 73 million boys and 150 million girls under the age of 18 years had experienced various forms of sexual violence in their life time (WHO, 2002). Highest prevalence (34.4%) of child sexual abuse is in developed countries. The prevalence is higher among female than male children (Wolak, Finkelhor, Mitchell, & Ybarra, 2008).

There is associated with a range of reproductive health consequences. Some of these consequences are direct, such as acute injuries, sexually transmitted infections (STIs) including HIV, unwanted pregnancies, teenage pregnancy and unsafe abortion, increased child mortality rate and maternal mortality rate. The associated problem with chronic somatic disorders is anxiety, depression, high risk sexual behavior, chronic illnesses and socio-economic consequences that generally impact negatively on the victim's quality of life (Wolak et al., 2008).

In addition, CSA and rape have profound consequences for the child. It is known to interfere with growth and development. CSA has also been linked to numerous maladaptive health behaviors, and poor social, mental and physical health outcomes throughout the lifespan (Maniglio, 2009). CSA can affect neurobiological systems, e.g. the cortical representation of the genital somatosensory field. Other common sequelae for adult survivors of CSA may include relational challenges (e.g., increased risk for domestic violence), violent behaviors, and increased risk of perpetration of CSA as adults (Davidson, Shannon, Mulholland & Campbell, 2009).

In rural communities of low-income countries highlight the presence of marked limited services, higher poverty rates and often low literacy rates. Reasons for sexual abuse in children include rapid social change, AIDS/HIV avoidance strategies and

patriarchal nature of society; and that it is most frequently perpetrated by family members, relatives, neighbors or others known to the child (Lalor, 2004). Moreover, it is strong relationships with a range of sexual risk behaviors, including age at first sex, alcohol and drug, forced sex and ever being hurt by a partner. Individuals abused in childhood comprise between 6 and 29 % of young adult men and women living in these countries and constitute a population at high risk of HIV infection (Ritchter, Komárek, Desmond, Celentano, Morin, Sweat, Chariyalertsak, Chingono, Gray, Mbwambo, & Coates, 2014).

In Myanmar, Ministry of Home Affairs (2017) reported that sexual violence activities increased from 1,100 in 2016 to 1,405 in 2017, among them, 897 cases are child victims. However, these numbers cannot be taken as an accurate reflection of the situation on the ground because of social stigma and a culture of victim-blaming often prevents survivors from reporting sexual violence (Karen Human Rights Group, 2018). The main problems faced by children in Myanmar are intentional and unintentional injuries as consequences of sexual violence (Department of Public Health, 2017). Moreover, the consequences of childhood sexual abuse are lifelong and often devastating in both physically and psychologically health problems.

Moreover, there is one to two cases every week in just one imp overfished Yangon Township of 800,000 people. According to the Parliament's Women's and Children's Right Committee, the number of rape cases has increased in Yangon Region in recent year. The number of rape cases reported in the first half of 2019 is equal to the number reported in the whole of 2018 (WHO, 2018). Almost 60% of child sexual abuse and rapes reported to police in Yangon Region in the first half of this year involved a victim under 16 years. About 73 cases reported between January and June 30, of which 44 involved children many under the age of 10 in 2017. The highest numbers of cases occurred in rural or urban fringe townships such as Hlaing-Tharyar, Insein, Taikkyi, Shwe-pyi-thar and Twante (Ministry of Home Affairs, 2017). Among these townships, migrants and squatters are more crowded in Hlaing Tharyar Township.

It is believed that mothers are important actors in protecting their children from any kind of violence including sexual abuse. The role of mothers in preventing child sexual abuse in the community in low-and-middle income countries has not been adequately emphasized. Awareness with responsible mothers are instrumental in prevention of child sexual abuse. However, few studies have been conducted in Myanmar, on the community perceptions or on the role of mother's prevention of child

sexual abuse. Therefore, a need to conduct a thorough research on assessing mothers' knowledge, attitudes and practices about preventing child sexual abuse is important.

The result gotten from this research would be brought into used for the planning of prevention child sexual abuse management appropriate to the area and acceptable for the community in the future. Exploring the mother's knowledge of and attitudes towards sexual violence in urban setting is of the utmost importance to enable the development of interventions relevant to the entire country. Currently very few population-based studies have focused on the underlying factors related to positive attitude towards violence against children. Findings generated from this study could potentially be utilized in developing strategic preventive measures to improve medication adherence.

Hence, the aim of this study is to determine mothers' knowledge of and attitudes towards child sexual abuse, and assess their association with socio-demographic characteristics. By applying the findings of this current study, the family members and healthcare provider could reduce and control about the prevention and complications of CSA and rape.

1.2 Objective of the Study

The objective of the study is to study the awareness of preventing child sexual abuse among the mothers.

1.3 Method of Study

This study used the combination of quantitative and qualitative methods based on secondary and primary data. Hlaing-Tharyar Township, Yangon Region was selected in this study. Secondary data were collected from various previous related literature and studies. To get the primary data, 120 mothers have under 18 years children (both girls and boys) were interviewed by multistage cluster sampling for quantitative data and 7 mothers were also interviewed by purposively for qualitative data.

The contents of the questionnaire were adopted from the previous international studies. The questionnaire included socio-demographic characteristics, knowledge and attitude regarding prevention of child sexual abuse. For quantitative method, data were collected with face-to-face interviewing method by using structured questionnaire. After analysis of quantitative data, significant data were studied through qualitative method. More detail and additional data were collected by interview guided questions.

The structured questionnaire and interview guided questions of the study are granted in Appendix.

1.4 Scope and Limitations of the Study

This study was conducted at Hlaing-Tharyar Township, Yangon Region in Myanmar. It is located on the Western part of Yangon city, the biggest and the most populous city in Myanmar, and it's the most crowded township in Yangon region. According to the report of Human Rights Council, it is one of the high prevalence rates of CSA in Yangon Region due to crowded and migrate population. Children are also included in migration process and they may be more vulnerable to sexual violence.

There are some limitations in this study. The results of this study design obtained from these analyses are not generalized to all community. Fathers of children were not involved in the study. Moreover, the health education program regarding prevention of child sexual abuse could not be provided.

1.5 Organization of the Study

This study divided into five chapters. As the introductory chapter, rationale, objectives, scope and limitations of study, and organizations were mentioned in chapter one. In chapter two, definition of child sexual abuse, risk factors for victimization, the prevalence rate of CSA, effect of CSA, prevention for CSA, protection of CSA, mother involvement in prevention of CSA, and criminal justice policies for CSA and the review on related research studies such as international and local studies were described. Child sexual abuse in Myanmar including status of children in Myanmar, prevalence rate of children sexual abuse in Myanmar, influence factors of child sexual abuse in Myanmar, children law in Myanmar were continued in chapter three. Analysis on survey data was described in chapter four. Finally, findings and recommendation were stated in chapter five.

CHAPTER II
LITERATURE REVIEW

Literature review is an essential part in any research work and review. Review of related literatures is a written summary of the state of existing knowledge on a research problem (Lalnunfeli, 2015). Furthermore, Polit and Beck (2004) have described that literature reviews can serve a number of important functions in the research process as well as important functions for seeking to develop an evidence-based practice (EBP). Therefore, the review of related literatures and or theoretical background about definition of child sexual abuse, risk factors for victimization, the prevalence rate of CSA, effect of CSA, prevention and protection for CSA, mother involvement in prevention of CSA, and criminal justice policies for CSA. Beyond, it discusses about the review on related research studies dividing as international and local studies.

2.1 Child Sexual Abuse (CSA)

CSA is defined by WHO as "involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared, or else that violates the laws or social taboos of society" (WHO, 2006, p. 10). Child sexual abuse leads to negative short term and long-term consequences that affect children's lives physically, psychologically, socially, and developmentally. The abused children are suffering from depression, panic disorder, and anxiety (Haileye, 2013), aggressiveness, suicidal thought, eating disorder, sexual behavior dysfunction, defensive avoidance, and social isolation that may persist into adulthood (Finkelhor, 2019).

CSA is a serious problem causing physical and psychosocial harm. Moreover, CSA is evidenced by this activity between a child and an adult or another child who by age or development is in a relationship of responsibility, trust or power, the activity being intended to gratify or satisfy the needs of the other person. This may include but is not limited to:

The inducement or coercion of a child to engage in any unlawful sexual activity

1. The exploitative use of a child in prostitution or other unlawful sexual practices

2. The exploitative use of children in pornographic performance and materials

2.2 Risk Factors for Victimization

It is important to point out that children from all socio-economic, ethnic and educational backgrounds are at risk of sexual abuse. However, a review of some of the research findings shows consistency in the factors associated with higher risks of child sexual victimization. Girls are at higher risks than boys and more likely to be pre-adolescent, i.e. 10-12 years, and are also likely to have fewer friends. Being socially isolated may create a need for contact and friendship on which sexual abusers can capitalize. A feeling of shame and stigma from sexual victimization may also cause children to withdraw and isolate themselves. Equally it has been shown that children who are abused within families can be prohibited from having friends (Mathews, Abrahams, & Jewkes, 2013).

Other studies concern family dynamics in which parental unavailability and poor relationships are correlated with sexual abuse in childhood. These studies show that girls who are victimized are more likely to have lived with step-fathers, to have mothers who were employed outside the home, to have parents who were disabled, ill or affected by substance addiction, to have witnessed conflict between parents, to report a poor relationship with one of their parents, particularly with mothers. With regard to step-fathers, several studies have shown the presence of a non-biological father as an increased risk factor for child sexual abuse (Cross, Kim, Vance, Robinson, Jovanovic, & Bradley, 2016).

A number of factors that make individual children vulnerable to sexual abuse have been identified; although based largely on experience in many countries, the key determinants are believed to be (Bowers & Yehuda, 2016);

1. Female sex (though in some developing countries male children constitute a large proportion of child victims);
2. Unaccompanied children;
3. Children in foster care, adopted children, stepchildren;
4. Physically or mentally handicapped children;
5. History of past abuse;
6. Poverty;
7. War/armed conflict;
8. Psychological or cognitive vulnerability;

9. Single parent homes/broken homes;
10. Social isolation (e.g. lacking an emotional support network);
11. Parent with mental illness, or alcohol or drug dependency (Jessica, 2019)

2.3 The Prevalence Rate of CSA

CSA is a global and large-scale problem affecting millions of children around the world. Crime and abuse data are most frequently and accurately presented in terms of annual rates (Alink, & Van IJzendoorn, 2015). Females are particularly at risk for experiencing CSA, with global prevalence estimates ranging from 18%-19.7% (Van IJzendoorn, Euser, & Bakermans-Kranenburg, 2011). Among boys, global prevalence rates are significantly lower with estimates ranging from 7.6%-7.9%. However, these findings must be interpreted with caution in light of findings that boys are more hesitant and less likely to disclose CSA. In the developing countries, 9.1% of youths (age 12-17) report having experienced CSA with equal prevalence rates for boys and girls. Among adults, 19% of women and 4% of males reported experiencing sexual violence before the age of 16 (Vanwesenbeeck, Bakker, & Gesell, 2010).

The occurrences of child sexual abuse are to be high in developing countries. It can happen in homes, workplaces, institutions, schools, in travel and within communities. The UNICEF (2016) estimated that over 120 million children in global are affected by sexual violence activities. In Myanmar, Ministry of Home Affairs (2017) reported that about 1405 cases of sexual assault committed in 2017 and among them, 897 cases are child victims. Moreover, the consequences of childhood sexual abuse are lifelong and often devastating. As the effects of sexual abuse in children, numerous adverse outcomes on the physical, psychological, behavioral, and interpersonal communication problems will be occurred in the child victims.

Moreover, many studies from different world regions covering the period 2010 to 2014 and child sexual abuse prevalence relevant to the period 2015 to 2019. These show that findings on the prevalence of child sexual abuse present a very mixed picture on the extent of the problem even in the same region, and comparisons are difficult to make as shown in Table (2.1). According to the table, Africa was the highest lifetime prevalence of CSA both male and female. USA and Canada were the second highest lifetime prevalence of CSA both genders.

Table (2.1) Prevalence of Child Sexual Abuse by Different Regions

Region	Lifetime Prevalence Female (%)		Lifetime Prevalence Male (%)	
	2010 to 2014	2015 to 2019	2010 to 2014	2015 to 2019
Africa	21.3-42.7	20.2	9.6-29.8	19.3
Asia	7.1-67.7	11.3	6-35	4.1
Australia/Western Pacific	27.8-29.1	21.5	5.9-28.6	7.5
Europe	15.8-28	13.5	3.8-11.5	5.6
South and Central America	8.4-13.3	13.4	2-10.7	13.8
United States and Canada	26.5	20.1	6.7	8

Source: WHO, 2019

2.4 Effects of CSA

Generally, there are the evidence of devastating consequences of child sexual abuse at the individual, family and societal level and there were physical, social psychological and economic effects. The effects to the child and the family also impacted on the quality of life in the community and this impacted upon the economic progress of society more widely. In some instances, the state was responsible for the medical bills of individuals who had suffered psychological breakdown. In other instances, the state became the financier of the education and health of the teenager's unplanned offspring, especially if the mother was unable to complete her education and/or gain a valuable skill in order to secure employment. The followings are the consequences at the micro, meso and macro levels: (Finkelhor, 2019). There are consequences at the level of the individual, consequences at the family level, and consequences at the societal level.

2.4.1 Consequences at the Level of the Individual

1. Emotional Problems: difficulties in inter-personal relationships, aggression, difficulties with sexual boundaries, inability to trust
2. Psychological Problems: depression, self-harm, low self-esteem

3. Behavioural Problems: poor school performance, challenging behaviour, risky sexual behaviour, substance misuse, violence
4. Physical problems: injuries to reproductive organs; STIs, HIV, abortion and associated risks
5. Teen pregnancy and associated consequences (Finkelhor, 2019)

2.4.2 Consequences at the Family Level

1. Divorce and family break-up
2. Distorted boundaries
3. Betrayal of trust
4. Co-abusing behaviours
5. Impact on family of individual consequences
6. Increased domestic violence
7. Learned behaviour and cyclical/intergenerational abuse (Finkelhor, 2019)

2.4.3 Consequences at the Societal Level

1. Teen pregnancy and associated consequences for young mothers and their children Unwanted pregnancy and abortions
2. Abortion complications
3. Drug and alcohol abuse
4. Transmission of STIs and HIV
5. Crime and violence
6. Cycle of devastation
7. Psychosocial impact on others
8. Economic consequences

The literature identifies many different factors and variables which impact upon the effects and consequences of sexual abuse for individual children. In pulling these factors together, it has developed a CSA Consequences (variables grid) which shows some of the interconnecting factors involved in determining the extent and consequences of abuse (Finkelhor, 2019). Each cell represents a different variable and different combinations of different variables will produce different outcomes for different children as shown in table (2.2).

Table (2.2) CSA Consequences

Child	Abuse	Abuser	Non-abusing adult	Family	Society
Age	Type	Age	There is a non-abusing adult available to the child	Make-up of family	abusing adult available to the child Make-up of family Structural issues e.g. gender inequality, poverty, social marginalization
Gender	Whether anyone else involved	Gender	Gender	Gender roles relationships	Gender socialization and patriarchal values
Place in family	Measures used	Relationship to child	Relationship to the child	Economic circumstances	How sex is portrayed/promoted or discussed
Other characteristics (e.g. disability)	Frequency	Views about sex	Relationship to the abuser	History of abuse	Society's response (e.g. victim-blaming, condoning abuse, etc)
Status in family	Where When	Status in family	Believes the child	Social status	Political commitment to addressing the problem
Resilience factors	Effects of abuse	Risk behaviors	Status	Other risk factors	Professional expertise & resources available
Personality	How long abuse went on for	History of abuse	Can access support	Protective factors	Personality

Source: www.futureofchildren.org.

2.5 Prevention for CSA

Prevention is about addressing child sexual abuse and exploitation before it occurs, and this cannot be achieved without changing social norms, attitudes and behavior towards children and adolescents. Prevention strategies can be universal (covering the whole population) or targeted (towards vulnerable groups). Three approaches to prevention were found in the evidence review: those aimed at mobilization to change social norms, attitudes and behavior; situational prevention (altering the environmental and situational context that provide opportunities for abuse); and prevention by reducing risks and vulnerabilities of children. While there are many prevention strategies operating, in high-income country these have been focused more on child sexual abuse while in low- and middle-income countries more attention has been given to child sexual exploitation, AIDS prevention and gender-based intimate partner violence (WHO, 2012).

Only a small number of prevention programmes have been evaluated and just a few have been evaluated experimentally. There is a lack of good, robust evidence for prevention measures that reduce rates of sexual abuse and exploitation in populations, although there are some promising impacts on attitudes, knowledge and behaviors that can be used to guide responses. Prevention initiatives are increasingly targeting boys and men, and these could be widened to address also the vulnerabilities of boys to sexual violence. The best evidence available is indirect, focusing on preventing HIV and AIDS and improving sexual health and on gender-based violence and intimate partner victimization. There is some promising evidence on public education and social norms marketing and some effective to promising evidence from programmes delivered in schools. The following are three approaches to prevention of CSA

(1) Those aimed at mobilization to change social norms, attitudes and behavior (most common);
(2) Situational prevention (altering the environmental and situational context that provide opportunities for abuse); and
(3) Prevention by reducing risks and vulnerabilities of children to victimization via programmes for social and economic empowerment – such as cash transfer projects, life-skills training, education and awareness raising about risks and protection, and programmes that target parents to help them better protect their children (WHO, 2012).

2.6 Protection for CSA

Child protection services in High Income Countries (HICs) have been the main agencies responsible for protecting children from sexual abuse and exploitation. The general trend in HICs has been to provide family support and earlier interventions. Less is known from research about effective than ineffective child protection responses, such as poor coordination, lack of information sharing, poor training, inadequate resources, poor assessment of needs and risks and failure to focus on the child (Davies & Ward, 2012). This knowledge can be used to inform positive responses and has influenced developments in coordinated and child-focused methods of working.

Child protection in Low-and Middle-income countries (LMICs) is more commonly provided through non-governmental organizations (NGOs) and community groups, and services tend to be thin and unevenly spread, presenting challenges for access, efficiency and coordinated working. Improvements in these areas are likely to be essential for change. Case management is one approach that can bring better coordination of responses. This is seen as good practice across high-income countries HICs, LMICs and, increasingly, humanitarian settings and there is emerging promising evidence on its effectiveness. Community based child protection mechanisms (CBCPM) have become very important in supporting and strengthening child protection systems and have given emerging promising results under the right conditions, although there is as yet no clear evidence about their effectiveness in helping to identify and refer children and adolescents at risk of sexual abuse and exploitation (War Child, 2010).

Moreover, health workers play a key role in identifying sexually exploited and abused children, and training on indicators of sexual abuse have been provided in HICs and LMICs, especially in connection with sexually transmitted infection (STI)/HIV services. Integrated or 'one-stop shop' identification and response teams, as in health, can bring an increase in rape victims using services in LMIC contexts (Kim, Askew, Muvhango, & Dwane, 2009). Child-friendly approaches are crucial.

2.7 Mother Involvement in Prevention of CSA

Mothers play the primary role in the prevention of CSA for their school-age children. It is obvious that mothers greatly influence the development of their children. To communicate a clear and consistent message to the children, they should be involved in the delivery of sexuality education. In the emotional sense, a positive maternal

influence can help a child establish a healthy personality and reach identity achievement. They also aid in the development of their child's moral reasoning and judgment skills through supportive discussions and conversations. A close and secure relationship between the child and his or her mother's influences the social behavior of the child in the future (Lalnunfeli, 2015).

In addition to being able to provide accurate information on sex-related topics, mothers are able to tailor this information to their individual child's physical, emotional, and psychological level. They are also able to share their own values, beliefs, and expectations as part of their communication with their children around sexual health. As well as providing information through communication, mothers are able to reinforce safer sex-related and pregnancy prevention behaviors (e.g., contraceptive use) (Stone, Inghin, & Gibbins, 2013).

2.8 Criminal Justice Policies for CSA

Enormous energy has gone into trying to manage sexual offenders to improve safety for children. The fundamental weakness in management as a prevention strategy is that so few new molestations occur at the hands of persons with a known record of sex offending. Only a few percent of new arrests for sex crimes against children involve individuals with prior sex offense records. Because it is likely that known offenders are more readily detected, the share of known offenders responsible for all child molestation overall (detected and undetected) is probably even smaller. Thus even strategies that are 100 percent effective in eliminating recidivism among known offenders would reduce new victimizations only a little.

Criminal justice strategies are highly popular and will continue be implemented. Their strongest justification is that they are widely seen by the public as part of a system that holds people accountable for serious crimes and provides a measure of justice for victims and their families. Such justifications may even trump evidence eventually showing that the strategies fail to reduce risk. But to the extent that prevention and increased safety are key objectives of these strategies, it must establish a broader foundation and tradition of program evaluation to help guide the strategies in the most favorable direction. It might be useful to establish an institution to conduct evaluations and provide scientifically informed recommendations on sex offender management policy.

There are four areas deserve priority attention. First, the justice system has to expand its efforts to reveal and apprehend previously undetected offenders. Second, in its post-disclosure activities, the justice system has to concentrate its limited intensive resources on the highest-risk offenders. Third, the justice system has to develop and improve tools that can differentiate higher risk offenders and detect changes in risk. Finally, the justice system has to cultivate some low-intensity strategies appropriate for relatively low-risk offenders, including youth and family offenders (David, 2019).

In addition, educational, mental health, and volunteer recruitment programs for the family and friends of such offenders could minimize re-offense potential and detect signs of relapse. Given the strong appeal and likely efficacy of early intervention to short-circuit offending careers, special attention has to be paid to assessing and intervening in sexually inappropriate behavior among juveniles (David, 2019).

2.9 Review on Previous Literature Perspective

2.9.1 Review on International Studies

Olusimbo and Olufunmilayo (2011) found that many parents felt CSA was a common problem in the community, and most parents disagreed with common child sexual abuse myths. In addition, almost all parents (>90%) reported communicating with their children about stranger danger. However, about 47% felt their children could not be abused, and over a quarter (27.1%) often left their children alone and unsupervised. There were no significant variations in the perceptions of child sexual abuse and communication practices. Although parent–child communication practices seem to be improving, better parental supervision of children also needs to be addressed. Nationwide surveys of the general population are required for better empirical understanding of CSA prevention in Nigeria.

In 2014, Abeid studied community perceptions of rape and child sexual abuse by using qualitative design as focus group discussions with male and female community members including religious leaders, professionals, and other community members. The researchers found that the participants perceived rape of women and children to be a frequent and hidden phenomenon. A number of factors were singled out as contributing to rape, such as erosion of social norms, globalization, and poverty, vulnerability of children, alcohol/drug abuse and poor parental care. Participants perceived the need for educating the community to raise their knowledge of sexual violence and its consequences, and their roles as preventive agents. It is needed

promoting help-seeking behavior and improving care of survivors of sexual violence for the prevention of sexual violence. This study focused on the community's perception on CSA but the current study focused on the mother's perception towards prevention of CSA.

Abeid (2015) also studied knowledge and attitude towards rape and child sexual abuse a community-based cross-sectional study in Rural Tanzania. Through a three-stage cluster sampling strategy, a household survey was conducted using a structured questionnaire and a total of 1,568 participants were interviewed. It was found that the majority (58.4%) of participants were women. Most (58.3%) of the women respondents had poor knowledge on sexual violence and 63.8% had accepting attitudes towards sexual violence. Those who were married were significantly more likely to have good knowledge on sexual violence compared to the divorced/separated group. Sex of respondents, age, marital status and level of education were associated with knowledge and attitudes towards sexual violence. This study highlighted that the challenges associated with changing attitudes towards sexual violence, particularly as the highest levels of support for such violence were found among women.

To assess parents' knowledge, attitudes and practices on child sexual abuse and its prevention in Shinyanga district, Tanzania in order to strengthen child protection, Mlekwa (2016) found that the majority (95.6%) of respondents had high knowledge regarding prevention of child sexual abuse. Majority (98.7%) of the respondents had positive attitudes on preventing child sexual abuse. However, only about a quarter (27.3%) of respondents had good practices on protection and prevention of child sexual abuse. Therefore, a public education programme is needed for parents, with the ultimate aim of protecting children from the preventable harm and trauma of sexual abuse in rural communities of Tanzania.

Mohammed (2017) in his entitled, 'parents' perceptions about child abuse and their impact on physical and emotional child abuse: a study from primary health care centers in Riyadh, Saudi Arabia', reported that thirty-four percent of the parents reported a childhood history of physical abuse. Almost 18% of the parents used physical punishment. The risk factors associated significantly with child abuse were parents' history of physical abuse, young parent, witness to domestic violence, and poor self-control. Child-related factors included a child who is difficult to control or has attention deficit hyperactivity disorder (ADHD). Parents who did not own a house were more likely to use physical punishment. Abusive beliefs of parent as risk factors were:

physical punishment as an effective educational tool for a noisy child; parents' assent to physical punishment for children; it is difficult to differentiate between physical punishment and child abuse; parents have the right to discipline their child as they deem necessary; and there is no need for a system for the prevention of child abuse. The researcher recommended that special attention should be paid to parents with a childhood history of abuse since they found this to be a significantly associated factor. Family physicians can take the lead by screening for risk factors of child abuse or early signs of violence and coordinate referral services that connect individuals at risk with resources in health care and the community.

Alrammah (2018) studied factors associated with perceptions of child sexual abuse and lack of parental knowledge: a community-based cross-sectional study from the Eastern Province of Saudi Arabia' made an attempt to evaluate factors associated with parental perceptions and knowledge of CSA. This study found that most respondents (69%) had good knowledge of the signs of sexual abuse in children. Logistic regression showed that the older age group was significantly associated with a good perception score (P<.046). It was suggested that education should be designed for parents and the community to increase the knowledge and perception of CSA.

Another qualitative study, Courtenay (2018) studied experiences of mothers who are child sexual abuse survivors: a qualitative exploration. The aim of this study was to explore the lived experience of mothers who are child sexual abuse survivors. The following six themes emerged from the narratives: 1) being a parent, 2) family of origin dysfunction, 3) the impact of abuse, 4) the abuse history and response to abuse, 5) coping, and 6) hopes and desires for the future. This study highlights several ways in which CSA impacts survivors who are mothers, areas for further study, and the need for interventions to assist this population in meeting the challenges they face as mothers.

Alzoubi, Ali and Alnatour (2018) studied, 'Mothers' knowledge and perception about child sexual abuse in Jordan'. The objective of the study was to determine knowledge and perception about child sexual abuse among mothers. The study revealed that the majority of mothers were knowledgeable about CSA and its prevention practices. Though only 17% of mothers had started practicing some of the CSA preventive measures when their children were young (1–4 years of age) and less than half (48.8%) had started when their children were 4–6 years of age. Three quarters (74%) of the mothers indicated that educating children about CSA can prevent it. Only

37.7% knew about laws regarding CSA in Jordan and less than half of mothers knew about social organizations that provide services for children who suffered from sexual abuse. Mothers who had a high income or a high level of education or were employed had a higher awareness of CSA and recognized signs and symptoms of CSA more than other mothers.

Rudolph (2018) examined child sexual abuse prevention opportunities: parenting, programs, and the reduction of risk to explore how prevention opportunities can include parents in new and innovative ways. The researchers found that parents can play a significant role as protectors of their children via two pathways: (i) directly, through the strong external barriers afforded by parent supervision, monitoring, and involvement; and (ii) indirectly, by promoting their children's self-efficacy, competence, well-being, and self-esteem, which the balance of evidence suggests will help them become less likely targets for abuse and more able to respond appropriately and disclose abuse if it occurs. It was found that why teaching young children about CSA protective behaviors might not be sufficient for prevention. It is highlighted that narratively review the existing research on parents and prevention and the parenting and family circumstances that may increase a child's risk of experiencing sexual abuse. It was made a number of recommendations for future approaches to prevention that may better inform and involve parents and other adult protectors in preventing CSA.

In 2019, a study using mixed-methods approach was conducted to assess parents' knowledge, attitude and practices towards CSE in secondary schools in Rwanda (Health development initiative [HDI], 2019). The study was involved 574 parents and 91 key informants who were purposively selected from 40 schools. Data were collected using a structured questionnaire and interviews with key informants. In results, it can be found that both mothers and fathers across rural and urban areas clearly understood the importance of CSE, but were not often engaging in sexual conversations with their children. Additionally, factors that could jeopardize providing sex education in school are lacking enough time, lack of relevant training, lack of sexuality related teaching materials, lack of clarity on the scope of teaching content, and strongly held cultural and religious beliefs. Thus, HDI recommended that authorized persons should prioritize relevant training, teaching materials and comprehensive teaching manual for CSE. In also Myanmar political context, teachers' difficulties that occurred in teaching sexuality issues in the school should be discovered. Moreover, ways to improve teaching learning methods for sex education such as teaching aids and continuous

training for school teacher should be arranged by the authorities of Ministry of Health and Sports.

To investigate associations, unique and interactive, between mothers' and children's histories of childhood sexual abuse (CSA) and children's psychiatric outcomes using an intergenerational perspective, Jessica (2019) studied in examining whether maternal reflective functioning about their own trauma (T-RF) was associated with a lower likelihood of children's abuse exposure by using descriptive study. It was found that children of CSA-exposed mothers were more likely to have experienced CSA. A key result was that among CSA-exposed mothers, higher maternal T-RF regarding their own abuse was associated with lower likelihood of child CSA-exposure. Mothers' and children's CSA histories predicted children's internalizing and externalizing symptoms, such that CSA exposure for mother or child was associated with greater symptomatology in children. This study showed that the presence of either maternal or child CSA is associated with more child psychological difficulties. Importantly in terms of identifying potential protective factors, maternal T-RF is associated with lower likelihood of CSA exposure in children of CSA-exposed mothers.

2.9.2 Reviews on Local Studies

A sequential explanatory study design using both quantitative and qualitative methods was attempted by Than Htut Win (2017) to find out the perception of parents and teachers and willingness to teach sexuality education prescribed in life skills education curriculum in Mawlamyine Township. Hundred and eight (108) teachers of Grade 9, 10 and 11 from all twelve urban high schools were first studied to assess their attitudes. After analyzing baseline data, the two schools in which teachers with highest readiness and lowest readiness were selected to conduct two separate FGDs. And then, mothers and fathers of Grade 9, 10 and 11 students were invited to conduct two another separate FGDs to explore their perceptions towards teaching Sex Education (SE). Study found that single teachers had less readiness to teach SE than who are not single ($p<.001$). Teachers who had received SE training and previous SE teaching experiences responded more ready and willingness to teach SE ($p=.004$ and .001). Nearly thirty percent of teachers did not agree SE topics in curriculum. The researcher also recommended that more proper SE trainings should be held and SE curriculum should be reviewed to get more effective teaching in SE. For those reasons, the government, health professions especially community health care providers, school teachers and

parents need to be cooperative to expand adolescents' sexual and reproductive health education program.

Aung Kyaw Soe, Kyaw Phyo Paing, Thiha Than, Nay Lin Htet, Bawi, Pyae Phyo and Nyein Nyein Chit. (2018) also investigated a mixed qualitative and quantitative cross-sectional study to assess the parents' perception of sexual education to their adolescent in Twan-Tay Township, Yangon Region. For quantitative method, among 216 parents, 34 parents from urban area and 182 parents from rural areas were selected proportionately by simple random sampling method. For qualitative method, 20 parents were selected according to the scores of the attitude questions. In this study, the researchers stated that 24.1% of male and 23.1% of female respondents had good knowledge level and 13% of male and 34.3% of female respondents had good attitude level. And, this study pointed out that there was a significant association between sex and occupation of respondents and attitude on sex education. Finally, the researchers recommended that sexual health education program should be added in school curriculum for adolescents to increase knowledge level and skill of giving health education among parents to their adolescents.

Aye Aye Mon (2020) studied a community based one group pre-test, post-test study to find out the effectiveness of health education on knowledge and attitude towards sex education among the mothers of school-age children. The results showed that there were statistically significant differences in before and after intervention mean knowledge scores in all six portions: general knowledge, parents' role and communication, sexual abuse, puberty changes, sexual and reproductive health problems and contraceptive knowledge. Total mean score of knowledge was significantly increased from 46.99±12.13 to 90.59±8.80 after intervention ($p<.001$). Statistically significant differences were found between mean attitude scores of before and after intervention. It is concluded that health education was effective in promoting sex education knowledge and attitude among the mothers of school-age children. Therefore, continuous sex education program should be implemented in community settings to sustain their increased knowledge and attitude on sex education. This can help to parents in establishing sex education practice throughout the entire life of children which can reduce the occurrence of child sexual abuses in community.

In summary, many researches were conducted to find out the knowledge, attitude and perception of parents regarding prevention of child sexual abuse, education and sexual and reproductive health communications between the parents and the child

internationally. In also Myanmar, although parents can have many barriers to provide sex education to their children, most of studies are the parents' and teachers' perception on sexuality education. Thus, this study was intended to study the perception of child sexual abuse among the mothers.

CHAPTER III
CHILD SEXUAL ABUSE IN MYANMAR

3.1 Status of Children in Myanmar

The people of Myanmar uphold Metta or loving kindness; Karuna or compassion; *Mudita* or rejoicing over other's success; and *Uppekha,* or indifference, which are attributes of the country and its culture. These characteristics have been developed in association with Theravada Buddhism (United Nations, 2000).

A tradition, which has transcended generations in Myanmar, is for adults to care for children in conformity with the saying, "One must obey seniors, show regard for persons of the same age and sympathy to juniors". Various duties, responsibilities and practices are observed by parents and children as well as by teachers and pupils (United Nations, 2000).

As most of Myanmar's population is Buddhist, the country's traditions and customs are influenced by the Lord Buddha's teachings and practices. The Lord Buddha preached that "Children are the greatest asset of humankind" as well as "*putta vatthu manussam*", which means that "children are the most precious human possession" (United Nations, 2000).

In Myanmar, according to traditional customs, parents and guardians are responsible for the care and upbringing of their children. It is the parent's duty to fulfil five conditions in this regard: guiding correctly; teaching noble ways; educating; arranging the marriage; and providing opportunities to start a family. In addition to these customs, the existing laws of Myanmar also defend children's rights (United Nations, 2000).

3.2 Prevalence Rate of Children Sexual Abuse in Myanmar

Over 1 million people, including an estimated 450,000 children, are affected by Myanmar's decade-long conflict and are increasingly vulnerable to gender-based

violence, exploitation, abuse, detention and trafficking (Office for the Coordination of Humanitarian Affairs, 2020). Sexual violence and abuse against children continue to rise in Myanmar. The high proportion of child victims was because children were more vulnerable than adults. Generally, the number of official rape cases was far lower than the real amount, but for cultural and economic reasons rather than police fudging the figures. Consequently, the police and public often blame the victim, so there is little faith in the attackers being brought to justice. The victim or their family sometimes believe that reporting the crime will damage their "dignity" and that it is better to cover it up. Finally, victims are often paid off or police are bribed to stop an investigation. In Myanmar, the people and the police are more likely to blame the victims than the criminals (Myanmar Time, 2018).

Child abuse is frequently raised in community and child sexual abuse in particular has been identified as a serious problem across Myanmar. Child rape incidents have been highlighted in recent media reports and indicate a rise in the number of reported children rape cases. Presently, the Myanmar Police Force could not offer training to officers on child abuse or handling young victims, nor do courts offer special services for children, including when the abuser is a member of the victim's family. In addition to the stigma and shame associated with publicly reporting a child abuse case, victims reportedly also see little efficacy in bringing cases to the formal justice system (UNDP, 2017). The number of child sexual abuse cases has spiraled upward year by year, with nearly 2,000 cases in the past two years.

Table (3.1) The prevalence rate of CSA in Myanmar from 2016 to 2018

Year	Cases
2016	**671**
2017	**897**
2018	**950**

Source: The Global New Light of Myanmar, 2018

According to the table (3.1), the increase in the number of child rape cases in Myanmar is threatening the morality and culture of Myanmar society. There were 1,100 rapes reported in 2016, of which 671 involved children, rising in 2017 to 1,405 cases,

with 897 involving children, a 27 percent increase in all rape cases and a 33 percent rise in reported sexual assaults of children. In 2018, the number of reported rapes reached 1,528 and 950 of the victims were children (The Global New Light of Myanmar, 2018).

In Yangon Region, almost 60% of sexual abuse reported to police in the first half of this year involved a victim under 16 years, down slightly on the 70 percent recorded last year. Police figures showed 73 cases reported between January and June 30 of which 44 involved children many under the age of 10. The total of this year is on track to eclipse 2014, when there were 130 cases, of which 90 involved a child. The highest numbers of cases occurred in rural or urban fringe townships, such as Hlaing-Tharyar, Insein, Taikkyi and Twante (Myanmar Time, 2018).

3.3 Influence Factors of Child Sexual Abuse in Myanmar

Child sexual abuse is now the second-most prevalent crime in Myanmar. It was found that this prevalence to several factors, including recent technological changes due to globalization, cultural issues and poverty (HURFOM, 2017).

Firstly, Myanmar's struggle for democracy was long and painful. And yet, sudden and rapid opening up and transition and globalization has impacted very negatively on Burmese society. So for example pornography, revenge pornography, technology (HURFOM, 2017).

Cultural issues including gender discrimination and lack of sex education as factors influencing the prevalence of sexual abuse in Myanmar. The sexual abuse of children is 60% to 70% of all abuses. At the same time Myanmar society is very conservative. They do not want to teach sex education to children or even youths. So if they look at the vocabulary and concept of rape, there is no vocabulary equivalent to rape in Myanmar culture. Moreover, the society considers, if a girl is raped, she would be the first to be questioned why she has been raped, what was she doing, what was she wearing, when and why did she go out, and what kind of woman is she rather than questioning the perpetrator and his crime. Rape is linked with feminine values, which are treated with shame and fear (HURFOM, 2017)

Another factor behind child sexual abuse in Myanmar is poverty. Underlying poverty leaves children vulnerable to exploitation and abuse. Children from poor families are more likely to face abuse (HURFOM, 2017).

3.4 Children Law in Myanmar

Myanmar became a party to the United Nations Convention on the Rights of the Child (CRC) on 15 August 1991 (with reservation on Section 15 and Section 37 of the Convention) after acceding the Convention on 16 July 1991. The State Law and Order Restoration Council promulgated the Child Law as a State Law on 14 July 1993 to implement the rights of the child recognized in the United Nations Convention on the Rights of the Child. In order to implement the provisions of the Law effectively and successfully, the Government formed the National Committee on the Rights of the Child (United Nations, 2000).

In 1990, plans of action were adopted for the survival, protection and development of the children of Myanmar. The implementing agency for the plan of action for the survival of children is the Department of Health. The Department of Education and the Department of Social Welfare are the implementing agencies for the plans of actions for the protection and the development of children (United Nations, 2000).

The Child Law proclaims, "The state recognizes that every child has the right to survival, development, protection and care, and active participation within the community". Any person who contravenes the above law would be imprisoned for more than six months or be fined up to 1,000 MMK (United Nations, 2000).

In line with the Convention, the Department of Social Welfare is implementing the "Early Childhood Development (ECD) Project" with the support of the United Nations Children's Fund (UNICEF). The project is expanding ECD centres; preparing curricula and teaching aids; and conducting training courses for child caregivers (United Nations, 2000).

Another project undertaken by the Department is the "Children in Especially Difficult Circumstances (CEDC) Project" which aims to give appropriate protection and promote the standard of living of these children. In the implementation of project activities, CEDC, including orphans, street children, working children and disabled children, are given both academic and vocational training. Plans of action have also been adopted and implemented for those children (United Nations, 2000).

In the Union of Myanmar, the abuse and neglect of children as well as their illicit transfer are prohibited under the Penal Code. They are prescribed as serious crimes and prohibited under the Code's following sections:

• Section 361, kidnapping minors from lawful guardianship;

• Section 366 A, procurement of female minors;

• Section 366 B, importation of girls under 21 years of age from a foreign country;

• Section 369, kidnapping or abducting a child under 10 years of age with the intent to steal from the person;

• Section 372, selling minors for purposes of prostitution;

• Section 373, buying minors for purposes of prostitution;

• Section 376, rape with or without consent of a girl under 14 years of age;

• Section 354, assault or criminal force against a woman with the intent to outrage her modesty; and

• Section 491, breach of contract to attend to the needs of helpless youth. The two sections of the Child Law, which specifically address the sexual exploitation of children, are Section 66 and Section 17 (United Nations, 2000).

(i) Child Prostitution

Section 66 states that:

Whoever commits any of the following acts shall on conviction be punished with imprisonment for a term that may extend to two years or a fine of up to l0, 000 MMK or both:

• Neglecting knowingly that a girl under their guardianship, who has not attained the age of l6 years is earning a livelihood by prostitution;

• Permitting a child under his guardianship to live together or to consort with a person who earns a livelihood by prostitution (United Nations, 2000).

(ii) Trafficking and Sale of Children across Borders and within Countries for Sexual Purposes

Section 17 states that:

• Every child shall have the right to be adopted in accordance with the law;

• The adoption shall be in the interests of the child;

• The adoptive parents shall be responsible for the care and custody of the child to ensure that there is no abduction to a foreign country, sale or trafficking, unlawful exploitation, unlawful employment, maltreatment, pernicious deeds and illegal acts (United Nations, 2000).

(iii) Child Pornography

Section 66 states that:

• Whoever commits any of the following acts shall on conviction be punished with imprisonment for a term which may extend to two years or with fine which may extend to l0, 000 MMK or with both;
• Using the child in pornographic cinema, video, television or photography (United Nations, 2000).

A new Child Rights Law was enacted, which prohibits all forms of sexual violence against children on 24 July 2019. Importantly, it recognizes that children affected by child abuse and neglect need special protection by criminalizing grave violations against children and providing stronger legal protection for children in the context of child abuse and neglect. The law further stipulates that a child is anyone under the age of 18 and recognizes the fundamental and unconditional right of a child to be registered at birth (Human Rights Council, 2019).

This issue has been brought up before the parliament, with a lawmaker demanding harsher sentences for child rape cases. This lawmaker urged the Union Government at the *Pyithu Hluttaw* to draft a special bill which can impose the death sentence for child rape cases in order to deter child sexual abuse. The issue of giving heavy penalties for child sex abuse should be brought to the *Hluttaw* (The Global New Light of Myanmar, 2018).

Under article 376 of the penal code, punishment for rape ranges from a 10-year jail sentence to a life sentence, plus a fine, while the maximum sentence for child rape is 20 years. To address the sexual violence against children issue, the Ministry of Social Welfare, Relief and Resettlement is redrafting the 1993 child law. Despite the collective efforts of CSOs, lawmakers and ministries concerned since 2014, a bill has not yet been submitted to the *Hluttaw*. The *Amyotha Hluttaw* accepted the motion to discuss the issue at the next parliament meeting (The Global New Light of Myanmar, 2018).

CHAPTER IV
ANALYSIS ON SURVEY DATA

4.1 Survey Profile

The study area was conducted in Hlaing Tharyar Township at Southern Yangon District in this study. It is one of the biggest townships in country and it is also the most populated township. Hlaing-Tharyar Industrial Zone, consisted of mostly garment and other light industries, is one of the largest industrial parks in the country. It is one dozen industrial zones contain more than 850 factories employing more than 300,000 workers, many of whom migrated from the countryside to work in the township. Males' population was 342, 862 and females' population was 385, 005. Moreover, rural population was 225,739 and urban population was 502,128. The next most heavily populated township in Yangon Region is South Dagon, with 371,646 residents. Most of the buildings are small, cramped and poorly built (Win Myint Oo, 2020).

The township comprises 20 yards and nine village tracts and shares borders with Htantabin Township in the north and west. In the first stage, it was randomly selected 4 yards out of 20 yards. In the second stage, it was randomly selected one street in each yard, and in the third stage, one street in 30 mothers selected in this study. Thus, a total of 120 respondents was included in this study.

4.2 Survey Design

This study was a community based descriptive study design by using both quantitative and qualitative methods. This study was conducted after attaining permission and ethical approval from last week of February, 2020 to fourth week of August, 2020. All mothers with children below18 years old who were randomly selected and were residents of the study areas formed a study population. A minimum sample size was estimated to be 120 mothers for quantitative and 7 mothers with the highest or lowest awareness scores from quantitative study were chosen to get necessary information for qualitative. Multistage cluster sampling technique as quantitative method and purposive sampling method for qualitative method were employed to obtain a required number of the study population. A sampling frame from the list of yards was prepared and used for drawing sample. From sampling frame,

study units were sampled through simple random method until the required sample of respondents of children under the age of 18 years was obtained. Sample size determination formula is shown in Appendix.

For quantitative method, data was collected by using structured questionnaire. The contents of the questionnaire were adopted from the previous international studies. The questionnaire included socio-demographic characteristics, knowledge and attitude regarding prevention of child sexual abuse. Face to face interviewing method by using structured questionnaire. After analysis of quantitative data, significant data were studied through qualitative method. More detail and additional data were collected by interview guided questions.

Firstly, the permission of authorized person from Hlaing-Tharyar Township was obtained. Signed informed consent was obtained from the respondents for one week before data collection time. Before starting the data collection procedure, the researcher explained about the purpose, the detailed procedure and the benefits of this study to the respondents. The researcher explained about the questions and how to answer the questionnaire at the convenience place during relevant time.

Moreover, for qualitative data, the participants were introduced and explained the purpose of this study, and then, interview were conducted at participant's home or convenient place for the patient in community setting. Making appointment of interview in convenience time and place of the participants and establishing rapport with them were done. Facilitating relax interview atmosphere for the participants were maintained. Duration of interview was last around 30 to 45 minutes as estimated by using interview guided questions. To ensure the highest reliability of data, each interview was recorded with phone-recorder and note taking during interview, after obtaining permission to use audio-recorder. Data were collected until data saturated and tone of voice, gesture, and paralanguage of the participants were also observed and noted.

Regarding data analysis, quantitative data was analyzed using the Statistical Package for Social Sciences (SPSS) software, version 22. Descriptive statistics such as frequencies, percentages, mean, and standard deviation was calculated in this study. For knowledge questions, correct and incorrect answers were assigned a score of one and zero respectively. For determining the status of respondent' perception, four-point Likert method was used. Responses for these were scored as: a score of (4) for strongly agree, (3) for agree, (2) for disagree and (1) for strongly disagree.

While analyzing the qualitative data, thematic analysis, the most widely used qualitative approach to analysis the interviews, was used to uncover the experiences of participants regarding prevention of child sexual abuse. To support the findings of quantitative study, highest or lowest adherence score, the qualitative data were analyzed by using thematic analysis based on the theoretical positions of Braun and Clarke (2006) under six phases as:

1. Familiarizing with the data
2. Generating initial codes
3. Searching for themes
4. Reviewing themes
5. Defining and naming themes
6. Producing the report

4.3 Survey Results

This study was designed to descriptive with the combination of quantitative and qualitative methods to study the awareness of prevention on CSA among the mothers. There are divided into two portions. The first one is quantitative results and the next qualitative results will also be presented in this chapter.

4.3.1 Quantitative Results

4.3.1.1. Socio-demographic Characteristics of the Respondents

In this study, among 120 respondents, the age of the respondents was ranged from 21 to 50 years with a mean age of respondents was 34.5 and standard deviation was 7.7 years. The ages of nearly half of the respondents 41.7% were between 31 to 40 years, 34.2% were ≤ 30 years and the rest 24.1% were 41–50 years. Among them, the majority 88.3% of the respondents were Bamar and 98.3% were Buddhists.

Table (4.1) Socio-demographic Characteristics of Respondents (n = 120)

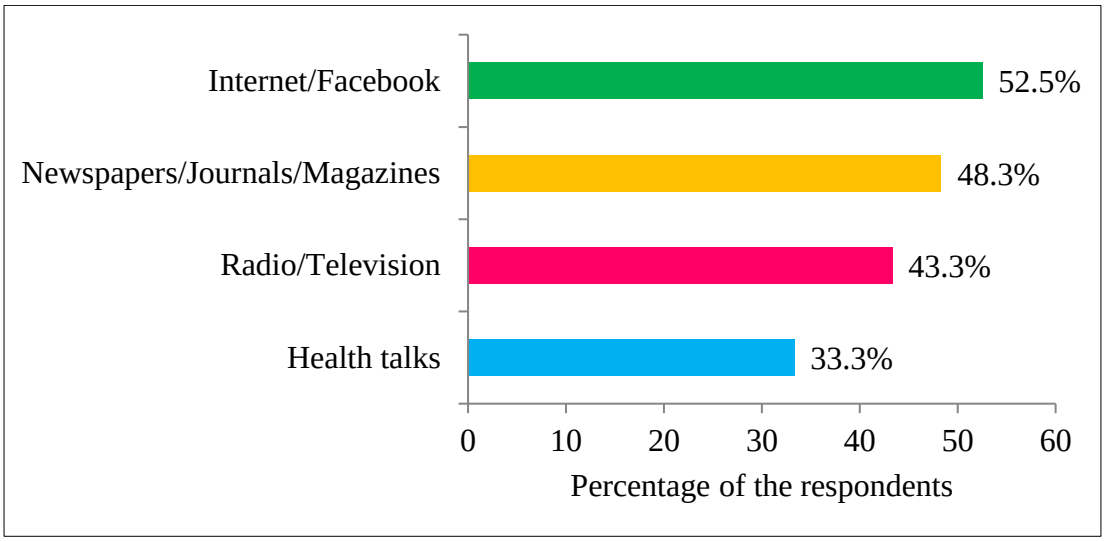
Socio-demographic Characteristics	Frequency	Percentage (%)
Age		
≤ 30 years	41	34.2
31-40 years	50	41.7
41-50 years	29	24.1
Ethnicity		
Bamar	106	88.3
Others	14	11.7
Religion		
buddhist	118	98.3
others	2	1.7
Educational status		
can read and write	6	5.0
primary school passed	52	43.3
middle school passed	43	35.8
high school passed	14	11.7
university student/ graduate	5	4.2
Occupation		
dependent	61	50.8
own business	26	21.7
non-government staff	14	11.7
daily wages worker	19	15.8
Income per month		
below 100,001 mmk	23	19.2
100,001-300,000 mmk	91	75.8
300,001-500,000 mmk	6	5.0
Family members		
≤ 4 members	61	50.8
≥ 5 members	59	49.2
Type of family		
nuclear family	91	75.8
others	29	24.2
Number of school age children		
1	86	71.7
>1	34	28.3

Source: Survey data, 2020

As the educational status of the respondents, the highest 43.3% got primary school level education and the second highest 35.8% got middle school level education. And, just over half 50.8% of the respondents were dependent. As the average family income per month, most of them 75.8% got income between 100,001 Myanmar Kyats (MMK) and 300,000 MMK. Over half 50.8% of the respondents had below and four family members in their home and the rest 49.2% had five and above family members and types of family of mostly 75.8% are nuclear family. In addition, 71.7% had one school-age child and the other 28.3% had school-age children more than one. Detailed data is shown in Table 4.1.

Regarding source of information about sex education, the responses for sources of information (media) are described in Figure 4.1. The highest (52.5%) answered that they got information for sex education from internet/Facebook, (48.3%) responded to newspaper/journals/magazines, 43.3% responded to radio/television, and the least (33.3%) answered to health talks.

Figure (4.1) Sources of Information (Places) Regarding Prevention of CSA



Source: Survey data, 2020

* Multiple responses

4.3.1.2 Knowledge for Prevention of Child Sexual Abuse (CSA)

Table 4.2 shows the knowledge regarding prevention of CSA such as signs and symptoms of CSA, physical parts of a child that should not be allowed to be touched by others, persons to tell by the children when their private parts are touched by others and possible sexual abusers in this study. Most of the respondents had low level of

knowledge about for sign and symptom of CSA, but they had proper knowledge for physical parts of a child that should not be allowed to be touched by others, persons to tell by the children when their private parts are touched by others and possible sexual abusers.

As in sign and symptom of CSA statement, the highest over 70% knew that "abandonment of previous play habits, and genital/anal injuries". "Abnormal interest in or curiosity about sex or genitals" was recognized by the maximum 65.8% of the respondents. Over 40% of the respondents responded correct that "acting out in an inappropriate sexual way with toys or objects". Nevertheless, over 20% of the respondents responded correct that "Pain during urination or defecation, becoming unusually secretive, and unexplained soreness or bruises around genitals".

Concerning physical parts of a child that should not be allowed to be touched by others, over 70% of the respondents correctly answered to negative statement that hands and legs. In positive statement, the highest 73.3% answered correctly to genital organs. The responses can be identified by 60% for chest and 45.8% for buttocks correctly. Moreover, only 34.2% of the respondents answered correct response that lips of a child that should not be allowed to be touched by others.

In knowledge regarding persons to tell by the children when their private parts are touched by others, most of the respondents answered correct responses this statement. The majority of the respondents 92.5% identified that parents to tell by the children when their private parts are touched by others. Furthermore, about 49.2% of the respondents answered that teachers to tell by the children when their private parts are touched by others. In negative statement, 85.8% of the respondents were recognized to friends.

Most of the respondents 81.7% answered strangers can be possible sexual abusers. Regarding this knowledge question, a few respondents 3.3% identified that the females can be possible sexual abusers. Over half of the respondents answered correctly that male and neighbours can be possible sexual abusers. Detailed results of this session are presented in Table (4.2).

Table (4.2) Knowledge for Signs and Systems of CSA, Physical Parts, Person to Tell by the Children and Possible Sexual Abusers (n=120)

Q No.	Knowledge Questions	Correct	Incorrect
		Frequency (%)	Frequency (%)
2.	**Signs and symptoms of CSA****		
	- Abnormal interest in or curiosity about sex or genitals	79(65.8)	41(34.2)
	- Fear of being alone with a certain person	41(34.2)	79(65.8)
	- Sudden emotional or behavioral changes	46(38.3)	74(61.7)
	- Abandonment of previous play habits	85(70.8)	35(29.2)
	- Genital/anal injuries	87(72.5)	33(27.5)
	- Pain during urination or defecation	30(25.0)	90(75)
	- Acting out in an inappropriate sexual way with toys or objects	49(40.8)	71(59.2)
	- Becoming unusually secretive	28(23.3)	92(76.7)
	- Unexplained soreness or bruises around genitals	26(21.7)	94(78.3)
	- Pain, discoloration, bleeding or discharges in genitals, anus or mouth	20(16.7)	100(83.3)
3.	**Physical parts of a child that should not be allowed to be touched by others****		
	- Lip	41(34.2)	79(65.8)
	- Chest	72(60.0)	48(40)
	- Hands*	92(76.7)	28(23.3)
	- Genital organs	88(73.3)	32(26.7)
	- Legs*	95(79.2)	25(20.8)
	- Buttocks	55(45.8)	65(54.2)
4.	**Persons to tell by the children when their private parts are touched by others****		
	- Parents	111(92.5)	9(7.5)
	- Teachers	59(49.2)	61(50.8)
	- Polices	26(21.7)	94(78.3)
	- Friends*	103(85.8)	17(14.2)

Table (4.2) Knowledge for Signs and Systems of CSA, Physical Parts, Person to Tell by the Children and Possible Sexual Abusers (n=120) (Continued)

Q No.	Knowledge Questions	Correct	Incorrect
		Frequency (%)	Frequency (%)
5.	Possible sexual abusers**		
	- Strangers	98(81.7)	22(18.3)
	- Friends	30(25.0)	90(75)
	- Adults	43(35.8)	77(64.2)
	- Teenagers	20(16.7)	100(83.3)
	- Male	62(51.7)	38(48.3)
	- Female	4(3.3)	116(96.7)
	- Relatives	17(14.2)	103(85.8)
	- Neighbours	62(51.7)	58(48.3)

Source: Survey data, (2020)

Asterisk (*) indicated negative statement.

(**) indicates multiple responses question.

In Table (4.3), correct and incorrect responses on knowledge questions regarding prevention of CSA is illustrated. Most of the respondents had high knowledge for prevention of CSA. The majority of the respondents had proper knowledge about low socio-economic status is predisposing factor for CSA and mother's education level is very important for prevention of CSA.

The highest proportion of the respondents 83.3% responded correct that "One of the influencing risk factors for CSA is low socio-economic status". Over 70% of the respondents replied correctly on "Educated mothers know more about CSA than non-educated or undereducated mothers and mothers educate their children about CSA more than fathers". Over 60% of the respondents correctly responded that "There are social organizations that provide services for children exposed to CSA, children's education About CSA can prevent CSA, and Consequences of CSA is mental and psychological effects." Over half of the respondents correctly replied as "the problems of CSA have physical, social, and psychological negative consequences and there are mandatory laws that protect children from CSA." In addition, over 45% of the respondents

correctly answered that "If a child has been sexually abused, there will usually be no obvious physical evidence and mothers' knowledge about CSA can prevent the CSA."

Table (4.3) Knowledge for Prevention of Child Sexual Abuse (CSA) (n=120)

Q No.	Knowledge Questions	Correct	Incorrect
		Frequency (%)	Frequency (%)
1.	The problems of CSA have physical, social, and psychological negative consequences.	63(52.5)	57(47.5)
6.	There are mandatory laws that protect children from CSA.	62(51.7)	38(48.3)
7.	There are social organizations that provide services for children exposed to CSA.	73(60.8)	47(39.2)
8.	If a child has been sexually abused, there will usually be no obvious physical evidence.	56(46.7)	64(53.3)
9.	One of the influencing risk factors for CSA is low socio-economic status.	100(83.3)	20(16.7)
10.	Educated mothers know more about CSA than non-educated or undereducated mothers.	88(73.3)	32(26.7)
11.	Mothers educate their children about CSA more than fathers.	92(76.7)	28(23.3)
12.	It is very important to have one stop centre for CSA prevention issues.	47(39.2)	73(60.8)
13.	Children's education about CSA can prevent CSA	80(66.7)	40(33.3)
14.	Mothers' knowledge about CSA can prevent the CSA.	54(45.0)	66(55)
15.	Consequences of CSA is mental and psychological effects.	77(64.2)	43(35.8)

Source: Survey data, (2020)

4.3.1.3 Perception on Prevention of CSA

Table (4.4) demonstrates the responses on percentage and mean score for the perception questions regarding prevention of CSA among the respondents. Most of the respondents had positive perception including strongly agree and agree. The highest mean score refers to special emphasis of mother's role for preventing CSA (mean score = 3.47) and the lowest mean score refers to learn how to prevent CSA (mean score = 2.43).

In the statement of ‘Consequences of CSA is reproductive health effects for their children’, most of the respondents 94.2% had positive attitude on it (mean score = 3.36). And then, majority 96.7% of the mothers (mean score = 3.60) supported positive perception to ‘CSA is common problems for our society.’ Regarding the statement of ‘Proper and sustainable intervention on CSA will remove myths and maintain the basics of nurturing kids’, 92.5% of the respondents accepted positive perception on it (mean score = 3.27). About 95% of the respondents had positive perception on the statement of “Special emphasis of mother’s role for preventing CSA should look carefully on children with disabilities (mean score = 3.47) and mothers have to develop concrete strategies for preventing CSA in their locality (mean score = 3.55)”.

In addition, the statement ‘Prevention of CSA includes avoiding touching and non-touching behaviour with a child to meet sexual need or interest,’ was agreed by 65.8% of the respondents (mean score = 3.13). After that, exactly 85.8% of the respondents perceived positive perception (mean score = 3.17) to the mention of ‘Appropriate education will help prevent CSA.’ Concerning the statement of ‘Prevention of CSA is very crucial and should be considered a priority in the community programs’, about 87.5% of the respondents supposed positive perception on it (mean score = 3.25). Moreover, just over 80% of the respondents responded positive perception (mean score=3.04) on the question of ‘Mothers must take the primary responsibility for preventing CSA by addressing any questionable behaviour/risk.’

On the statement of ‘Prevention of CSA promotes a great time for mothers to review rules and policy of protecting children's right’, about 67.5% of the respondents perceived positive perception (mean score = 3.02). Moreover, the statement ‘Community prevention of CSA needs multisectoral approach’ was positively responded by 65.8% of the respondents on it (mean score = 2.95). Regarding another statement on ‘Prevention of CSA in the community require simple clear and understandable communication language and signs’, about 76.6% of the respondents believed positive this statement (mean score = 3.05). For the statement of ‘Support, Safety and love of mothers to their children is a fundamental for preventing CSA in the community,’ 62.5% had favorable perception on it (mean score = 2.84).

Table (4.4) Perception on Prevention of CSA (n = 120)

Q No	Perception Questions	Strongly agree	Agree	Disagree	Strongly disagree	Mean
		n (%)	n (%)	n (%)	n (%)	
1	CSA is common problems for our society.	80(66.7)	36(30.0)	1(0 .8)	3(2.5)	3.60
2	Mothers must take the primary responsibility for preventing CSA by addressing any questionable behaviour/risk.	33(27.5)	64(53.3)	18(15.0)	5(4.2)	3.04
3	Prevention of CSA includes avoiding touching and non-touching behaviour with a child to meet sexual need or interest.	30(25.0)	79(65.8)	8(6.7)	3(2.5)	3.13
4	Mothers have to develop concrete strategies for preventing CSA in their locality.	74(61.7)	40(33.3)	4(3.3)	2(1.7)	3.55
5	Special emphasis of mother's role for preventing CSA should look carefully on children with disabilities.	65(54.2)	49(40.8)	4(3.3)	2(1.7)	3.47
6	Prevention of CSA in the community require simple clear and understandable communication language and signs.	40(33.3)	52(43.3)	22(18.3)	6(5.0)	3.05
7	When mothers trust each other and speak up together they can prevent CSA happening in both girls and boys	32(26.7)	27(22.5)	48(40.0)	13(10.8)	2.65

Table (4.4) Perception on Prevention of CSA (n = 120) (Continued)

Q No	Perception Questions	Strongly agree	Agree	Disagree	Strongly disagree	Mean
		n (%)	n (%)	n (%)	n (%)	
10	Proper and sustainable intervention on CSA will remove myths and maintain the basics of nurturing kids.	45(37.5)	66(55.0)	6(5.0)	3(2.5)	3.27
11	Prevention of CSA promotes a great time for mothers to review rules and policy of protecting children's right.	60(50.0)	21(17.5)	21(17.5)	18(15.0)	3.02
12	Appropriate education will help prevent CSA	45(37.5)	58(48.3)	10(8.3)	7(5.8)	3.17
13	Support, safety and love of mothers to their children is a fundamental for preventing CSA in the community.	35(29.2)	40(33.3)	36(30.0)	9(7.5)	2.84
14	Community prevention of CSA needs multisectoral approach.	54(45.0)	25(20.8)	23(19.2)	18(15.0)	2.95
15	Prevention of CSA is very crucial and should be considered a priority in the community programs	51(42.5)	54(45.0)	10(8.3)	5(4.2)	3.25

Source: Survey data, 2020

4.3.2 Qualitative Results

Qualitative data were collected from seven participants by using interview guided questions in order to gain mothers' perspectives on the prevention of CSA. After analysis of quantitative findings, seven participants were choosing that who provided rich data and who gotten the highest or lowest scores of quantitative data by purposive sampling method. The data analysis procedures began once the interview data was converted from audiotapes to transcribed text. Data reduction began with reading and re-reading the transcribed data. The themes began to emerge with the initial reading of

each transcript. Next, an open coding procedure was utilized for the identification of emergent themes. This involves searching for meaning in the data. Key ideas and patterns are identified. Colored markers were used to identify the concepts that repeated. To maintain the confidentiality and anonymity, the researcher used the pseudonyms such as **Rose, Orchids, Snowdrop, Aster, Sunflower, Jasmine** and **Daisy** instead of the participants' real name. The characteristics of the participants were shown in the following table (4.5).

Table (4.5) The Characteristics of the Participants

No.	Pseudo Name	Age	Occupation	No of school age children
1	Rose	33	Dependent	1
2	Orchids	36	Own business	1
3	Snowdrop	42	Non-government staff	2
4	Aster	38	Dependent	1
5	Sunflower	49	Daily wages worker	3
6	Jasmine	40	Daily wages worker	2
7	Daisy	39	Dependent	1

Source: Survey data, (2020)

After using thematic analysis for qualitative data, the descriptive expression and (4) major themes emerged from the voice of mothers regarding their perception of CSA were;

1. Victim of CSA
2. The pivotal role of mother
3. Perceived cause of CSA and
4. Improper law and services

The first theme, as the view of CSA, participants in the study did not accept the sexual abuse behaviors on children absolutely and they claimed that it must give punishment seriously. Overall, participants defined CSA as sexual intercourse with a child below 18 years of age or with an adult who has not consented to the act. They perceived that stranger's men, and neighbors could be sexual abuse. In indeed-interview with mothers it is clear that there is considerable debate about what creates abusive behavior. In interviews with mothers who have been sexually abused as

children, there is a sense that their mentions were really abusive or insufficiently abusive.

Some participants believed that

> *"In general, there are many cases and I can say those which are reported are few compared to those which are happening around, and the big problem is the environments of rape normally are very private, one cannot rape in an open environment, and the environment must favor the thing (CSA)"* (Rose)

> *"Child sexual abuse happens with force and to children under ten years that age is not develop…after that it is not considerate like their children".*

(Orchids)

> *"Touching children on their private parts may become child sexual abuse…. some do manipulate and some do force…some kill the children after their cases to avid complications."*

(Aster)

> *"Lifestyle behaviors may lead to sexual abuse, nowadays Korea movies and K –pop culture and western dress are more popular. Young girls are wearing miniskirts and zero pan and also boy's use of alcohol and drugs to avoid stress and test new experiences. That can toward rape and sexual abuse."* (Jasmine)

However, one participant expressed her view that transactional sex with young girls does not amount to sexual abuse:

> *"It is common for teenage girls (14-15 years old) to have sex with older men for gifts or money; this is not child sexual abuse because the child (girl) agreed to it…."*

(Daisy)

As the second theme, most of participants discussed preventing their children from having contact with a stranger man and neighbors since they were the mother's friend. Most of educated mothers mentioned educating their children about child abuse and demanding to protect their children from CSA as a hero. Mothers always take the primary responsibility for preventing risk behaviors. There, they have to develop

concrete plans for preventing CSA in their locality. However, some participants stated that they felt fear to protect CSA as a hero for their children.

One participant expressed that

> *"…thing which worries me most is worrying about my daughters and wanting to make them safe and I have taken some steps to educate them, but it happens so much and most people don't even know about it, could be my neighbor…"*
>
> (Rose)

Another described effort to protect her child from being abused, but feeling unable to do so.

> *"The abuse also changed my way of thinking when it comes to what parental protection actually means…it taught me that you have to have your daughter on some type of birth control pills no matter what because you can't prevent what they can't prevent, but you can teach them how to protect themselves…"*
>
> (Snowdrop)

One participant also discussed their children prompting them to learn and change as well as motivating them to get help.

> *"Although I am not a graduate mother, I try to learn about sex education and read some books to teach my child, as you know this era is not similar our era, so I am trying to catch my child's era because their environment has many risk factors for sexual abuse and then I always admonish my environment's young child in order to avoid CSA"* (Sunflower)

Moreover, one participant described being fearful of having daughters due to fear of not being able to protect them from CSA. She reported,

> *"I was hoping to Buddha that I wouldn't have any daughters of my own just because I was fearful of how I was going to be able to protect them, but I am a mother as a hero I can do this well"* (Daisy)

As the third theme, Low socio-economic is one of the cases for CSA that can make negative impacts of life for both mothers and children. The risk factors of deeply poor cause the higher risk of early sexual exposure, powerlessness, and unwanted

pregnancies. Some participants reported that parents' poor economic status might force girls to engage in risky sexual activities in order to solicit financial support from older man or engage in housemaid.

Some participants mentioned

> *"The young children need to have family member that is also important. Young girls especially have been victims because they cannot protect themselves from the risk behaviors".* (Orchids)
>
> *".... Leave my child alone, because I myself am a jobber, and am earning an income to take her to school...."* (Sunflower)

> *"There was poor parental monitoring with regard to girls, especially after they reached puberty...this issue was more pronounced when we tended to earn for our family's food, clothes and shelter...so we have to try to go outside for their daughter to get money as seller or industry worker"*
>
> (Jasmine)
>
> *"Poverty is a problem that can lead to social problems in our society. We see those parents themselves send their daughters to go do housemaid so as to bring something home, they can be physical abuse or mentally abuse. We know that, Actor Min-Yarzar's case...."*
>
> (Daisy)

Finally, improper law and services including corruption, limited services, and lack of awareness. The police posts and health facilities are rare and have to cover a wide geographical area e.g., Yangon Region and the informants perceived this to be a major hindrance to obtaining care at an appropriate time. Participants urged that restraint should be placed on the power of law implementers; they expressed deep disappointment in the police and judiciary sectors and reported that corruption within these departments hindered the implementation of the laws against sexual offenses.

> *"Let me say one thing - police are corrupt. As we known the Victoria's case.... If you are poor and your son is accused of rape, he will go to jail. But if you are rich you will talk to the head of police and the case is closed."* (Snowdrop)

"In Myanmar, the implementation of the law has been limited as the law enforcement institutions are under-funded, inaccessible and incompetent…the sexual offence law is also not implemented because the community accept these acts so as to protect each other as well as the community's dignity." (Aster)

Two participants perceived the need to educate the community across all age and social groups to raise their knowledge on issues pertaining to CSA, the health consequences, and the importance of seeking care, and the laws that exist to support the authorities of local community and health care providers.

"We know education in Myanmar parents hasn't reached all citizens. People need to have education about prevention of CSA because it is the most basic primary education. We know about this absolutely and then the authorities of local community must stand in front of the law and fight for their rights"

(Orchids)

"They are not taken to the local authoritative person or anything of that sort, only to those senior citizens with wisdom. If impossible to solve health services, then maybe they take it to the township chairman. The chairman himself is not involved, but the senior citizens of community sit together and solve it."

(Sunflower)

"I thought that the health care workers need to teach the local leaders on how to educate society on these (CSA) things. Sometimes you might ask why they fail to advise community members if they have limited knowledge. So, if the authorities of township collaborate with the health care providers, it is possible to provide the information to the members and prohibit CSA."

(Jasmine)

Overall, the survey results reported here presents evidence of the awareness of prevention on CSA among Hlaing-Tharyar's mothers as quantitative survey results. The perspective of mother regarding CSA in Myanmar was also explored. The findings are discussed in the next chapter and the appropriate recommendations of these results are also discussed.

CHAPTER V
CONCLUSION

5.1 Findings

Child sexual abuse is a common social phenomenon with serious life-time consequences. Thus, mothers play an important role in identifying and preventing child abuse cases. The objective of the study was to study the awareness of mothers on preventing rape and child sexual abuse. To achieve this purpose, a cross sectional descriptive study with the combination of qualitative and qualitative methods was conducted with a total of 120 respondents at Hlaing-Tharyar Township in Yangon Region. This study focused on two portions: quantitative survey findings including socio-demographic characteristics, knowledge and perception on prevention of CSA among the respondents and qualitative survey findings by linking with the objective of the study, existing knowledge, and the related suggestions.

Regarding socio-demographic characteristics of mothers, the age of the respondents was ranged from 21 to 50 years and the largest age group (41.7%) was between 31 to 40 years of age. Most of the study population was within reproductive age, and, this age range may be the highest age group at which mothers begin to handle the children with school aged. Most of the respondents in this study were Bamar and Buddhists. In most of the cultures and societies around the world, talking about sexuality is regarded as taboo. Thus, the cultural norms, family's values and beliefs perceived by the respondents should be concerned in providing health education for prevention of CSA and reproductive health. In addition, nearly half 43.3% of the respondents were primary school level educated and the majority of the respondents (75.8%) had 100,001-300,000 MMK family income per month as most were dependent. It can be seen that education and economic status of the mother are the best predictor and the most important factor that strongly influences on the awareness of preventing CSA. Therefore, mother's age group, educational level and economic status are strongly associated with the awareness of preventing CSA of mothers in this study according to the statistical analysis.

In this study, concerning the media as source of information, the highest 52.5% of the respondents replied that they received information about sex education from

internet/Facebook, on the other hand, only one third 33.3% got the information from health talks. Source of information plays an important role in establishing good knowledge and attitude towards prevention of CSA for mothers. Therefore, the respondents still need to access the correct sources to get accurate information provided by prevention of CSA because most of Internet/Facebook's information may be round information.

In assessing the knowledge regarding prevention of CSA such as signs and symptoms of CSA, physical parts of a child that should not be allowed to be touched by others, persons to tell by the children when their private parts are touched by others and possible sexual abusers in this study. Most of the respondents had low level of knowledge about for sign and symptom of CSA, but they had proper knowledge for physical parts of a child that should not be allowed to be touched by others, persons to tell by the children when their private parts are touched by others and possible sexual abusers. Therefore, it is needed adequate education regarding signs and symptoms of CSA to mothers by a variety of methods in this study.

Regarding the perception of preventing CSA, most of the respondents had positive perception on it. The highest proportion of the respondents concerned that one of the influencing risk factors for CSA is low socio-economic status. They were aware that educated mothers know more about CSA than non- educated or undereducated mothers and mothers educate their children about CSA more than fathers. In this study, they had higher mean of perception regarding child sexual abuse, but some respondents had unfavorable perception on some statements.

In qualitative findings, participants viewed the victim of CSA is common at the age of below 18 years of age or with an adult who has not consented to the act. They perceived those boys, men, and older men could be sexual abuse. Thus, mothers are the vital role and responsibility for preventing CSA to provide the guidance and knowledge to their children about sexuality. Moreover, since mothers are spending more time and have closely relationship with their children and most of the fathers are working outside, even if both parents have responsibility for supervision, the mothers have better opportunities to do so. For the third theme, low socio-economic status is significant risk factors in child sexual victimization. Poverty drives the incidence and prevalence of CSA as poor women and children are forced into sexual abuse in order to get money to survive.

Moreover, most of the participants perceived that the implementation of the law has been difficult as the law enforcement institutions are under-funded, inaccessible and incompetent. They expressed the view that the sexual offence law was also not implemented because the community accepted these acts so as to protect each other as well as the community's dignity. In addition, there was responded slowly to reported rapes and there was still corruption in the effort to strengthen children's rights and reduce violence against children.

5.2 Recommendations

Based on the results of this study, the researcher would like to provide effective recommendations as follows.

In this study, most of the respondents received prevention of CSA knowledge from Internet/Facebook. Thus, mass media education campaigns should be utilized in order to access accurate and correct information for all mothers.

Most of the respondents had low level of knowledge about for sign and symptom of CSA in this study. Therefore, mothers should actively participate in education programs and health talks with regard to sex education in order to get accurate information.

Some respondents had unfavorable perception on prevention of CSA in this study. Therefore, it is needed to build the positive perception on awareness of CSA that can help in preventing the prevalence rate of CSA.

Most of the participants perceived that the implementation of the law has been difficult as the law enforcement institutions are corruption, inaccessible and incompetent. Thus, the authorities have to collaborate and cooperate among many partners and to encourage anticorruption for sexual offenses.

Interventional studies with a larger and more diverse sample size using truly randomized controlled trial study are recommended for more generalizable results.

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APPENDIX

Structured interview questionnaire

Code No. _____

Section (A) - Questions concerned with socio-demographic data of mother

1. Age (completed year) - ---------- (Years)
2. Ethnicity - ----------
3. Religion - ----------
4. Education - ----------
    a. Can read and write
    b. Primary school passed
    c. Middle school passed
    d. High school passed
    e. University student/ graduate
5. Occupation - ----------
    a. Dependent
    b. Own business
    c. Non-government staff
    d. Daily wages worker

5. Family income (per month) - ----------
6. Total No. of family - ----------
7. Type of family - ----------
    a. Nuclear family
    b. Others
8. Number of school age children - ----------
9. Source of information* - ----------
    a. Internet/Facebook
    b. Newspaper/journals/magazines
    c. Radio/television
    d. Health talks

Section (B)

Read the following questions and select the relevant answers. If you agree, tick in True box, if you disagree, tick in False box and if you can't decided, tick in Don't know box.

I. Knowledge for Prevention of Child Sexual Abuse (CSA)

	True	False	Don't know
1. The problems of CSA have physical, social, and psychological negative consequences.	☐	☐	☐
2. Signs and symptoms of CSA			
a. Abnormal interest in or curiosity about sex or genitals	☐	☐	☐
b. Fear of being alone with a certain person	☐	☐	☐
c. Sudden emotional or behavioral changes	☐	☐	☐
d. Abandonment of previous play habits			
e. Genital/anal injuries	☐	☐	☐
f. Pain during urination or defecation	☐	☐	☐
g. Acting out in an inappropriate sexual way with toys or objects	☐	☐	☐
h. Becoming unusually secretive	☐	☐	☐
i. Unexplained soreness or bruises around genitals	☐	☐	☐
j. Pain, discoloration, bleeding or discharges in genitals, anus or mouth	☐	☐	☐

3. Which physical parts of a child should not be allowed to be touched by others? (Multiple responses)

   a. Lips ☐ ☐ ☐
   b. Chest ☐ ☐ ☐
   c. Hands ☐ ☐ ☐
   d. Genital organs ☐ ☐ ☐
   e. Legs
   f. Buttocks ☐ ☐ ☐
   g. Others ☐ ☐ ☐

4. Whom must be told by the children when their private parts are touched by others? (Multiple responses)

   a. Parents ☐ ☐ ☐
   b. Teachers ☐ ☐ ☐
   c. Polices ☐ ☐ ☐
   d. Friends ☐ ☐ ☐
   e. Others ☐ ☐ ☐

5. Who can sexual abusers be? (Multiple responses)

   a. Strangers ☐ ☐ ☐
   b. Friends ☐ ☐ ☐
   c. Adults ☐ ☐ ☐
   d. Teenagers ☐ ☐ ☐
   e. Male ☐ ☐ ☐
   f. Female ☐ ☐ ☐
   g. Relatives ☐ ☐ ☐
   h. Neighbours ☐ ☐ ☐
   i. Others ☐ ☐ ☐

6. There are mandatory laws that protect children from CSA. ☐ ☐ ☐

7. There are social organizations that provide services for children exposed to CSA. ☐ ☐ ☐

8. If a child has been sexually abused, there will usually be no obvious physical evidence. ☐ ☐ ☐
9. One of the influencing risk factors for CSA is low socio-economic status.
10. Educated mothers know more about CSA than non- educated or undereducated mothers. ☐ ☐ ☐
11. Mothers educate their children about CSA more than fathers. ☐ ☐ ☐
12. It is very important to have one stop centre for CSA prevention issues. ☐ ☐ ☐
13. Children's education about CSA can prevent CSA. ☐ ☐ ☐
14. Mothers' knowledge about CSA can prevent the CSA. ☐ ☐ ☐
15. Consequences of CSA is mental and psychological effects ☐ ☐ ☐

II. Perception on Prevention of child sexual abuse

General Instruction: Please read each of the following statements carefully. Then tick (√) for each, whether you Strongly Agree, Agree, Disagree, or Strongly Disagree.

NO	STATEMENTS	Strongly Agree	Agree	Disagree	Strongly Disagree
1	CSA is common problems for our society.				
2.	Mothers must take the primary responsibility for preventing CSA by addressing any questionable behaviour/risk.				
3.	Prevention of CSA includes avoiding touching and non-touching behaviour with a child to meet sexual need or interest.				
4.	Mothers have to develop concrete strategies for preventing CSA in their locality.				
5.	Special emphasis of mother's role for preventing CSA should look carefully on children with disabilities.				
6.	Prevention of CSA in the community require simple clear and understandable communication language and signs.				
7.	When mothers trust each other and speak up together they can prevent CSA happening in both girls and boys				
8.	CSA cases are very high, so it is necessary for children to learn how to prevent CSA.				
9.	Consequences of CSA is reproductive health effects for their children.				
10.	Proper and sustainable intervention on CSA will remove myths and maintain the basics of nurturing kids.				

11.	Prevention of CSA promotes a great time for mothers to review rules and policy of protecting children's right.				
12.	Appropriate education will help prevent CSA				
13.	Support, safety and love of mothers to their children is a fundamental for preventing CSA in the community.				
14.	Community prevention of CSA needs multisectoral approach.				
15.	Prevention of CSA is very crucial and should be considered a priority in the community programs				

Interview guided questions

1. Could you tell me about the perspective of child sexual abuse in our society?
2. What is your opinion, mothers must take the primary responsibility for preventing child sexual abuse?
3. How do you perceive that low socio-economic status is the predisposing factor of child sexual abuse?
4. Please tell me about the constraints and limitations of prevention for child sexual abuse in our community?

Sample size determination

A total of 120 mothers were included in this study. The calculated simple size was 96. Sample size was calculated by the following equation:

$$n = \frac{Z^2 \times P\,q}{d^2}$$ (Lwanga & Lemeshow, 1991)

n = sample size

P = proportion of persons with a characteristic of interest

q = 1- *P*

d = margin of error

A rough estimate of *P* will usually suffice: It is not possible to estimate *P*, a figure of 0.5 should be used; this is the safest choice for the population proportion since the sample size required is largest when *P*=0.5 (Lwanga & Lemeshow, 1991).

Assumption

(a) Anticipated population proportion 50%

(b) Confidence interval (CI) 95%

(c) Absolute precision (40% - 60%) 10% points

Therefore, Z = 1.96 (for 95% CI)

P = 0.5

q = 1-0.5 = 0.5

d = 0.1

$$n = \frac{(1.96)^2 \times (0.5 \times 0.5)}{(0.1)^2}$$

= 96.04

Therefore, minimum sample size was 96.

According to the sample size calculation, the required minimum sample size was (96). Nevertheless, (120) mothers were selected in this study because of the estimated dropout rate.

Map of Hlaing Tharyar Township