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Prema Krishnan

Principal, Shri Sathysai
College of Nursing, Sri Balaji
Vidyapeeth (Deemed to be
University), Pillaiyarkuppam,
Bahour, India

Niranjani S

Associate Professor, Shri
Sathysai College of Nursing,
Sri Balaji Vidyapeeth (Deemed
to be University),
Pillaiyarkuppam, Bahour,
India

Prabu S

Assistant Professor, Shri
Sathysai College of Nursing,
Sri Balaji Vidyapeeth (Deemed
to be University),
Pillaiyarkuppam, Bahour,
India

Asvini M

Tutor, Shri Sathysai College of
Nursing, Sri Balaji Vidyapeeth
(Deemed to be University),
Pillaiyarkuppam, Bahour,
India

Jasphin Vency

Tutor, Shri Sathysai College of
Nursing, Sri Balaji Vidyapeeth
(Deemed to be University),
Pillaiyarkuppam, Bahour,
India

Jayavani

Tutor, Shri Sathysai College of
Nursing, Sri Balaji Vidyapeeth
(Deemed to be University),
Pillaiyarkuppam, Bahour,
India

Corresponding Author:

Prema Krishnan

Principal, Shri Sathysai
College of Nursing, Sri Balaji
Vidyapeeth (Deemed to be
University), Pillaiyarkuppam,
Bahour, India

Evaluating the impact of peer-based vs. formal teaching strategies on mother's knowledge regarding child abuse

**Prema Krishnan, Niranjani S, Prabu S, Asvini M, Jasphin Vency and
Jayavani**

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Abstract

This study investigates the effectiveness of different educational approaches in enhancing mothers' knowledge regarding child abuse, a significant social and health concern. Recognizing mothers as primary caregivers and vital community communicators, their understanding of child abuse is crucial for prevention and early identification. This research compared the impact of a peer-led "mother to mother programme" against a traditional "structured teaching programme." A quasi-experimental pretest-posttest design was employed with 100 mothers from selected suburban areas in Chennai, India, divided equally between the two programme types (n=50 each). Knowledge levels concerning various aspects of child abuse (meaning, signs, prevention, etc.) were assessed using a structured questionnaire before the intervention and again seven days post-intervention. Data analysis utilized descriptive statistics and paired t-tests. Initial assessments showed predominantly inadequate knowledge in both groups (>80%). While both interventions led to statistically significant improvements in knowledge scores ($p<0.001$), the mother-to-mother programme demonstrated significantly greater effectiveness, achieving a higher mean post-test score (64.2) compared to the structured teaching programme (50.1) ($p<0.001$). These results highlight the superior efficacy of the peer-based mother-to-mother model for improving knowledge about child abuse among mothers in this setting, suggesting its potential as a valuable community health education strategy.

Keywords: Child abuse, mothers' knowledge, peer education, mother-to-mother programme, structured teaching programme

Introduction

The mother's role as a primary caregiver is central to a child's developmental trajectory, emotional security, and overall well-being. Contemporary developmental science underscores the profound influence of maternal care on early childhood outcomes. Beyond meeting physical needs, mothers shape emotional and social development through consistent nurturing, protection, and interaction. This caregiving relationship fosters resilience, self-esteem, and the capacity for healthy relationships. Parents, particularly mothers, provide the foundational environment that supports emotional regulation and social competence. Their role in ensuring safety and protecting children from harm is critical. Maternal vigilance and emotional support create secure attachments, enabling children to navigate adversity and develop adaptive coping mechanisms. Child abuse remains a pervasive global issue with enduring consequences, as highlighted by the World Health Organization (2020) and Stoltenborgh *et al.* (2015). Preventing such harm requires a multifaceted approach, where enhancing mothers' knowledge, confidence, and responsiveness plays a central role. Empowering mothers through targeted education and support strengthens their ability to create protective environments, identify risks early, and intervene effectively and promoting safe, healthy developmental outcomes for children. Evaluating the comparative effectiveness of these distinct pedagogical approaches is vital for optimizing resource deployment and enhancing the overall impact of child abuse prevention initiatives.

Materials and Methods

A quasi-experimental, pretest-posttest design was used to evaluate and compare the effectiveness of a mother-to-mother programme versus a structured teaching programme in

improving knowledge regarding child abuse among mothers. The research was conducted in selected suburban areas of Chennai, India, specifically Mettukuppam in Thuraipakkam, and Nethaji street, Subburao street, and Anna street in Taramani. The study duration was four weeks. The target population consisted of mothers with children aged birth to 18 years residing in the designated study areas. A non-probability convenience sampling technique was utilized to recruit a total sample of 100 mothers. Participants were required to be able to interact in Tamil and willing to participate in the study. Mothers who had previously participated in the pilot study or were unwilling to participate were excluded. The sample was divided into two groups: 50 mothers participated in the mother-to-mother programme (Group 1), and 50 mothers participated in the structured teaching programme (Group 2). Prior to participation, written informed consent was obtained from community authorities and individual mothers. For the mother-to-mother programme, three peer leaders were selected from five candidates identified via a self-help group animator, based on investigator-developed criteria assessing leadership qualities and communication skills (score 8-10).

The study involved two distinct interventions aimed at enhancing knowledge about child abuse. In Group 1 (Mother-to-Mother Programme), the selected peer leaders first received training from the investigator regarding child abuse. Following a pretest administered to their assigned group of 10 mothers each (in the investigator's presence), these peer leaders imparted the structured teaching content. A posttest was conducted seven days later. In Group 2 (Structured Teaching Programme), the investigator directly administered the pretest, delivered the structured teaching content on child abuse, and conducted the posttest seven days later. Flash cards were used as audio-visual aids to enhance teaching in both intervention groups.

Data were collected using a structured questionnaire developed by the investigator, consisting of two parts. Part I gathered demographic information about the mothers

(including age, income, education, occupation, religion, family type, source of knowledge, health problems) and their children (number, age, sex, health problems). Part II comprised 29 multiple-choice questions designed to assess knowledge regarding child abuse, covering aspects such as meaning, incidence, causes, types, forms, signs/symptoms, prevention, effects/complications, treatment, and the mother's role. A scoring system was implemented where 1 mark was awarded for each correct component (up to 4 for "all of the above") or a single correct answer, with a maximum possible score of 92. Knowledge levels were graded as Inadequate (<37), Moderately Adequate (37-55), or Adequate (56-92). The content validity of the questionnaire and the structured teaching material was established through review by experts in pediatric medicine and pediatric nursing.

Results

The results of pre-test knowledge levels regarding child abuse (Tables 1 & 2) revealed that a substantial majority of mothers in both the mother-to-mother programme group (81.50%) and the structured teaching programme group (90.80%) possessed inadequate knowledge prior to the interventions. Following the programmes, paired t-tests indicated statistically significant improvements in overall knowledge scores from pre-test to post-test within both groups (Mother-to-Mother: $t=28.39$, $p<0.001$; Structured Teaching: $t=14.65$, $p<0.001$), as shown in Table 3. A comparison of the post-test effectiveness between the two interventions (Table 4) demonstrated that the mother-to-mother programme resulted in significantly higher mean knowledge scores (Mean=64.20, SD=6.327) than the structured teaching programme (Mean=50.10, SD=9.55), with the difference being statistically significant ($t=7.27$, $p<0.001$). Furthermore, no significant association was found between post-test knowledge scores and selected demographic variables (age, marital status, educational status, occupation) among mothers participating in the mother-to-mother programme ($p>0.05$).

Table 1: Frequency and percentage distribution of pre and post test level of knowledge regarding child abuse with regard to meaning, incidence, causes and types, forms, signs and symptoms, prevention, effects, complications and treatment, role of mother and overall knowledge of mothers of mother to mother programme. N = 50

S. No.	Knowledge	Pre test knowledge						Post test knowledge					
		Inadequate		Moderate		Adequate		Inadequate		Moderate		Adequate	
		No	%	No	%	No	%	No	%	No	%	No	%
1.	Meaning	25	50.0	25	50.0	0	0.0	0	0.0	22	44.0	28	56.0
2.	Incidence	32	64.0	18	36.0	0	0.0	0	0.0	0	0.0	50	100.0
3.	Causes and Types	50	100.0	0	0.0	0	0.0	0	0.0	22	44.0	28	56.0
4.	Forms	45	90.0	5	10.0	0	0.0	0	0.0	10	20.0	40	80.0
5.	Signs and Symptoms	42	84.0	8	16.0	0	0.0	2	4.0	18	36.0	30	60.0
6.	Prevention	35	70.0	15	30.0	0	0.0	2	4.0	25	50.0	23	46.0
7.	Effects, Complications and Treatment	48	96.0	2	4.0	0	0.0	5	10.0	20	40.0	25	50.0
8.	Role of Mother	46	92.0	4	8.0	0	0.0	8	16.0	18	36.0	24	48.0
9.	Overall knowledge	41	82.0	9	18.0	0	0.0	2	4.0	17	34.0	31	62.0

Table 2: Frequency and percentage distribution of pre and post-test level of knowledge regarding child abuse with regard to meaning, incidence, causes and types, forms, signs and symptoms, prevention, effects, complications and treatment, role of mother and overall knowledge of the mothers of structured teaching programme N = 50

S. No.	Knowledge	Pre-test knowledge						Post-test knowledge					
		Inadequate		Moderate		Adequate		Inadequate		Moderate		Adequate	
		No	%	No	%	No	%	No	%	No	%	No	%
1.	Meaning	21	42.0	9	18.0	20	40.0	0	0.0	10	20.0	40	80.0
2.	Incidence	50	100.0	0	0.0	0	0.0	0	0.0	7	14.0	43	86.0
3.	Causes and Types	50	100.0	0	0.0	0	0.0	0	0.0	21	42.0	29	58.0
4.	Forms	50	100.0	0	0.0	0	0.0	0	0.0	12	24.0	38	76.0
5.	Signs and Symptoms	50	100.0	0	0.0	0	0.0	0	0.0	13	26.0	37	74.0
6.	Prevention	17	34.0	13	26.0	20	40.0	0	0.0	21	42.0	29	58.0
7.	Effects, Complications and Treatment	50	100.0	0	0.0	0	0.0	0	0.0	9	18.0	41	82.0
8.	Role of Mother	50	100.0	0	0.0	0	0.0	0	0.0	11	22.0	39	78.0
9.	Overall knowledge	27	54.0	8	16.0	15	30.0	0	0.0	13	26.0	37	74.0

Table 3: Comparison of paired 't' test value of the over-all pre and post-test knowledge score regarding child abuse among mothers of mother to mother programme and structured teaching programme. N=100

Programme	Pre test		Post test		't' value	p-value
	Mean	SD	Mean	SD		
Mother to mother programme	26.1	5.37	64.2	6.3	28.39	0.000**
Structured teaching programme	23.73	1.72	50.10	9.55	14.65	

** = significant at 1% * = significant at 5% NS = Not significant at 5%

Table 4: Effectiveness of mother to mother programme to structured teaching programme on post-test overall knowledge regarding child abuse. N=100

S. No.	Type of teaching programme	Comparison of two mean calculation			
		Mean	SD	Paired 't' value	p-value
1.	Mother to mother programme	64.20	6.327	7.27	0.000**
2.	Structured teaching programme	50.10	9.55		

The study's major findings highlight the impact of two distinct educational interventions, the Mother to Mother (M2M) programme and a Structured Teaching Programme (STP), on mothers' knowledge regarding child abuse. Initially, both groups demonstrated a significant lack of knowledge; 81.50% of mothers in the M2M group and 90.80% in the STP group had inadequate pre-test knowledge scores, with the remainder possessing only moderate knowledge and none having adequate understanding.

Following the interventions, both programmes led to improvements, but the M2M programme showed greater gains. Post-test results revealed that 62.00% of mothers in the M2M group achieved adequate knowledge, compared to 44.00% in the STP group. Conversely, the percentage of mothers remaining with inadequate knowledge was considerably lower in the M2M group (4.00%) than in the STP group (12.00%). Furthermore, the study determined that there was no significant association between mothers' knowledge levels regarding child abuse and selected demographic variables (age, marital status, educational status, occupation, prior awareness) within the context of either programme. Crucially, a statistically significant difference ($p < 0.001$) was found between the outcomes of the two interventions, confirming that the Mother to Mother programme was significantly more effective than the Structured Teaching Programme in enhancing knowledge about child abuse among the participating mothers in the selected area.

Conclusion

In conclusion, this study significantly demonstrates that the Mother to Mother (M2M) programme is a more potent intervention than the Structured Teaching Programme (STP)

for elevating mothers' knowledge regarding child abuse, achieving markedly better outcomes despite initially low levels of understanding in both groups. These findings carry considerable weight across various nursing domains. They strongly suggest the practical application of the M2M strategy in nursing practice for diverse health education topics, potentially enhanced by supplementary materials and community group involvement. For nursing education, the study advocates for incorporating M2M teaching strategies and peer learning models into curricula. Nursing administration is encouraged to develop policies supporting M2M implementation, foster community collaboration for abuse prevention, and provide relevant in-service education. Furthermore, the study stimulates nursing research, encouraging further investigation into M2M effectiveness across different subjects and populations. Recommendations logically follow, emphasizing the need for larger, more diverse studies (including urban/rural comparisons and application to other child/women's issues) to validate and generalize these encouraging results regarding the efficacy of peer-based maternal education.

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