

## Effectiveness of Health Education-oriented Program on Parents' Awareness towards Adolescents' Violence Control in Baghdad City

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### المسخلص

**الهدف:** تهدف الدراسة إلى تحديد فعالية برنامج تثقيف صحي موجه على وعي الوالدين تجاه السيطرة على عنف المراهقين.

**المنهجية:** دراسة شبه تجريبية أجريت في مدينة بغداد للمدة من 1 نيسان 2008 إلى 1 أيلول 2009. اختيرت خلالها عينة غرضية "غير احتمالية" مكونة من 60 من الوالدين ممن فيهم عنف المراهقين وكان اختيارهم حسب معايير محددة. إذ قسم الباحثان العينة إلى مجموعتين متساويتين (مجموعة دراسة ومجموعة ضابطة). تم بناء برنامج التثقيف الصحي وكذلك استمارة الاستبيان كأداة لجمع المعلومات بواسطة الباحثين لغرض القيام بالدراسة. صديق الاستمارة والبرنامج تم تعينهما من قبل مجموعة من الخبراء في مختلف التخصصات. ثبات الأداة حددت باستعمال معامل الارتباط بيرسون بواسطة أسلوب الاختبار وإعادة الاختبار من خلال الدراسة الاستطلاعية التي أجريت من 1 تشرين الأول 2008 إلى 22 تشرين الأول 2008. تم تحليل البيانات باستعمال تحليل الإحصاء الوصفي (التوزيع التكراري، النسبة المئوية والوسط الحسابي)، وتحليل الإحصاء الاستنتاجي (معامل الارتباط بيرسون، الاختبار التائي وتحليل التباين).

**النتائج:** أظهرت نتائج الدراسة إلى أن هناك فروقات مقارنة مهمة بين وعي الوالدين تجاه السيطرة على عنف المراهقين في مجاميع الدراسة والضابطة خلال الاختبارات القبلي والبعدي الأول والثاني (بعد مرور 3 إلى 4 أسابيع من الاختبار البعدي الأول) مما أدى إلى نجاح البرنامج وبالإمكان اعتباره وسيلة فعالة لزيادة وعي الوالدين.

**التوصيات:** أوصت الدراسة حول إمكانية تنفيذ مثل هكذا برنامج على شكل دروس تعطى لوالدي المراهقين في المدارس ودور الأحداث من أجل زيادة وعيهم.

### Abstract:

**Objective:** This study aims to determine the effectiveness of health education oriented program on parents' awareness towards adolescents' violence control.

**Methodology:** A quasi-experimental study was carried out in Baghdad city from 1<sup>st</sup> of April, 2008 to 1<sup>st</sup> of September, 2009. A purposive "non-probability" sample of 60 parents who have adolescents' violence in their families who were selected according to specific criteria. The researcher divided the samples into two equal groups; the study and control groups. The health education program, as well as a questionnaire was constructed as tools for data collection by the researcher for the purpose of the study. Content validity was determined by a panel of experts in different specialties. Reliability of instrument was determined by the use of test-retest approach through the pilot study which was carried out from October, 1<sup>st</sup>, 2008 to October, 22<sup>nd</sup>, 2008. Data were analyzed through the application of the descriptive statistics (frequency, percentage and mean), and inferential statistics (person correlation coefficient and t-test).

**Results:** Results of the study indicates that there is a significant comparative difference between parents' awareness towards adolescents' violence control in the study and control groups through the pre-test, post-test-I and post-test-II. (after 3 to 4 weeks of post-test, for these results program is successful and can be considered as an effective means to increase parents' awareness.

**Recommendations:** The study recommended that such program can be implemented in form of sessions for parents of adolescents in schools or reformation of juveniles to increase their awareness.

**Keywords:** Parents' Awareness; Adolescents' Violence Control

### Introduction:

Violence and human abuse are not new phenomena; but they have increasingly become community health concerns<sup>(1)</sup>. Violence is a major cause of injury and death among adolescents<sup>(2)</sup>. It caused by a complex web of interconnected factors including religious, moral, ethical, social, political and cultural differences<sup>(3, 4)</sup>. Youth violence is a serious problem that can have lasting harmful effects on victims and their families, friends, and communities. The goal of youth violence prevention is simple to stop from happening in the first place, but the solutions are as complex as the problem<sup>(5)</sup>.

The field of violence prevention is still very new, and must make progress on several fronts. New tools must be developed and existing tools need to be improved<sup>(6)</sup>. A variety of programs directly or indirectly serve the health needs of adolescents. In most states community health

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nurses (CHNs) provide teaching and counseling services to parents in their homes and in groups<sup>(7)</sup>. Community health nurses are in a position to impact community member health behaviors and practices through a variety of nursing activities and roles<sup>(8)</sup>. Educational efforts can be directed toward a wide variety of target group to help convey knowledge and skills<sup>(9)</sup>.

There is a critical need for a sound research based for public policy related to violence control<sup>(10)</sup>. Effective prevention strategies are necessary to promote awareness about youth violence and to foster the commitment to social change<sup>(5)</sup>. Violence is often predictable and preventable like other health problems<sup>(11)</sup>. Parents must protect their children from injury, violence, abuse and neglect. It is important that parents model healthy behaviors for their children<sup>(12)</sup>. Young children will accept educational information from parents, teachers, and role models<sup>(13)</sup>.

### Methodology:

A quasi-experimental design was carried out through the present study with the application of pre-test and post-test approach for the study and control groups, from the period of April, 1<sup>st</sup> 2008 through September, 1<sup>st</sup> 2009. The study was conducted on parents (fathers and mothers) who were involved in the health education program and those who are interviewed at their homes, health care centers and schools. The program is carried out in Al Akramin Primary School at Al Russafa Second Education Directorate, Akad Neighborhood in Baghdad City during the period of one week through five sessions related to adolescents violence control.

A purposive "non-probability" sample of 60 parents who have violent adolescents were selected. The researchers have divided the sample into two equal groups. The first group is the study group which was exposed to the health education program. The second one has not been exposed to the health education program, which is the control group. The groups were selected according to specific criteria.

The planning process and construction of this program are based on; assessment of parents' needs through the data collection and its evaluation, review of literature related to the violence problems, personal background the experts' experience. Validity of this program and study instrument were determined through content validity by panel of (14) experts.

### The study instrument includes the following:

#### Part I: Demographic Characteristics

This part includes; sex, age, educational level and socio-economic status. The scale for measuring socio-economic status of the family indicated by Tiwari and Kumar (2005)<sup>(14)</sup>.

#### Part II: Evaluation of Parents' Awareness towards Adolescents' Violence Control

An instrument is constructed through the use of (3) levels type Likert Scale for the assessment of parents' awareness towards adolescents' violence control. The rating and scoring scale of the instrument is "Three for Agree, Two for Agree to some extent and One for Disagree"<sup>(15)</sup>.

This instrument consists of statements that covered the major domains of the health education program. Each statement has (3) items according to component of this statement. It is comprised of (96) items.

A pilot study of 20 parents is conducted at Al-Akramin Primary School, Akad Neighborhood in Baghdad City, in order to determine the validity and the reliability of the study instruments which is used for measuring the effectiveness of health education oriented program on parents' Awareness towards Adolescents' violence Control. Test-retest reliability computed for determination of the instrument reliability which is  $r = 0.87$ .

The data collection of the present study started from November, 1<sup>st</sup> 2008 through December, 31<sup>st</sup> 2008.

Data of the present study are analyzed by using and application of the followings:

#### 1. Descriptive Statistical Data Analysis

1.1. Frequencies and percentages that describe the demographic characteristics of parents, such as sex, age, educational level and socio-economic status.

1.2. Mean which considered is a measure of central tendency, computed by summing all scores and dividing by the number of parents in the study or control groups.

## 2. Inferential Statistical Data Analysis

2.1. Pearsons' correlation coefficient. This procedure is used for the determination of the reliability of the study questionnaire through application of test-retest approach.

2.2. Calculation of t-test is applied for determination of the comparative differences between parents' awareness in the study and control groups through the pre-test, post-test-I and post-test-II.

## Results:

**Table 1.** Distribution of the Parents' Demographic Characteristics

List	Demographic Characteristics	Study Group		Control Group	
		n	%	n	%
<b>1</b>	<b>Parents' Sex</b>				
	Male	16	53.3	15	50.0
	Female	14	46.7	15	50.0
	<b>Total</b>	30	100	30	100
<b>2</b>	<b>Parents' Age (years)</b>				
	35-39	3	10.0	6	20.0
	40-44	10	33.3	11	36.7
	45-49	10	33.3	7	23.3
	50-54	3	10.0	4	13.3
	55 and over	4	13.3	2	6.7
	<b>Total</b>	30	100	30	100
<b>3</b>	<b>Parents' Education</b>				
	Illiterate	2	6.7	2	6.7
	Able to read and write	2	6.7	2	6.7
	Primary school graduate	5	16.7	4	13.3
	Intermediate school graduate	8	26.7	9	30.0
	Secondary school graduate	4	13.3	4	13.3
	Institute school graduate	4	13.3	4	13.3
	College graduate and over	5	16.7	5	16.7
	<b>Total</b>	30	100	30	100
<b>4</b>	<b>Parents' Socio-economic status</b>				
	Low	8	26.7	10	33.3
	Moderate	17	56.7	15	50.0
	High	5	16.7	5	16.7
	<b>Total</b>	30	100	30	100

n= Number of each group; %= Percentage

Table (1) indicates that almost more than half of the subjects are males in the study group (53.3%). Most of the control group is of 40-44 years old (36.7%). Large number of them, in the control group, is intermediate school graduates (30.0%). The socioeconomic status is accounted as moderate (56.7%) for more than half of the study group.

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**Table 2.** Assessment of parents' awareness towards adolescents' violence control through the pre-test period

List	Domain	Level of Awareness	Pre-test				Total	%
			Study Group (n= 30)		Control Group (n= 30)			
			n	%	n	%		
1	Parents' awareness towards adolescents' violence	High	1	3.33	2	6.67	3	5
		Moderate	29	96.67	28	93.33	57	95
		Low	0	0	0	0	0	0
2	Parents' awareness towards risk factors for adolescents' violence	High	3	10	3	10	6	10
		Moderate	27	90	27	90	54	90
		Low	0	0	0	0	0	0
3	Parents' awareness towards occurrence of adolescents' violence	High	3	10	2	6.67	5	8.33
		Moderate	27	90	28	93.33	55	91.66
		Low	0	0	0	0	0	0
4	Parents' awareness towards effect of adolescents' violence	High	3	10	2	6.67	5	8.33
		Moderate	27	90	28	93.33	55	91.66
		Low	0	0	0	0	0	0
5	Parents' awareness towards control of violence prior to its existence	High	10	33.33	12	40	22	36.66
		Moderate	20	66.67	18	60	38	63.33
		Low	0	0	0	0	0	0
6	Parents' awareness towards control of violence through to its existence	High	10	33.33	12	40	22	36.66
		Moderate	20	66.67	18	60	38	63.33
		Low	0	0	0	0	0	0
7	Parents' awareness towards control of violence post to its existence	High	1	3.33	2	6.67	3	5
		Moderate	29	96.67	28	93.33	57	95
		Low	0	0	0	0	0	0

n= Number of subjects in each group; %= Percentage

Pre-test: prior to application of the program

List 1, 2, 3: High level (28-36) Moderate level (20-27) Low level (12-19): Not applicable

List 4, 5, 6, 7: High level (35-45) Moderate level (25-34) Low level (15-24): Not applicable

Table (2) indicates that the parents' level of awareness towards adolescents' violence control is moderately oriented for the most in both groups (95%) through the pre-test.

**Table 3.** Comparative Difference between the study and control groups related to their awareness towards adolescents' violence control through the pre-test period

List	Domain	Pre-test				DM	t	df	P
		Study Group (n=30)		Control Group (n=30)					
		Mean	SD	Mean	SD				
1	Adolescents' violence.	20.47	1.76	20.93	2.30	-0.46	-0.882	58	0.381
2	Risk factors for adolescents' violence.	21.17	2.10	21.97	2.03	-0.80	-1.501	58	0.139
3	Occurrence of adolescents' violence.	21.30	2.05	21.73	1.62	-0.43	-0.908	58	0.368
4	Effects of adolescents' violence.	27.40	2.57	27.70	2.79	-0.30	-0.433	58	0.667
5	Control measures of violence prior to its existence.	29.97	2.14	31.10	2.45	-1.13	-1.906	58	0.062
6	Control measures of violence through to its existence.	30.23	2.50	31.36	2.41	-1.13	-1.900	58	0.062
7	Control measures of violence post to its existence.	25.93	2.32	27.13	2.79	-1.20	-0.813	58	0.075

df= Degree of freedom; DM= Differences in Mean; n= Number of subjects in each group; P= Level of probability at  $\leq 0.05$ ; SD= Standard deviation; t= Unpaired t-test value

This table indicates that there are no significant differences between the study and control groups related to parents' awareness towards adolescents' violence control through the pre-test.

**Table 4.** Comparative difference between the study and control groups related to their awareness towards adolescents' violence control through the post-test 1 period

List	Domain	Post-test-I				DM	t	df	P
		Study Group (n=30)		Control Group (n=30)					
		Mean	SD	Mean	SD				
1	Adolescents' violence.	36.00	0.00	20.83	2.17	15.16	38.337	58	0.001
2	Risk factors for adolescents' violence	36.00	0.00	21.57	2.05	14.43	38.644	58	0.001
3	Occurrence of adolescents' violence	36.00	0.00	21.50	1.63	14.50	48.582	58	0.001
4	Effects of adolescents' violence	45.00	0.00	27.30	2.44	17.70	39.773	58	0.001
5	Control measures of violence prior to its existence	45.00	0.00	30.37	2.31	14.63	34.672	58	0.001
6	Control measures of violence through to its existence	45.00	0.00	30.40	2.34	14.60	35.130	58	0.001
7	Control measures of violence post to its existence	45.00	0.00	26.17	2.88	18.83	35.845	58	0.001

df= Degree of freedom; DM= Differences in Mean; n= Number of subjects in each group; P= Level of probability at  $\leq 0.05$ ; SD= Standard deviation; t= Unpaired t-test value

This table indicates that there are highly significant differences between the study and control groups related to all domains of the parents' awareness towards adolescents' violence control through the post- test-I.

**Table 5.** Comparative difference between the study and control groups related to their awareness towards adolescents' violence control through the post-test-II period

List	Domain	Post-test-II				DM	t	df	P
		Study Group (n=30)		Control Group (n=30)					
		Mean	SD	Mean	SD				
1	Adolescents' violence	33.93	1.34	19.97	2.25	13.96	29.215	58	0.001
2	Risk factors for adolescents' violence	33.60	1.65	20.87	1.96	12.73	27.200	58	0.001
3	Occurrence of adolescents' violence	32.57	1.72	20.67	1.73	11.90	26.761	58	0.001
4	Effects of adolescents' violence	43.50	1.25	26.77	2.78	16.73	30.100	58	0.001
5	Control measures of violence prior to its existence	44.50	0.73	30.50	2.65	14.00	27.904	58	0.001
6	Control measures of violence through to its existence	43.60	1.22	30.47	2.46	13.13	26.197	58	0.001
7	Control measures of violence post to its existence	42.63	1.43	26.80	2.77	15.83	27.822	58	0.001

df= Degree of freedom; DM= Differences in Mean; n= Number of subjects in each group; P= Level of probability at  $\leq 0.05$ ; SD= Standard deviation; t= Unpaired t-test value

This table indicates that there are highly significant differences between the study and control groups related to all domains of the parents' awareness towards adolescents' violence control through the post-test-II.

**Table 6.** Comparative difference between the study group related to their awareness towards adolescents' violence control through the pre-test and post-test-I period

List	Domain	Study Group (n=30)				MD	t	df	P
		Pre-test		Post-test-I					
		Mean	SD	Mean	SD				
1	Adolescents' violence	20.46	1.75	36.00	0.00	-15.54	-48.439	29	0.001
2	Risk factors for adolescents' violence	21.16	2.10	36.00	0.00	-14.84	-38.647	29	0.001
3	Occurrence of adolescents' violence	21.30	2.05	36.00	0.00	-14.70	-39.207	29	0.001
4	Effects of adolescents' violence	27.40	2.56	45.00	0.00	-17.60	-37.543	29	0.001
5	Control measures of violence prior to its existence	29.96	2.14	45.00	0.00	-15.04	-38.454	29	0.001
6	Control measures of violence through to its existence	30.23	2.50	45.00	0.00	-14.77	-32.342	29	0.001
7	Control measures of violence post to its existence	25.93	2.31	45.00	0.00	-19.07	-45.046	29	0.001

df= Degree of freedom; DM= Differences in Mean; n= Number of subjects in each group; P= Level of probability at  $\leq 0.05$ ; SD= Standard deviation; t= Paired t-test value

This table indicates that there are highly significant differences between the parents' awareness towards adolescents' violence control related to the pre-test and post- test-I in the study group.



**Table 7.** Comparative difference between the study group related to their awareness towards adolescents' violence control through the pre-test and post-test-II period

List	Domain	Study Group (n=30)				MD	t	df	P
		Pre-test		Post-test-II					
		Mean	SD	Mean	SD				
1	Adolescents' violence	20.46	1.75	33.93	1.33	-13.47	44.008	29	0.001
2	Risk factors for adolescents' violence	21.16	2.10	33.60	1.65	-12.44	27.383	29	0.001
3	Occurrence of adolescents' violence	21.30	2.05	32.56	1.71	-11.26	23.506	29	0.001
4	Effects of adolescents' violence	27.40	2.56	43.50	1.25	-16.10	30.998	29	0.001
5	Control measures of violence prior to its existence	29.96	2.14	44.50	0.73	-14.54	37.387	29	0.001
6	Control measures of violence through to its existence	30.23	2.50	43.60	1.22	-13.37	27.951	29	0.001
7	Control measures of violence post to its existence	25.93	2.31	42.63	1.42	-16.70	33.967	29	0.001

df= Degree of freedom; DM= Differences in Mean; n= Number of subjects in each group; P= Level of probability at  $\leq 0.05$ ; SD= Standard deviation; t= Paired t-test value

This table indicates that there are highly significant differences between the parents' awareness towards adolescents' violence control related to the pre-test and post- test-II in the study group.

### Discussion:

#### Part-I: Discussion of the Parents' Demographic Characteristics

Analysis of the parent's demographic characteristics indicates that almost more than half of parents are males in the study group (Table 1). This finding has emerged due to the fact that females in our culture have a desire to be involved in home-making tasks rather than participated in the health education program.

Related to the age distribution, most of the control group is of (40-44) years old. Such age of parents is evidenced in this fashion as fact that no parents have adolescent kids with age younger than the present one.

Concerning with educational level, large number of them are intermediate school graduated. This result is supported by Youssef and others (1999) who states that a significant trend is observed between the level of the fathers' education and mothers' education and violent behavior among children<sup>(16)</sup>. It also, provides an evidence by Carpenter and Givens (2001) who states that children's health is also tied closely to their education level<sup>(12)</sup>.

With regard to the socio-economic status, this character is accounted for more than half of the study group as moderate level. Results out of this data analysis are supported by Youssef and others (1999) who demonstrates a linear trend which is observed between violent behavior adopted by children and adolescents and their family income. Compared with those who reported that their family income is just sufficient to cover their expenses, a higher tendency to violent behavior is encountered among children whose family income is in excess and allowed saving and among those whose family income is insufficient to cover their basis needs<sup>(16)</sup>. For such issue, Mockbee (1995) ensures that the poverty is closely linked to violence<sup>(17)</sup>. Furthermore, Steinberg (2000) reports that families out of poverty will reduce adolescents' violence. As well as, any attempt to reduce violence in America must include a systematic effort to improve the home environments of Americans' children and adolescent<sup>(18)</sup>.

Brooks (2002) determines that the violence occurred in every community, every race, at all socio-economic levels, all educational levels, all ages, in both men and women, among the employed and unemployed and celebrities and non celebrities. In other words, no population are unaffected by domestic violence<sup>(19)</sup>.

So, it is a fact that individuals and their families with such demographic characteristics can experience violence. Further, violence can be increased in rate among families with low education and low socio-economic status.

For this reason, Tolan and Guerra (2002) recommends that at a minimum, evaluations of all programs should include a description of the samples' demographic characteristics (age, gender, ethnicity, socio-economic status and residence location)<sup>(20)</sup>.

#### Part-II: Discussion of effectiveness of health education oriented program on parents' awareness towards adolescents' violence control

Clark (1999) indicates that the important element of the reflective dimension in a health education situation is evaluation. The CHNs must be able to evaluate the effectiveness of health education<sup>(10)</sup>.

Prior to the implementation of the health education, the results of data analysis indicated that the parents in the study and control groups have inadequate awareness towards adolescents' violence control through the pre-test (Table 2).

Results of the study reported that there is no significant comparative between the study and control groups through the pre-test (Table 3).

The researcher has exposed the study group to 5 sessions of health education program through the major domains of adolescents' violence control, while the control group is not exposed.

Results from such analysis depicted that there is a highly significant changes improved of parents' awareness in the study group, while the parents' awareness in the control group is not changed through the pre-test-I (Table 4).

The comparative differences between parents' awareness in the study and control groups, related to adolescents' violence control through the post- test 2 (after 3 to 4 weeks of post-test 1) shows that there is significant differences in parents' awareness (Table 5).

Highly comparative differences were observed between parents' awareness in the study group related to adolescents' violence control through the periods of the pre-test with post-test-I and II (Table 6 and 7).

Such results provide an evidence which is supported by Lucas and Gilles (2003) who reports that the objective of the health education is to make people value health as a worth while asset, with a desire to live long and feel well; and with the support of health personnel, to learn what they can do as individual, families and communities to protect and improve their own health<sup>(21)</sup>.

It also is supported by FVPP (2005) who reports that many of program objectives which increasing knowledge about what happens to victims, offenders, their families and the types of follow-up they receive, through both short-term and long-term tracking studies<sup>(22)</sup>.

Moreover, CDC (2007) states that research on youth violence has increased our understanding of factors that makes some population more vulnerable to victimization and perpetration<sup>(23)</sup>.

WHO (2002) reports that the community-based efforts are geared toward raising public awareness about violence, stimulating community action, and providing for the care and support of victims<sup>(11)</sup>.

For analysis and determination of such programs, Campbell and Humphreys (1993) recommends that the mere awareness of the problem of family violence is not enough. Nurses must act as client advocates. In the case of family violence, the nurse may begin by educating other professional of the dynamic of the problem<sup>(24)</sup>.

CDC (2008b) recommends that too, that the communities are encouraged to adapt programs to meet their own needs and to evaluate the program' success<sup>(25)</sup>.

Such issues are supported by CDC (2008a) who states that the effective prevention strategies are necessary to promote awareness about youth violence and to foster the commitment to social change<sup>(5)</sup>.

## **Conclusions:**

Based on the results of the study, their discussion and interpretation, the study can conclude that:

1. The study depicts that the more than half of the parents of adolescents are males, middle age group, intermediate level of education and derived out of moderate socio-economic status.
2. The study confirms that the health education oriented program on parents' awareness towards adolescents' violence control is successful, profitable and an effective tool to increase parents' awareness as being tested and observed in the study group through post-test 1 and 2.
3. Well educated parents in the study group demonstrated improvement in their awareness towards adolescents' violence control through the implementation of the health education program.

### Recommendations:

Based on the early stated conclusions, the study can recommend that:

1. Health education oriented program on parents' awareness towards adolescents' violence control can be carried out and implemented as course-wise in the schools or reformation of juveniles to increase the parents' awareness in such setting through the teachers or CHNs.
2. More programs can be designed and implemented on the adolescents alone or together with their parents for how to resolve conflicts, to use problem solving approach, to deal with anger and promote effective communication skills.
3. The health education program on parents' awareness towards adolescents' violence control can be considered as a document of violence control program in Iraq.
4. Mass media, youth centers, mental and social care organizations concerning adolescents' health should be centered on adolescent as a critical period and how to promote violence-free health status.
5. Counseling units can be established in health care centers or hospitals by the Ministry of Health to present services to clients who undergo crisis or conflicts for the sake of violence prevention.

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