Research Article

# Evaluating The Impact Of A Flashcard-Assisted Andragogical Learning Intervention (FAALI) On Child Rights Competency Among Undergraduate Nursing Students: A Quasi-Experimental Inquiry

Mrs Binodinee Dash[1], Nirupama Senapati[2], Shikha Sonali Ekka[3], Mr. Pankaj Kumar[4], Mrs. Sudeshna Pradhan[5]

[1]Principal, ANMTS, Balangir, Odisha
[2] Prof. Principal, Padmashree Krutartha Acharya College of Nursing, Bargarh, Odisha
[3] Asst. Prof., Medical Surgical Nursing ,Padmashree Krutartha Acharya College of Nursing , Bargarh, Odisha
[4] Asst. Prof. Medical Surgical Nursing, Central India College of Nursing, Dewada, C.G
[5]Nurse Educator , M.Sc. Nursing (OBS & GYN),Emversity
Corresponding Author:- Mrs. Binodinee Dash, Principal, ANMTS, Balangir, Odisha

**Abstract**

**Background**
Child rights protection is an essential component of global health, social justice, and ethical healthcare practice. Despite international frameworks such as the United Nations Convention on the Rights of the Child (UNCRC), children worldwide continue to experience violations including abuse, neglect, exploitation, discrimination, and inadequate access to protection services. Nurses represent a critical workforce in child protection due to their continuous involvement in healthcare delivery, yet inadequate competency related to child rights, legal responsibilities, identification of violations, and reporting mechanisms remains a concern among nursing learners. Improving competency in child rights in nursing education is therefore essential in preparing future nurses to deliver safe, ethical and child-centred care.
Objective
The present study aimed to evaluate the effectiveness of a Focused Activity-Based Learning Intervention (FAALI) on child rights competency among nursing students in a selected nursing school in Odisha, India.
**Methods**
The design of the study was a quantitative quasi-experimental pre-test and post-test control group. The study was conducted among 60 nursing students from a selected nursing institution in Odisha, India. Participants were randomly distributed in experimental and control groups. The experimental group was given FAALI, a structured educational intervention incorporating interactive teaching strategies including case-based learning, role play, group discussion, problem-solving activities, and scenario-based exercises related to child rights and protection. Child rights competency was assessed using a structured competency assessment tool developed based on international child rights frameworks, national child protection legislation, and nursing education guidelines. Data were analysed using descriptive and inferential statistics, including paired t-test, independent t-test, chi-square test, and effect size analysis.
**Results**
The findings demonstrated a significant improvement in child rights competency among nursing students who received FAALI compared with their baseline competency levels and the control group. The experimental group showed a substantial increase in post-intervention competency scores, indicating improved understanding of child rights principles, recognition of child protection concerns, legal awareness, and professional responsibilities. The intervention demonstrated a large educational effect, suggesting that activity-based learning strategies can effectively strengthen competency outcomes among nursing students.
**Conclusion**
FAALI was identified as an effective educational intervention to enhance competency in child rights among nursing students. Incorporating structured activity-based child protection education into nursing curricula may enhance future nurse's preparedness to identify, prevent, and respond to child rights violations within healthcare settings.

**Keywords** Child Rights, Nursing Students, Competency-Based Education, Activity-Based Learning, Child Protection, Nursing Education.

## Introduction

Childhood represents a fundamental stage of human development requiring comprehensive protection, healthcare support, and respect for inherent rights. Child rights encompass the principles of survival, development, protection from harm, and participation in decisions affecting children's lives. These rights are recognised internationally through the United Nations Convention on the Rights of the Child (UNCRC), which establishes a global commitment to make sure that all child gets dignity, equality, safety, as well as opportunities for healthy development.

Despite significant progress in child protection policies and international advocacy, violations of child rights continue to remain a major public health concern. Children across different socioeconomic contexts experience multiple forms of vulnerability, including physical and emotional abuse, sexual exploitation, neglect, trafficking,

forced labour, discrimination, and barriers to healthcare and education. Such adverse experiences may produce immediate and long-term consequences affecting physical growth, psychological health, social functioning, academic achievement, and overall quality of life.

Healthcare professionals are among the key stakeholders responsible for safeguarding children because they frequently encounter children in hospitals, community health settings, and preventive healthcare programmes. Nurses, as the largest group of healthcare professionals and primary providers of continuous patient care, have a particularly important role in recognising early signs of child rights violations, ensuring child-friendly care, providing emotional support, documenting concerns, facilitating referrals, and participating in multidisciplinary child protection mechanisms.

The professional responsibilities of nurses extend beyond clinical care to include advocacy and protection of vulnerable populations. Competency in child rights enables nurses to identify unsafe situations, understand legal obligations, maintain ethical standards, and promote children's dignity and autonomy. However, previous evidence indicates that nursing students and healthcare learners often demonstrate gaps in knowledge regarding child protection laws, reporting procedures, professional responsibilities, and practical management of suspected abuse cases.

Nursing education serves as the foundation for developing future healthcare professionals; therefore, competency-based preparation during undergraduate training is essential. Although child protection topics are included within nursing curricula, conventional lecture-based approaches may not sufficiently develop critical thinking, communication skills, confidence, and decision-making abilities required in real-world child protection situations.

Contemporary educational approaches in nursing increasingly emphasise active and experiential learning methods that promote deeper understanding through learner engagement. Strategies such as simulation-based education, case-based learning, role play, collaborative discussion, and problem-solving activities have demonstrated effectiveness in improving clinical competencies among healthcare students. These approaches allow learners to integrate theoretical knowledge with practical application and develop professional confidence.

Focused Activity-Based Learning Intervention (FAALI) represents an innovative learner-centred educational strategy designed to strengthen competency through structured activities and experiential engagement. By exposing nursing students to realistic child protection scenarios, legal situations, ethical dilemmas, and communication challenges, FAALI may facilitate development of comprehensive child rights competency.

In India, several legislative and policy initiatives, including the Protection of Children from Sexual Offences (POCSO) Act, Juvenile Justice (Care and Protection of Children) Act, and Mission Vatsalya framework, provide mechanisms for child protection. However, effective implementation requires healthcare professionals who possess adequate knowledge, confidence, and competency regarding these frameworks. Developing such competency among nursing students may contribute significantly to strengthening child protection services.

## Research Gap

Although awareness regarding child abuse and child protection among healthcare professionals has been explored in previous studies, several important gaps remain.

First, existing studies have primarily focused on measuring knowledge or awareness levels rather than evaluating structured educational interventions designed to improve comprehensive child rights competency among nursing students.

Second, limited research has examined innovative teaching strategies that move beyond traditional classroom education to develop cognitive, ethical, and practical competencies related to child protection.

Third, activity-based learning has been shown to be effective in enhancing different nursing competencies, evidence regarding its application specifically for child rights education remains limited, particularly within the Indian nursing education context.

Fourth, nursing students represent future frontline healthcare providers; however, insufficient emphasis has been placed on preparing them as child advocates capable of recognising violations, initiating appropriate responses, and collaborating with child protection systems.

Finally, there is limited evidence from the Odisha region regarding competency-based child rights education interventions among nursing students. Generating local evidence is essential for developing contextually appropriate educational strategies and strengthening nursing curriculum practices.

Consequently, this study aimed to examine the efficacy of the Focused Activity-Based Learning Intervention (FAALI) on child rights competency among nursing students in a selected nursing school in Odisha, India.

**Aim of the Study**

To evaluate the effectiveness of Focused Activity-Based Learning Intervention (FAALI) on child rights competency among nursing students in a selected nursing school, Odisha, India.

Objectives of the Study

1. To assess the baseline level of child rights competency among nursing students in experimental and control groups.
2. To implement Focused Activity-Based Learning Intervention (FAALI) among nursing students in the experimental group.
3. To evaluate the effectiveness of FAALI by comparing pre-test and post-test child rights competency scores among nursing students.
4. To compare the post-test child rights competency scores between the experimental and control groups.
5. To determine the association between pre-test child rights competency levels and selected demographic variables among nursing students.

## 2. Materials and Methods

**2.1 Study Design**

A quantitative pre-experimental one-group pre-test–post-test design was employed to evaluate the effectiveness of the Flashcard-Assisted Andragogical Learning Intervention (FAALI) in improving child rights competency among students undertaking undergraduate nursing courses. Participants' competency was measured before the intervention (pre-test), followed by implementation of FAALI. A post-test using the same assessment instrument was conducted seven days after the intervention to evaluate changes in competency attributable to the educational programme.

**2.2 Study Setting and Participants**

The study was conducted at Utkal college of Nursing and Medical Science, Balangir Odisha, India, between January and February 2025. The target population comprised undergraduate nursing students enrolled during the study period. Students who were available throughout the study and after obtaining written informed consent, the individuals became eligible for participation in this research. Students who were absent during either assessment or who did not complete the intervention were excluded from the analysis.

**2.3 Sample Size and Sampling**

A total of 60 undergraduate nursing students participated in the study. Participants were recruited using a non-probability convenience sampling technique based on predefined eligibility criteria. The sample was made up of students who qualified as per the inclusion criteria and were willing to participate during the data collection period.

**2.4 Flashcard-Assisted Andragogical Learning Intervention (FAALI)**

The educational intervention was developed using principles of adult learning theory and evidence-based active retrieval strategies. FAALI consisted of structured flashcards designed to facilitate self-directed learning and repeated retrieval of essential concepts related to child rights. The content was organised into four domains: (1) fundamental concepts and principles of child rights; (2) healthcare, nutrition, and developmental rights; (3) child abuse, neglect, and protection; and (4) education, participation, and legal safeguards.

Following completion of the baseline assessment, participants received the flashcard module and were instructed to use the material independently over seven consecutive days. The intervention encouraged repeated review, self-testing, and active recall to reinforce conceptual understanding and improve knowledge retention.

**2.5 Data Collection Instrument**

A structured questionnaire was used for collecting data which included two sections. Section A obtained socio-demographic information, including age, educational qualification, family type, number of siblings, and previous exposure to child rights information. Section B consisted of a 34-item multiple-choice questionnaire designed to assess child rights competency across the four predefined domains. Each correct response was awarded one point, resulting in a maximum obtainable score of 34. Competency levels were categorised as poor (0–11), average (12–22), and good (23–34).

**2.6 Validity and Reliability**

The questionnaire along with the teaching materials was subjected to a validity assessment by a group of seven experts representing Child Health Nursing, Paediatrics, and Biostatistics. Recommendations provided by the

experts were incorporated before implementation. Instrument reliability was established through a test–retest procedure conducted among six undergraduate nursing students who were excluded from the main study. The Pearson correlation coefficient was r = 0.82**,** indicating good temporal stability of the instrument.

**2.7 Data Collection Procedure**

Data collection was conducted from 10 January to 10 February 2025. After obtaining institutional permission and informed consent, eligible students completed the pre-test questionnaire under supervised conditions. Immediately after the baseline assessment, participants received the FAALI module and were instructed to complete self-directed learning over a seven-day period. On the eighth day, participants completed the post-test using the same questionnaire under conditions comparable to those of the baseline assessment to minimise measurement bias.

**2.8 Statistical Analysis**

The Microsoft Excel was used for data entry, where the entered data was also verified for completeness and correctness before it was analysed with the help of IBM SPSS Statistics. Participants' data was summarised using descriptive statistics such as frequencies, percentages, mean, and standard deviation. The effectiveness of the intervention was evaluated using the paired t-test. Associations between post-intervention competency levels and selected socio-demographic variables were examined using the chi-square test. A two-tailed p-value of less than 0.05 was considered statistically significant.

**2.9 Ethical Considerations**

Before starting the study, the required permission from the institutional administration was sought. Participation in the study was voluntary, and prior to participating in the study, the authors obtained written consent from the study participants. Participants were assured that all information would be treated confidentially and reported anonymously. Students were made aware that they could withdraw from the study at any stage without facing academic consequences.

## Results

**3.1 Participant Characteristics**

A total of 60 undergraduate nursing students participated in the study, resulting in a 100% response rate. The socio-demographic characteristics of the participants are presented in Table 1.

The greatest proportion of the subjects (36.7%, n = 22) comprised the young adults in their teenage years and the 21-23 (30.0%, n = 18) age group followed , 24–25 years (23.3%, n = 14), and more than 25 years (10.0%, n = 6). Regarding educational qualification, 33.3% (n = 20) had completed secondary education, 30.0% (n = 18) had higher secondary education, 20.0% (n = 12) were graduates, and 16.7% (n = 10) reported other educational qualifications.

With respect to the academic profile, 30.0% (n = 18) were first-year students, 26.7% (n = 16) were in the second year, 23.3% (n = 14) were in the third year, and 20.0% (n = 12) were in the fourth year of the undergraduate nursing programme.

Most of the study subjects came from nuclear families (63.3%, n = 38), where as 36.7% (n = 22) were from joint families. A greater proportion of students resided in rural areas (56.7%, n = 34) compared with urban areas (43.3%, n = 26).

Only 30.0% (n = 18) of the participants had previously received formal education or training related to child rights, whereas 70.0% (n = 42) reported no prior training. Similarly, 40.0% (n = 24) had previous exposure to paediatric or child protection clinical postings, while 60.0% (n = 36) had no such exposure. The primary sources of information regarding child rights were health professionals (33.3%, n = 20), followed by mass media (30.0%, n = 18), community sources (20.0%, n = 12), and teachers (16.7%, n = 10).

**Table 1. Socio-demographic characteristics of participants (N = 60)**

| Variable | Frequency (n) | Percentage (%) |
|---|---|---|
| **Age (years)** | | |
| 18–20 | 22 | 36.7 |
| 21–23 | 18 | 30.0 |
| 24–25 | 14 | 23.3 |

| Variable | Frequency (n) | Percentage (%) |
|---|---|---|
| >25 | 6 | 10.0 |
| **Educational qualification** | | |
| Secondary | 20 | 33.3 |
| Higher Secondary | 18 | 30.0 |
| Graduate | 12 | 20.0 |
| Other | 10 | 16.7 |
| **Year of study** | | |
| First Year | 18 | 30.0 |
| Second Year | 16 | 26.7 |
| Third Year | 14 | 23.3 |
| Fourth Year | 12 | 20.0 |
| **Family type** | | |
| Nuclear | 38 | 63.3 |
| Joint | 22 | 36.7 |
| **Residence** | | |
| Rural | 34 | 56.7 |
| Urban | 26 | 43.3 |
| **Previous child rights training** | | |
| Yes | 18 | 30.0 |
| No | 42 | 70.0 |
| **Primary source of child rights information** | | |
| Health professionals | 20 | 33.3 |
| Mass media | 18 | 30.0 |
| Community sources | 12 | 20.0 |
| Teachers | 10 | 16.7 |
| **Previous exposure to child protection/paediatric posting** | | |
| Yes | 24 | 40.0 |
| No | 36 | 60.0 |

**3.2 Child Rights Competency Before and After FAALI**

The distribution of child rights competency levels before and after the educational intervention is presented in Table 2 and Fig-1.

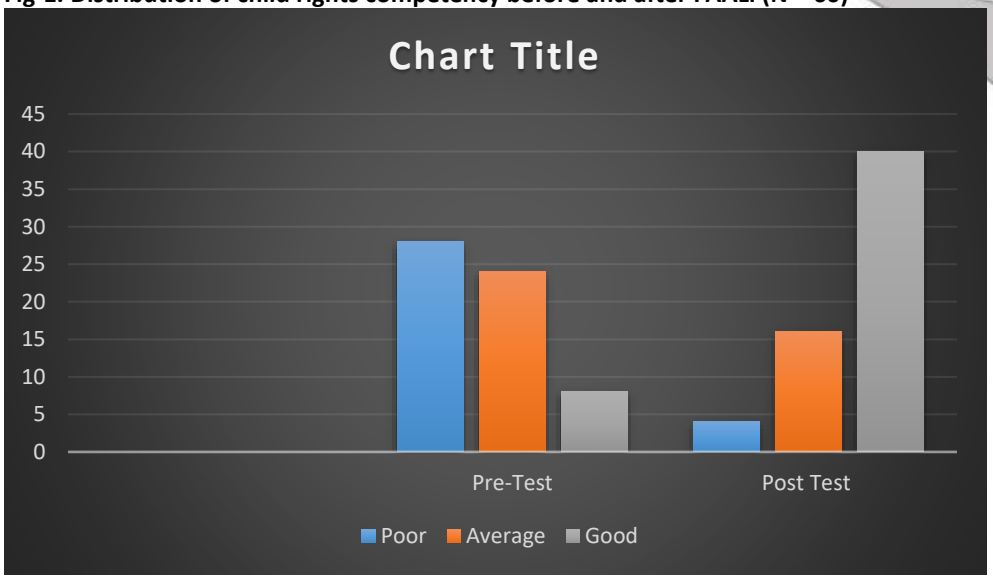
At baseline, 46.7% (n = 28) of students demonstrated poor competency, 40.0% (n = 24) demonstrated average competency, and only 13.3% (n = 8) demonstrated good competency.

Following implementation of FAALI, the proportion of students with good competency increased to 66.6% (n = 40), while the proportion with poor competency decreased to 6.7% (n = 4).

**Table 2. Distribution of child rights competency before and after FAALI (N = 60)**

| Competency level | Score | Pre-test n (%) | Post-test n (%) |
|---|---|---|---|
| Poor | 0–11 | 28 (46.7) | 4 (6.7) |
| Average | 12–22 | 24 (40.0) | 16 (26.7) |
| Good | 23–34 | 8 (13.3) | 40 (66.6) |

**Fig-1. Distribution of child rights competency before and after FAALI (N = 60)**




### 3.3 Effectiveness of FAALI

The comparison of pre-test and post-test competency scores is shown in Table 3.

The mean competency score increased from 13.2 ± 4.5 during the pre-test to 25.8 ± 3.8 during the post-test, representing a mean improvement of 12.6 points**.**

A paired t-test demonstrated that the increase in competency scores following the intervention was statistically significant (t = 15.72, df = 59, p < 0.001).

**Table 3. Comparison of pre-test and post-test competency scores (N = 60)**

| Assessment | Mean ± SD | Mean Difference | t | df | p-value |
|---|---|---|---|---|---|
| Pre-test | 13.2 ± 4.5 | 12.6 | 15.72 | 59 | <0.001* |
| Post-test | 25.8 ± 3.8 | | | | |

**Statistically significant at p < 0.05.**

### 3.4 Association Between Post-test Competency and Selected Socio-demographic Variables

Educational qualification was the only socio-demographic variable that demonstrated a statistically significant association with post-test child rights competency ($\chi^2 = 10.24$, $p < 0.05$). No statistically significant associations were observed between post-test competency and age, year of study, family type, residence, previous child rights training, previous paediatric or child protection clinical exposure, or primary source of child rights information ($p > 0.05$).

**Table 4. Association between post-test competency and selected socio-demographic variables (N = 60)**

| Variable | $\chi^2$ | df | p-value | Interpretation |
|---|---|---|---|---|
| Age | 1.82 | 6 | >0.05 | Not significant |
| Educational qualification | 10.24 | 6 | <0.05 | Significant* |
| Year of study | 4.16 | 6 | >0.05 | Not significant |
| Family type | 0.92 | 2 | >0.05 | Not significant |
| Residence | 1.54 | 2 | >0.05 | Not significant |
| Previous child rights training | 3.28 | 2 | >0.05 | Not significant |
| Previous paediatric/child protection clinical exposure | 2.41 | 2 | >0.05 | Not significant |
| Primary source of child rights information | 2.12 | 6 | >0.05 | Not significant |

***Statistically significant at p < 0.05.**

### 3.5 Summary of Findings

The results indicate that nursing students demonstrated relatively low levels of child rights competency before the educational intervention. Following participation in the Flashcard-Assisted Andragogical Learning Intervention (FAALI), competency scores improved substantially. The increase in mean competency score was statistically significant, and the proportion of students achieving good competency increased more than fivefold. Educational qualification was the only socio-demographic characteristic significantly associated with post-intervention competency.

## 4. Discussion

The present study investigated the effectiveness of the Flashcard-Assisted Andragogical Learning Intervention (FAALI) in enhancing child rights competency among nursing students, who are undergraduate. The findings demonstrated a marked improvement in competency following implementation of the intervention, indicating that FAALI is an effective educational strategy for strengthening the understanding of students for child rights and child protection. The significant increase in post-test competency scores, together with the substantial rise in the proportion of students achieving good competency, suggests that structured, learner-centred educational interventions can meaningfully improve learning outcomes in nursing education.

The positive effect of FAALI may be attributed to its educational design, which integrates principles of adult learning with active retrieval practice. Rather than relying solely on passive acquisition of information, the intervention encouraged students to actively recall key concepts through repeated use of structured flashcards. Active retrieval and spaced reinforcement are recognised educational approaches that promote deeper cognitive processing, strengthen memory retention, and improve the application of theoretical knowledge in practice. The visual organisation of information and opportunities for self-directed learning may also have contributed to increased learner engagement and sustained interest throughout the intervention period.

The findings support the growing emphasis on competency-based and active-learning approaches within nursing education. Child rights education requires more than factual knowledge; it demands critical thinking, ethical reasoning, professional accountability, and the ability to apply legal principles in clinical situations. Educational strategies that encourage learner participation, reflection, and problem-solving are therefore more likely to develop these competencies than conventional lecture-based teaching alone. The improvement observed in this study indicates that FAALI provides an effective mechanism for translating theoretical concepts of child rights into meaningful educational outcomes.

An additional finding of the study was that educational qualification demonstrated a significant association with post-intervention competency, whereas age, occupation, family type, number of siblings, and previous exposure to child rights information were not significantly associated with competency outcomes. This finding suggests that students entering nursing education with stronger academic preparation may adapt more readily to structured educational interventions. Nevertheless, the absence of significant associations for most socio-demographic variables indicates that the educational benefits of FAALI were observed across students from diverse backgrounds, supporting its potential applicability within undergraduate nursing programmes.

The findings have important implications for nursing education and professional practice. Nurses are expected to safeguard children's rights through early recognition of abuse and neglect, ethical decision-making, appropriate documentation, timely reporting, and family-centred care. Gaining those skills in their undergraduate education is vital for preparing future nurses to carry out both their professional duties and responsibilities as well as their legal obligations. Incorporating structured learning strategies such as FAALI into nursing curricula may strengthen students' preparedness to advocate for children and contribute to safer healthcare environments.

Although the findings are encouraging, several limitations should be acknowledged. The study employed a one-group pre-test–post-test design without a comparison group, limiting the ability to attribute observed improvements exclusively to the intervention. The relatively small sample drawn from a single nursing institution may restrict the wider generalisability of the findings. Furthermore, competency was assessed only over a short follow-up period; therefore, the long-term retention of knowledge and its translation into clinical practice could not be evaluated. Future research should involve multicentre studies with larger samples, comparison groups, and longer follow-up periods to determine the sustained educational impact of FAALI and its influence on professional nursing performance.

Overall, the present study demonstrates that the Flashcard-Assisted Andragogical Learning Intervention is a practical, learner-centred, and educationally effective strategy for improving child rights competency among

nursing students, who are undergraduate.. The intervention offers a simple, low-cost, and easily implementable teaching approach that complements conventional nursing education while promoting active learning, independent study, and professional competency. Wider integration of such innovative educational strategies into undergraduate nursing curricula may contribute to preparing competent nurses capable of protecting, promoting, and advocating for the rights and well-being of children in diverse healthcare settings.

**Strengths of the Study**

This study provides one of the first evaluations of the Flashcard-Assisted Andragogical Learning Intervention (FAALI) for improving child rights competency among nursing students, who are undergraduate in an Indian nursing education setting. The intervention was developed using principles of adult learning and active retrieval, offering an innovative, learner-centred approach to competency development. The use of a structured and validated assessment instrument, standardised intervention protocol, and complete participant follow-up strengthened the internal consistency of the study. Furthermore, the findings address an important educational gap by highlighting an accessible and low-cost strategy for enhancing child rights education within undergraduate nursing programmes.

**Study Limitations**

Several limitations should be considered when interpreting the findings. First, the study employed a one-group pre-test–post-test design without a comparison group, which limits the ability to attribute the observed improvements exclusively to the intervention and reduces control over potential confounding factors. Also, participants were selected from one nursing school using non-probability convenience sampling. This could restrict the degree of generalization of results to other education scenarios. Third, competency was assessed only seven days after the intervention, preventing evaluation of long-term knowledge retention and sustained competency development. Finally, the study focused primarily on cognitive competency and did not assess behavioural performance or the translation of learning into clinical practice.

**Implications for Nursing Education and Practice**

The findings support the integration of structured child rights education into undergraduate nursing curricula using learner-centred instructional approaches such as FAALI. Strengthening competency in child rights and child protection during pre-service education may improve nursing students' preparedness to recognise, respond to, and advocate for children experiencing abuse, neglect, exploitation, or rights violations. The simplicity, low implementation cost, and ease of integration of FAALI make it a feasible educational strategy for nursing institutions, continuing nursing education programmes, and faculty development initiatives.

**Recommendations for Future Research**

Future studies should employ multicentre randomised controlled or quasi-experimental designs with larger and more diverse samples to strengthen the external validity of the findings. Longitudinal follow-up is required to evaluate knowledge retention, behavioural change, and the translation of competency into clinical practice. Further research should also compare FAALI with other active-learning strategies, including simulation-based education, case-based learning, team-based learning, and digital or mobile-assisted educational interventions. Additionally, mixed-methods studies exploring students' learning experiences, perceived barriers, and educational acceptability would provide valuable insights for optimising child rights education within nursing curricula.

## 5. Conclusion

This study demonstrated that the Flashcard-Assisted Andragogical Learning Intervention (FAALI) was associated with a significant improvement in child rights competency among undergraduate nursing students. The findings suggest that integrating active recall, visual learning, and self-directed educational strategies can strengthen students' knowledge of child rights, legal responsibilities, and child protection, thereby supporting the development of competencies that are fundamental to contemporary nursing practice.

The significant association between educational qualification and post-intervention competency indicates that prior academic preparation may influence learning outcomes, whereas the absence of significant associations with other socio-demographic characteristics suggests that FAALI may be applicable across diverse groups of nursing students. These findings support the incorporation of structured, competency-based child rights

education into undergraduate nursing programmes to strengthen ethical decision-making, professional accountability, and child advocacy.

Although the findings are promising, they should be interpreted in light of the study design and setting. Further multicentre studies employing larger samples, controlled or randomised designs, and longer follow-up periods are warranted to evaluate the sustainability of learning gains and the translation of improved competency into clinical practice. Overall, FAALI represents a feasible, low-cost educational innovation with the potential to enhance child rights education and contribute to the preparation of nursing graduates capable of delivering safe, rights-based, and child-centred care.

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**Author's Contributions**

**Conceptualization:** Mrs Binodinee Dash

**Methodology:** Mrs Binodinee Dash, Prof. Nirupama Senapati

**Investigation:** Mrs Binodinee Dash**,** Prof. Nirupama Senapati

**Data Collection:** Asst. Prof. Shikha Sonali Ekka, Asst. Prof. Pankaj Kumar, Mrs. Sudeshna Pradhan

**Formal Analysis:** Mrs Binodinee Dash, Prof. Nirupama Senapati , Asst. Prof. Shikha Sonali Ekka

**Data Interpretation:** Asst. Prof. Shikha Sonali Ekka, Asst. Prof. Pankaj Kumar, Mrs. Sudeshna Pradhan

**Writing – Original Draft:** Asst. Prof. Shikha Sonali Ekka, Asst. Prof. Pankaj Kumar, Mrs. Sudeshna Pradhan

**Writing – Review and Editing:** Prof. Nirupama Senapati, Asst. Prof. Pankaj Kumar

**Supervision:** Mrs Binodinee Dash

All authors have read and approved the final version of the manuscript and agree to be accountable for all aspects of the work.

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**Ethical Approval**

The study was approved by the selected nursing institution before the commencement of data collection .The study was conducted in accordance with the ethical principles outlined in the Declaration of Helsinki and applicable national ethical guidelines for health research.

**Informed Consent**

Written informed consent was obtained from all participants before enrolment in the study. Participants were informed about the purpose of the research, the voluntary nature of participation, confidentiality of the information collected, and their right to withdraw from the study at any time without academic or personal consequences.

**Conflict of Interest**

The authors declare that they have no competing interests or conflicts of interest related to this study.

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