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Nursing Section

# Bridging Knowledge Gaps: The Influence of Structured Education on Parental Knowledge and Attitude towards the Right to Education in Community

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## ABSTRACT

**Introduction:** One of the most significant and widely acknowledged rights in international human rights law is the Right to Education (RTE). The field of society is significantly impacted by education. Since it is safe to infer that an individual is incomplete without schooling. Education is what makes a person civilised, polished, cultured and knowledgeable. Education plays a major role in creating an optimal environment and encouraging openness and effective governance within an entity.

**Aim:** To evaluate parental knowledge and attitude regarding the RTE Act and its implications for their children within a defined community.

**Materials and Methods:** This quasi-experimental study was conducted in the Sawangi Meghe Wardha community area of Maharashtra, India, from November 2023 to May 2024. A convenience, non probability sampling technique was used to recruit a sample size of 55 parents. After ensuring each participant that their information would remain anonymous, the researcher contacted them, explained the purpose of the research and solicited their concerns. A knowledge questionnaire and attitude scale was given to assess the knowledge and responses of rural parents. The findings of the study were analysed using t-test and one-way Analysis of Variance (ANOVA).

**Results:** The majority of parents were middle-aged, with 80% falling within the 31-35 years age range. Most parents were male, making up 69.1% of the total, while 30.9% were female. A comparative analysis of parents' knowledge and attitudes regarding the RTE across different neighbourhoods revealed significant improvements following the planned teaching initiative. The knowledge scores showed a marked increase, with a t-value of 18.38, indicating the programme's effectiveness in enhancing RTE awareness. Furthermore, parental attitudes toward the RTE Act also improved significantly, as evidenced by a t-value of 9.11 (p-value <0.05), confirming that the initiative successfully fostered a more positive outlook on children's RTE in the targeted communities.

**Conclusion:** The parental attitudes and knowledge regarding RTE Act were considerably enhanced by the Planned Teaching Initiative. Increasing community involvement in guaranteeing access to high-quality education and improving advocacy for children's educational rights might result from raising parental understanding of the RTE Act.

**Keywords:** Education awareness, Parental knowledge, Rural education

## INTRODUCTION

*"For humanity, true joy is found solely in knowledge; learning is an enduring wealth, impervious to destruction."*

*- Valluvar*

All rights and privileges are strengthened when other liberties are exercised and the RTE acts as a "multiplier" or "empowerment" tool, significantly contributing to the advancement of diverse rights [1]. Education empowers right-bearers to advocate for themselves; however, universal access to education remains a global challenge, hindering progress [2]. Education systematically develops individuals' experiences, knowledge, skills and positive perspectives, significantly shaping civilisation. Moreover, education fosters critical thinking and ethical reasoning, ultimately aiming to establish an informed and enlightened society [3]. Article 45 mandated free education up to the age of 14 years, extending beyond mere elementary schooling and encompassing all children, regardless of their academic abilities [4]. The requirement that non governmental schools allocate 25% of their places to students from economically disadvantaged backgrounds generated significant controversy [5]. Education is sometimes described as a provision for future self-reliance, effectively guaranteeing a child's ability to make independent choices as an adult [6].

India's RTE Act, implemented under Article 21A of Constitution, took effect on April 1, 2010. While the Directive Principles of State Policy, through Article 45, initially addressed free education upon the Constitution's adoption, this provision was not legally enforceable [7]. India has progressed towards a rights-based framework, as the RTE Act, grounded in Article 21A of the Constitution, mandates that both national and regional governments ensure that children's fundamental rights are upheld through its provisions [8]. The RTE Act ensures that children are not limited to government-run schools and mandates private, unaided schools to reserve 25% of first-grade admissions for children from socially and economically disadvantaged backgrounds [9]. The children's rights movement has addressed education as a crucial element, recognising its role in fostering children's personal development and upholding their dignity [10]. Both national and state governments in India should focus on dedicating all available resources to children's education and their overall development [11]. Only two elements were considered particularly important [12]. The only factors that were found to have a positive impact were the availability of midday meals and having a place to study [13]. Caste-based discrimination and violence continue to be ongoing issues in India [14]. Between 1950 and 2005, India's education sector saw significant growth, with more students from marginalised communities enrolling in

schools and the introduction of teacher education programmes after the adoption of the country's constitution [15].

With this background, present study was conducted to evaluate parental comprehension and attitude of the RTE Act and its implications for their children within a defined community.

**Hypothesis:**

**H1:** Parents within the community demonstrate significantly different levels of knowledge and attitudes about the RTE Act concerning their children.

**H2:** A significant positive association exists between parental knowledge and attitudes regarding the RTE Act within the community.

**Alternative hypothesis:**

**H01:** Parents in a community area have no significant differences in attitudes and knowledge about the RTE with respect to their children.

**H02:** Among guardians in a community area, there is a no noteworthy positive link between their knowledge and attitudes about the RTE.

## MATERIALS AND METHODS

A quasi-experimental study was conducted in the Sawangi Meghe Wardha community area of Maharashtra, India, from November 2023 to May 2024. Prior to the study, informed consent was obtained from children entering elementary school. Institutional ethical approval was secured from DMIMS {IEC no: (DU)/IEC/2024/207} before the research commenced. The author adhered to international and scholarly ethical standards by obtaining and maintaining formal ethical consent.

**Inclusion criteria:** Parents of children living in the community who were available during the data collection period, who were willing to give informed consent and who could read and write in English, Hindi, or Marathi were included in the study.

**Exclusion criteria:** Participants from the local population who refused to take part in the study as parents and parents employed in the field of education were excluded from the study.

**Sample size:** The study chose a subset of available parents using a purposive, non probability sampling strategy. A total of 55 parents from rural areas who lived in Wardha City made up the final population. In order to get the required agreement from the concerned Grampanchayat officials, the investigators first approached rural parents in selected regions of Wardha City. After introducing themselves, the researchers educated the participants on the nature of the study, its goals and how it would be helpful to them.

Data was collected via a self-structured knowledge, attitude likert scale. The administered questionnaire comprised three distinct sections:

Section I: Socio-demographic information.

Section II: Attitude Assessment via Likert Scale.

Section III: Knowledge Assessment through Structured Questions.

**Data collection:** Data collection for the study began on March 2, 2024, following the necessary approvals from Grampanchayat officials. Researchers visited rural parents at designated locations within Wardha City, introducing them and clearly explaining the study's objectives to ensure transparency and encourage participation. After informing the parents about the study's purpose and benefits and obtaining their voluntary consent, researchers created a comfortable environment to conduct the data collection. Participants were asked to complete two sections: the demographic information section and a knowledge questionnaire, along with an attitude scale. Each participant was allotted 30 minutes to complete these sections independently. Researchers were available to clarify any doubts or questions during this time before collecting the completed forms.

Following the completion of the questionnaires, a pretest was conducted using audiovisual aids, such as video, power point presentation and posters that combined sound and visuals to effectively communicate information and enhance understanding during the pretest in selected location of Wardha City. Based on the pretest results, a tailored health education program in Marathi was developed and delivered to improve rural parents' understanding of their children's educational rights under the RTE Act. The program included a 30-minute session for pretest completion, a 45-minute planned teaching session and a 30-minute post-test session to assess the effectiveness of the program. Seven days after the program, a post-test using the same tools was administered to assess the impact of the education program on parental knowledge and attitudes. Despite their busy schedules, rural parents generously contributed their time, helping to ensure the success of the data collection process.

The knowledge questionnaire used in this study consisted of two sections. Section I focuses on demographic variables, designed to collect background information about the study participants and examine how these characteristics influence their knowledge levels. It included seven variables: age, gender, educational status, occupation, family income, religion and residency. Section II included a structured knowledge questionnaire and a Likert-type attitude scale. The knowledge questionnaire comprised 20 multiple-choice questions related to the RTE for children, with one point awarded for each right response and zero for each wrong response. The overall score ranges from 0 to 20, with knowledge categorised as poor (0-4), average (5-8), good (9-12), very good (13-16) and excellent (17-20) based on the score. The Likert-type attitude scale included 10 items to assess parental attitudes toward children's RTE. Each item has five response options, with a total score between 20 to 100, with responses ranging from "Strongly Agree" (5) to "Strongly Disagree" (1). It interpreted to gauge the attitude level, ranging from strongly negative to strongly positive.

The validity and reliability of the tool were thoroughly assessed to ensure accuracy and consistency. To ensure content validity, the instrument was reviewed and validated by experts in child health nursing and a statistician. The Guttmann Split Half Coefficient was utilised to assess the reliability of the knowledge questionnaire and attitude scale. Intra-Class Correlation (ICC) formula resulting in reliability coefficients of r=0.64 for the knowledge score and r=0.63 for the attitude scale. These values indicate that the tools used for assessing knowledge and attitudes regarding the RTE among rural parents in Wardha City are both valid and reliable. The feasibility of the study was also assessed through a pilot study and it was determined that the tools were practical and that participant recruitment would not pose any difficulties.

The main goal of the study was to compare parents' knowledge about the RTE in specific community areas. The t-test results showed a significant improvement in parents' overall knowledge, with a t-value of 18.38, indicating that the educational program successfully increased their understanding of the RTE. Used questionnaires from earlier research study as a guide to create their own questionnaire, reference from previous study was considered to devise the questionnaire [16]. The study also looked at how parents' attitudes towards the RTE for their children changed. The t-test result showed a score of 9.11, which was much higher than the critical value, suggesting that the health education programme was effective in improving parents' attitudes towards the RTE in the targeted communities.

## STATISTICAL ANALYSIS

Microsoft Excel was utilised for recording the information and STATA 10 application was used for analysis. Coded data was presented through tables and graphs. Significant differences was determined using a t-test and associations was examined via One-

way ANOVA, with p-values <0.05 considered statistically significant. Baseline knowledge and attitudes was assessed using self-structured questionnaires and a Likert attitude scale. Participants received structured planned teaching to evaluate its impact on parental knowledge and attitudes regarding children's RTE within the community.

## RESULTS

The majority of parents were middle-aged, with 44 (80%) falling within the 31-35 years of age range and only 11 (20%) falling within the 25-30 years of age range. Most parents were male, making up 38 (69.1%) of the total, while 17 (30.9%) were female. In terms of religion, 38 (69.1%) were Hindu, with the remaining 17 (30.9%) from other religions. Regarding occupation, 44 (80%) are labourers and 11 (20%) are farmers, with no parents working in private or government services. Regarding education, 33 (60%) have only completed primary education, while 22 (40%) have finished secondary school. This profile indicates that the group of parents was predominantly middle-aged, male and less-educated, with limited socio-economic mobility [Table/Fig-1].

| Socio-demographic attributes | n (%) |
|---|---|
| **Age (years)** | |
| 25-30 | 11 (20.0) |
| 31-35 | 44 (80.0) |
| 36-40 | 0 |
| above 40 | 0 |
| **Sex** | |
| Men | 38 (69.1) |
| Women | 17 (30.9) |
| **Religion** | |
| Hindu | 38 (69.1) |
| Christian | 16 (29.1) |
| Muslim | 1 (1.8) |
| Other | 0 |
| **Occupation** | |
| Farmer | 11 (20.0) |
| Labour | 44 (80.0) |
| Private service | 0 |
| Government service | 0 |
| **Educational Status** | |
| Primary | 33 (60.0) |
| SSC | 22 (40.0) |
| HSC | 0 |
| Graduate | 0 |
| PG and above | 0 |

**[Table/Fig-1]:** Distribution of parents in percentage terms on their socio demographic attributes.

[Table/Fig-2] shows the statistical analysis of the knowledge level scores shows a notable difference between the pre- and post-tests. In the pretest, most participants scored within the average (52.73%) and good (38.18%) ranges, with a mean knowledge score of 8.58±2.79 (42.90%±13.96%). However, post-test results reveal a shift toward higher scores, with 76.36% of participants achieving a "Very Good" level and 23.64% reaching an "Excellent" level. The post-test mean score increased to 15.85±1.32 (79.27%±6.62%), indicating a marked enhancement in knowledge. The minimum score improved from 4 to 13 and the highest possible score also increased from 14 to 18.

[Table/Fig-3] shows that the statistical analysis of the attitude level scores shows that all participants maintained a positive attitude in both the pretest and post-test, with 100% scoring ≥50% in both instances. The mean attitude score increased from 28.98±1.16 (57.96%±2.32%) in the pretest to 34.29±4.83 (68.58%±9.66%) in the post-test, reflecting a notable improvement. The minimum score remained the same at 26, while the highest possible score increased from 32 to 40, indicating an overall enhancement in attitude levels among participants.

| Knowledge level | Score range | The score of the knowledge level | |
|---|---|---|---|
| | | Pretest | Post-test |
| Poor | 0-4 | 2 (3.64) | 0 |
| Average | 5-8 | 29 (52.73) | 0 |
| Good | 9-12 | 21 (38.18) | 0 |
| Very good | 13-16 | 2 (3.64) | 42 (76.36) |
| Excellent | 17-20 | 1 (1.82) | 13 (23.64) |
| Minimum | | 4 | 13 |
| Highest possible | | 14 | 18 |
| Average knowledge | | 8.58±2.79 | 15.85±1.32 |
| Mean % knowledge | | 42.90±13.96 | 79.27±6.62 |

**[Table/Fig-2]:** Evaluation using the score for knowledge level.

| Attitude level | Score range | The score of the attitude level | |
|---|---|---|---|
| | | Pretest | Post-Test |
| Positive attitude | ≥50% | 55 (100) | 55 (100) |
| Negative attitude | <50% | 0 | 0 |
| Minimum | | 26 | 26 |
| Highest possible | | 32 | 40 |
| Average attitude | | 28.98±1.16 | 34.29±4.83 |
| Mean % attitude | | 57.96±2.32 | 68.58±9.66 |

**[Table/Fig-3]:** Evaluating using the score of attitude level.

[Table/Fig-4] shows that the statistical analysis of the variations in parents' knowledge and attitude scores revealed significant improvements from the pretest to the post-test. The average knowledge score increased from 8.58 to 15.85, with a standard deviation decrease from 2.79 to 1.32, while the attitude score rose from 28.98 to 34.29, with a larger standard deviation increase from 1.16 to 4.83. The average difference in knowledge scores was 7.27±2.93 and for attitude scores, it was 5.30±4.31. The t-values were 18.38 for knowledge and 9.11 for attitude, both with p-values <0.05 and the correlation value (r-value) was 0.306, indicating statistically significant improvements in both knowledge and attitude.

[Table/Fig-5] shows the statistical analysis of caregivers' post-test knowledge scores in relation to demographic attributes reveals several significant findings. For age, caregivers aged 25-30 years showed an average post-test score of 14.27±0.64, significantly lower than the 16.25±1.14 for those aged 31-35 years, with a t-value of 5.49 and p-value of 0.0001, shows a notable difference (p-value <0.05). However, no significant differences were found based on sex, religion, occupation, (p-value >0.05). Among educational levels, caregivers with only primary education scored 15.09±0.91, while those with SSC education had a significantly higher score of 17±0.97, with a t-value of 7.38 and p-value of 0.0001, showing statistical significance (p-value <0.05).

[Table/Fig-6] shows the statistical analysis of guardians' post-test attitude scores concerning demographic attributes reveals that there are no significant differences based on age, sex, religion, or occupation (p-value >0.05). The average attitude score for caregivers aged 25-30 years was 36±3.54 and for those aged 31-35 years, it was 33.86±5.04, with a t-value of 1.32 and p-value of 0.19, showing no statistical significance. However, there was a significant difference in attitude scores based on educational status. Caregivers with primary education had an average score of 35.78±3.89, which was significantly higher than the 32.04±5.30 for

| Test | Average | | Standard deviation | | Average difference | | t-value | | p-value | r-value |
|---|---|---|---|---|---|---|---|---|---|---|
| | Knowledge | Attitude | Knowledge | Attitude | Knowledge | Attitude | Knowledge | Attitude | | |
| Pretest | 8.58 | 28.98 | 2.79 | 1.16 | 7.27±2.93 | 5.30±4.31 | 18.38 | 9.11 | Knowledge 0.0001 | 0.306 |
| Post-test | 15.85 | 34.29 | 1.32 | 4.83 | | | | | Attitude 0.023 | |

**[Table/Fig-4]:** Correlation and Importance of the variations in parents' knowledge and attitude scores.

| Socio-demographic attributes | Number of guardians | Average knowledge | t-value | p-value |
|---|---|---|---|---|
| **Age (years)** | | | | |
| 25-30 | 11 | 14.27±0.64 | 5.49 | 0.0001 |
| 31-35 | 44 | 16.25±1.14 | | |
| 36-40 | - | - | | |
| Above 40 | - | - | | |
| **Sex** | | | | |
| Men | 38 | 15.97±1.30 | 1.03 | 0.30 |
| Women | 17 | 15.56±1.41 | | |
| **Religion** | | | | |
| Hindu | 38 | 15.97±1.30 | 0.53 | 0.58 |
| Christian | 16 | 15.56±1.41 | | |
| Muslim | 1 | 16±0 | | |
| Other | - | - | | |
| **Occupation** | | | | |
| Farmer | 11 | 15.63±1.36 | 0.60 | 0.54 |
| Labour | 44 | 15.90±1.32 | | |
| Private service | - | - | | |
| Government service | - | - | | |
| **Educational status** | | | | |
| Primary | 33 | 15.09±0.91 | 7.38 | 0.0001 |
| SSC | 22 | 17±0.97 | | |
| HSC | - | - | | |
| Graduate | - | - | | |
| PG and above | - | - | | |

**[Table/Fig-5]:** Relationship among caregivers' post knowledge scores and their demographic attributes concerning the RTE.

| Socio-demographic attributes | Number of guardians | Average attitude | t-value | p-value |
|---|---|---|---|---|
| **Age (years)** | | | | |
| 25-30 | 11 | 36±3.54 | 1.32 | 0.19 |
| 31-35 | 44 | 33.86±5.04 | | |
| 36-40 | - | - | | |
| Above 40 | - | - | | |
| **Sex** | | | | |
| Men | 38 | 34±5.02 | 0.64 | 0.52 |
| Women | 17 | 34.93±4.59 | | |
| **Religion** | | | | |
| Hindu | 38 | 34±5.02 | 0.21 | 0.80 |
| Christian | 16 | 34.93±4.59 | | |
| Muslim | 1 | 35±0 | | |
| Other | - | - | | |
| **Occupation** | | | | |
| Farmer | 11 | 35.63±4.73 | 1.03 | 0.30 |
| Labour | 44 | 33.95±4.85 | | |
| Private service | - | - | | |
| Government service | - | - | | |
| **Educational status** | | | | |
| Primary | 33 | 35.78±3.89 | 3.01 | 0.004 |
| SSC | 22 | 32.04±5.30 | | |
| HSC | - | - | | |
| Graduate | - | - | | |
| PG and above | - | - | | |

**[Table/Fig-6]:** Relationship among guardians' post attitudes for the RTE and their demographic attributes.

those with SSC education, with a t-value of 3.01 and p-value of 0.004, shows statistical significance (p-value <0.05).

## DISCUSSION

The study showed a significant improvement in both parental knowledge and attitudes towards the RTE following the educational intervention. A paired t-test revealed substantial increases in knowledge (t=18.38, p-value <0.05) and attitudes (t=9.11, p-value <0.05), confirming the effectiveness of the planned teaching program. Participants were mostly male (69.1%), aged 31-35 years (80%), with 80% working as labourers and 60% having only primary education. Preintervention, parental knowledge was primarily average (52.73%) and good (38.18%), with a mean score of 8.58. Postintervention, 76.36% demonstrated very good knowledge and 23.64% showed excellent knowledge, with a mean score of 15.85. Attitudes also improved, with pretest scores averaging 28.98 and post-test scores increasing to 34.29. The analysis confirms the success of the program in enhancing RTE awareness and attitudes.

Regarding understanding of the RTE Act 2009, there is no discernible difference between the mean scores of parents of tribal students with educational backgrounds up to Class VIII and those with backgrounds above Class VIII. The two groups' awareness of the RTE Act is comparable [17]. An investigation into the degree of knowledge regarding the RTE Act among parents from economically disadvantaged families and concluded that parents who lived in cities and were literate showed significantly greater awareness than their parents who lived in rural areas and were illiterate [18].

A statistically significant positive correlation was found between parents' knowledge and attitudes regarding the RTE within specific neighbourhood areas. In particular, parental knowledge and attitudes on the RTE were found to be moderately positively correlated (r-value=0.306, p-value=0.023) according to Pearson's correlation coefficient. Statistical analysis revealed significant findings regarding the relationship between guardians' demographic factors and their knowledge of the RTE. A significant correlation was found between guardians' age and their knowledge scores, with age emerging as a statistically significant predictor. However, no significant relationship was found between guardians' gender, religion, or occupation and their knowledge scores, as the test statistics were low and p-values exceeded the significance threshold. In contrast, a strong, statistically significant relationship was observed between guardians' educational status and their knowledge scores, with a t-statistic of 7.38 and a p-value of 0.0001, shows educational attainment is a key factor influencing RTE knowledge. In contrast with Sengupta M and Barman P, conducted a study, revealing to substantial disparity in awareness level between male and female, urban areas concerning the RTE Act [19].

Statistical analysis revealed no significant relationship between guardians' attitudes towards the RTE and their age, gender, religion, or occupation, as the test statistics were low and p-values exceeded the significance threshold. Specifically, the t-statistics for age (1.32), gender (0.64), religion (0.21) and occupation (1.03) were all below the critical values, with p-values indicating no significant correlation. However, a statistically significant correlation was found between guardians'

educational status and their attitudes, with a t-statistic of 3.01 and a p-value of 0.004, suggesting that higher educational attainment is associated with more positive attitudes towards the RTE. A survey conducted by Kumar DR, involving 200 parents living in Delhi's urban slums found that the majority were unaware of the RTE Act and that only a tiny percentage understood their responsibility as parents to ensure their children's education [16]. Similarly, Sengupta M and Barman P, investigated rural parents' awareness and attitude towards the RTE Act using a case study in Gujarat. Their study explored the difficulties and revelations surrounding the Act's application in rural regions, illuminating the particular requirements and worries of this population [19].

### Limitation(s)

The study was limited to selected rural area of Vidarbha region.

## CONCLUSION(S)

The study concluded that rural parents initially lacked comprehensive knowledge regarding specific children's rights to education. However, a structured educational intervention significantly improved their understanding. Knowledge scores after the course of action were considerably greater than those before (p-value <0.05), demonstrating effectiveness of health education program in rural settings. Consequently, the planned instruction on relevant aspects of the RTE proved to be a successful teaching method, effectively enhancing rural parents' knowledge.

**Author Contribution:** NAK: Conceptualised the study, designed the investigation, managed data collection, conducted the analysis, secured funding, interpreted the findings and drafted the manuscript; DW: Contributed to idea generation, the design of the study, data interpretation and analysis, paper review and given critical comments; BK and AM: Assisted with the development of the data collection instrument and manuscript writing and also provided crucial feedback on the draft. All authors approved the final version for publication.

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**PLAGIARISM CHECKING METHODS:** [Jain H et al.]

- Plagiarism X-checker: Dec 21, 2024
- Manual Googling: Apr 07, 2025
- iThenticate Software: May 15, 2025 (5%)

**ETYMOLOGY:** Author Origin

**EMENDATIONS:** 9

**AUTHOR DECLARATION:**

- Financial or Other Competing Interests: None
- Was Ethics Committee Approval obtained for this study? Yes
- Was informed consent obtained from the subjects involved in the study? Yes
- For any images presented appropriate consent has been obtained from the subjects. NA

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