Research Article

Evaluation Of A Child Protection Education Programme For Mothers In Selected Communities Of Durg District

Mrs. Sasmita Rout[1], Mrs. NeeluSahu[2], Mrs. KarismaTripathy[3], Mrs. Shrabani Panda[4], Ms. Nilkashi Chattopadhyay[5]

[1]Associate Prof. Child Health Nursing, Kalinga Institute of Nursing Sciences, KIIT DU, Bhubaneswar.
[2]Asst. Prof. Child Health Nursing, Maitri College of Nursing, Anjora, Durg
[3]Community Health Officer, Kesharipur PHC, Soro CHC, BalasoreDist , Odisha
[4]Tutor, St. Joseph's Nursing School, Midnapore
[5]Tutor, St. Joseph's Nursing School, Midnapore
Corresponding Author: Mrs. Sasmita Rout, Associate Prof. Child Health Nursing, Kalinga Institute of Nursing Sciences, KIIT DU, Bhubaneswar. Email: debabratajoshi5@gmail.com

Abstract

Background:
Child abuse continues to be a significant public health concern worldwide, affecting children's physical health, emotional well-being, and social development. Although India has established legal and policy frameworks for child protection, limited awareness among caregivers remains a barrier to timely recognition, prevention, and reporting of abuse. Strengthening maternal knowledge through community-based education may contribute to improved child safeguarding practices. This study aimed to assess the effectiveness of a structured Child Protection Education Programme in improving mothers' knowledge regarding child abuse in selected communities of Durg District, Chhattisgarh.

Methods:
A quantitative pre-experimental one-group pre-test–post-test design was adopted among 100 mothers selected through a non-probability convenience sampling method. Baseline knowledge regarding child abuse was assessed using a validated 35-item structured questionnaire. Participants received a structured educational programme consisting of interactive teaching sessions, audio-visual aids, group discussions, and educational materials. Knowledge was reassessed seven days after the intervention using the same assessment tool. Data were analysed using descriptive statistics, paired t-test, and chi-square test.

Results:
The findings revealed a significant improvement in mothers' knowledge following the intervention. The mean knowledge score increased from 15.42 ± 4.28 before the programme to 27.81 ± 3.16 after the intervention, showing a mean difference of 12.39 ± 3.84 ($t = 22.48$, $df = 99$, $p < 0.001$). The percentage of mothers with good knowledge increased from 12.0% to 79.0%, while the intervention demonstrated a large effect size (Cohen's $d = 1.82$). Post-test knowledge was significantly associated with educational status ($p = 0.005$), occupation ($p = 0.043$), and previous exposure to child protection information ($p = 0.021$).

Conclusion:
The Child Protection Education Programme was effective in enhancing mothers' knowledge regarding child abuse. Community-based educational strategies integrated into maternal and child health services may strengthen caregivers' ability to identify warning signs, adopt preventive measures, and seek timely support. The findings highlight the important role of Community Health Nurses in delivering sustainable child protection education and promoting safer environments for children.

Keywords: child abuse; child protection; community health nursing; educational intervention; mothers; knowledge; child maltreatment; health education.

Introduction

Child maltreatment continues to represent a significant global public health and human rights challenge, adversely affecting the survival, growth, and overall development of children. It encompasses physical, emotional, and sexual abuse, as well as neglect and exploitation, all of which may have profound and lasting effects on children's physical health, psychological well-being, educational achievement, and social relationships. Exposure to violence during childhood has also been associated with an increased risk of mental illness, substance dependence, chronic non-communicable diseases, and reduced quality of life in adulthood. International estimates indicate that violence against children remains widespread, emphasizing the need for comprehensive preventive strategies that involve families, communities, and healthcare systems.

Recognizing the importance of child protection, India has implemented several legal and policy initiatives, including the Protection of Children from Sexual Offences (POCSO) Act, the Juvenile Justice (Care and Protection of Children) Act, and the Mission Vatsalya programme. Despite these measures, many incidents of child abuse remain unidentified or unreported because of limited public awareness, fear of social consequences, cultural misconceptions, and inadequate knowledge of available support and reporting systems. Since mothers are commonly the primary caregivers, they are uniquely positioned to identify behavioural or physical indicators of abuse, respond appropriately, and access available child protection services. Therefore, empowering mothers with accurate knowledge is an important component of community-based child safeguarding.

Studies conducted across South Asian countries have reported that insufficient parental awareness continues to be a major barrier to the early detection and prevention of child maltreatment. Educational programmes directed at parents and caregivers have demonstrated encouraging outcomes by improving knowledge, increasing awareness of warning signs, and strengthening confidence in responding to suspected abuse. Recent evidence suggests that structured community-based educational interventions are practical approaches for promoting child protection and supporting safer family environments, particularly in resource-constrained settings.

Although educational interventions have been implemented among teachers, healthcare professionals, and school populations, comparatively fewer studies have focused on mothers residing in community settings, especially in central India. Furthermore, evidence regarding the effectiveness of structured child protection education programmes delivered through community health services remains limited. Generating local evidence is essential for strengthening community health nursing practice and informing the development of culturally appropriate child protection initiatives.

The present study was guided by the Health Belief Model (HBM), which proposes that individuals are more likely to engage in preventive health behaviours when they recognize the seriousness of a health problem, perceive themselves to be at risk, appreciate the benefits of preventive actions, and have confidence in their ability to respond effectively. Guided by this framework, the Child Protection Education Programme was developed to improve mothers' knowledge regarding child abuse, enhance their ability to recognize early warning signs, and encourage timely reporting and protective actions for children.

Aim

To evaluate the effectiveness of a Child Protection Education Programme on improving mothers' knowledge regarding child abuse in selected communities of Durg District, Chhattisgarh.

Materials and Methods

Study Design and Setting

A quantitative pre-experimental one-group pre-test–post-test design was employed to evaluate the effectiveness of a Child Protection Education Programme on mothers' knowledge regarding child abuse. The study was conducted in selected urban and rural communities of Durg District, Chhattisgarh, India, following institutional ethical approval and administrative permission.

Participants and Sampling

The study included 100 mothers aged 18 years or older who had at least one child below 18 years of age and had resided in the study area for at least six months. Participants were selected using a non-probability convenience sampling technique. Mothers with prior formal child protection training, those medically unfit to participate, or those unavailable for post-test assessment were excluded.

Study Variables

The primary outcome variable was mothers' knowledge regarding child abuse. Selected socio-demographic characteristics, including age, educational status, occupation, religion, family type, and previous exposure to child protection education, were considered independent variables.

Study Instrument

Knowledge was assessed using a structured 35-item multiple-choice questionnaire developed from the World Health Organization child protection framework, Government of India child protection guidelines, and relevant nursing literature. The instrument covered concepts, types, warning signs, consequences, prevention, legal provisions, and reporting mechanisms related to child abuse. Content validity was established through expert evaluation, and internal consistency was confirmed during pilot testing using Cronbach's alpha.

Educational Intervention

Following the baseline assessment, participants received a structured Child Protection Education Programme developed by the investigator. The intervention included interactive lectures, PowerPoint presentations, group discussions, question-and-answer sessions, and printed educational materials covering child abuse, risk factors, preventive strategies, positive parenting, legal provisions, and reporting procedures. Each educational session lasted approximately 45–60 minutes.

Intervention Fidelity

To ensure consistency throughout the study, all educational sessions were delivered by the principal investigator following a standardized teaching protocol. Uniform PowerPoint presentations, audio-visual aids, and printed educational materials were

used for all participants. Each educational session lasted approximately 45–60 minutes, and attendance was monitored to ensure adequate exposure to the intervention. The same teaching content, sequence, and duration were maintained for every session to minimize variation in intervention delivery.

Data Collection

Written informed consent was obtained from all participants before enrolment. Baseline socio-demographic information and pre-test knowledge were collected using the structured questionnaire. The educational programme was delivered immediately after the pre-test, and the post-test was conducted seven days later using the same instrument to assess changes in knowledge.

Statistical Analysis

Data were entered into Microsoft Excel and analysed using IBM SPSS Statistics. Descriptive statistics (frequency, percentage, mean, and standard deviation) summarized participant characteristics and knowledge scores. The paired t-test was used to compare pre-test and post-test knowledge scores, while the chi-square test examined associations between post-test knowledge and selected socio-demographic variables. Statistical significance was set at $p < 0.05$, with 95% confidence intervals reported where applicable.

Ethical Considerations

The study was conducted following approval from the appropriate ethics committee and administrative authorities. Written informed consent was obtained from all participants before enrolment. Participation was voluntary, and confidentiality and anonymity were maintained throughout the study.

Results

Participant Characteristics

A total of 100 mothers completed the study with a response rate of 100%. The majority of participants were aged 26–35 years (51.0%), had secondary education (46.0%), were homemakers (71.0%), belonged to nuclear families (68.0%), and had no previous exposure to child protection information (62.0%).

Tabale-1:- Participant Characteristics

Characteristics	Frequency (n)	Percentage (%)
Age group (years)		
18–25	24	24.0
26–35	51	51.0
>35	25	25.0
Educational status		
Primary	18	18.0
Secondary	46	46.0
Higher Secondary	24	24.0
Graduate and above	12	12.0
Occupation		
Homemaker	71	71.0
Employed	29	29.0
Religion		
Hindu	82	82.0
Muslim	12	12.0
Christian	4	4.0
Others	2	2.0
Family type		

Characteristics	Frequency (n)	Percentage (%)
Nuclear	68	68.0
Joint	32	32.0
Previous exposure to child protection information		
Yes	38	38.0
No	62	62.0

Effect of Child Protection Education Programme on Knowledge Level

Baseline assessment revealed that most mothers had inadequate knowledge regarding child abuse. In the pre-test, 42.0% of participants had poor knowledge, 46.0% had average knowledge, and only 12.0% demonstrated good knowledge.

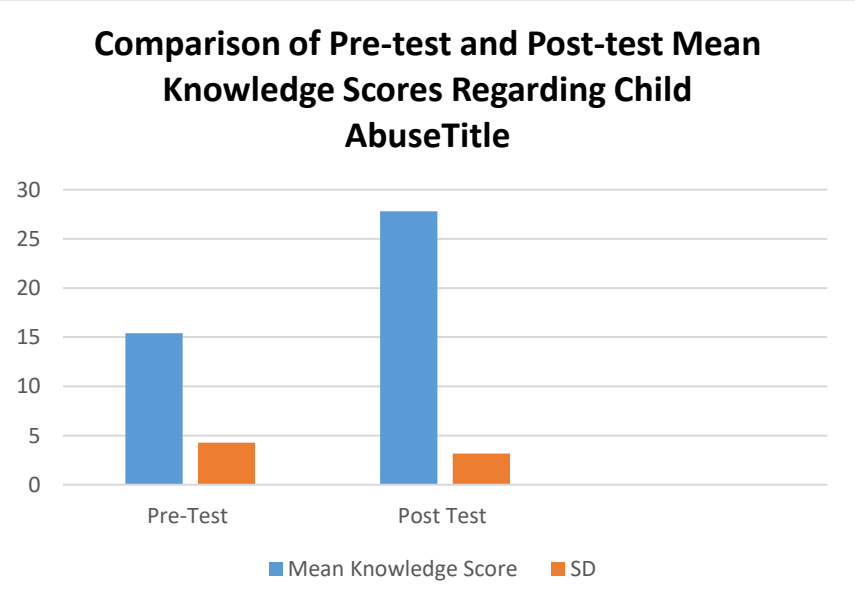
After implementation of the Child Protection Education Programme, a significant improvement in knowledge levels was observed. The proportion of mothers with good knowledge increased from 12.0% at baseline to 79.0% during the post-test, while poor knowledge decreased from 42.0% to 2.0%.

The mean knowledge score improved significantly from 15.42 ± 4.28 in the pre-test to 27.81 ± 3.16 in the post-test. The mean increase of 12.39 ± 3.84 points was statistically significant ($t = 22.48$, $df = 99$, $p < 0.001$). The calculated Cohen's d value of 1.82 indicated a large effect size, demonstrating that the educational intervention produced a substantial improvement in mothers' knowledge regarding child abuse.

Table 2. Distribution of Mothers According to Knowledge Categories Before and After the Child Protection Education Programme (N = 100)

Knowledge Category	Pre-test n (%)	Post-test n (%)
Poor	42 (42.0)	2 (2.0)
Average	46 (46.0)	19 (19.0)
Good	12 (12.0)	79 (79.0)
Total	**100 (100.0)**	**100 (100.0)**

Fig-1 Comparison of Pre-Test and Post-Test Mean Knowledge score



Association between Post-test Knowledge and Selected Characteristics

Post-test knowledge was significantly associated with educational status (p = 0.005), occupation (p = 0.043), and previous exposure to child protection information (p = 0.021). However, no significant association was observed between post-test knowledge and age, religion, or family type (p> 0.05).

Table 4. Association Between Post-test Knowledge Level and Selected Socio-demographic Variables Among Mothers (N = 100)

Variables	χ^2 value	df	p value	Interpretation
Age	2.84	2	0.241	Not significant
Educational status	12.84	3	0.005*	Significant
Occupation	4.08	1	0.043*	Significant
Religion	1.62	2	0.446	Not significant
Family type	1.34	1	0.512	Not significant
Previous exposure to child protection information	9.67	1	0.021*	Significant

Note: *Significant at p< 0.05.

Discussion

The present study evaluated the effectiveness of a Child Protection Education Programme in improving mothers' knowledge regarding child abuse. The findings demonstrated a significant improvement in knowledge following the intervention, with mean scores increasing from 15.42 ± 4.28 at pre-test to 27.81 ± 3.16 at post-test (t = 22.48, p< 0.001). The proportion of mothers with good knowledge increased from 12.0% to 79.0%, indicating that the structured educational programme was effective in enhancing awareness related to child abuse, prevention, and reporting practices.

The inadequate baseline knowledge observed among mothers highlights the existing gaps in community-level awareness regarding child protection. Despite the availability of child protection policies and legal frameworks, limited access to structured education, social stigma, misconceptions, and insufficient information may contribute to poor awareness among caregivers. The improvement following the intervention suggests that targeted health education can play an important role in strengthening maternal knowledge and preventive practices.

The effectiveness of the intervention may be attributed to its structured and comprehensive content, which included types of child abuse, risk factors, warning signs, preventive strategies, legal provisions, and available support services. Community-based educational approaches provide an opportunity to reach mothers through existing maternal and child health platforms, making them feasible strategies for integrating child protection awareness into routine healthcare services.

The study also identified factors associated with post-test knowledge levels. Educational status, occupation, and previous exposure to child protection information showed significant associations with knowledge outcomes, whereas age, religion, and family type were not significantly related. These findings suggest that prior access to information and educational opportunities may influence the extent of knowledge gained from health education interventions.

The findings support previous evidence indicating that structured educational interventions among parents and caregivers can improve awareness regarding child abuse and protection measures. The current study further emphasizes the role of community health nursing interventions in promoting caregiver education and strengthening child safeguarding practices.

Strengths

This study has several strengths. The pre-test and post-test evaluation design enabled measurement of changes in mothers' knowledge following the intervention. The use of a validated structured questionnaire enhanced the reliability of data collection. The standardized delivery of the educational programme ensured consistency among participants. Additionally, assessing socio-demographic factors provided insight into variables influencing knowledge outcomes. Conducting the intervention within community settings enhances its relevance for integration into maternal and child health programmes.

Limitations

The findings should be interpreted considering certain limitations. The absence of a control group in the pre-experimental design limits the ability to establish causal relationships. The use of convenience sampling from selected communities may restrict generalizability to other populations. The study evaluated immediate knowledge improvement and did not assess long-term retention or changes in child protection practices. Self-reported responses may have introduced response bias.

Furthermore, the study included only mothers and did not explore the perspectives of fathers, other caregivers, teachers, or community stakeholders involved in child protection.

Recommendations

The findings suggest that Child Protection Education Programmes should be integrated into routine maternal and child health services and community-based healthcare initiatives. Capacity-building programmes for Community Health Nurses, ASHAs, Anganwadi Workers, and other frontline health personnel should be strengthened to improve community awareness and early identification of child abuse. Future interventions should adopt a family- and community-centred approach by involving fathers, caregivers, teachers, and adolescents. Development of standardised, culturally appropriate educational resources and stronger collaboration among health, education, social welfare, and child protection sectors are recommended to enhance prevention, reporting, and referral mechanisms. Regular awareness campaigns and refresher education sessions may support sustained knowledge and promote positive parenting practices.

Conclusion

The study demonstrated that the Child Protection Education Programme significantly improved mothers' knowledge regarding child abuse. Following the intervention, the mean knowledge score increased from 15.42 ± 4.28 to 27.81 ± 3.16, with a statistically significant improvement ($t = 22.48$, $p < 0.001$). The proportion of mothers with good knowledge increased substantially from 12.0% to 79.0%, while those with poor knowledge decreased from 42.0% to 2.0%.

Educational status, occupation, and previous exposure to child protection information were identified as significant factors associated with post-intervention knowledge, whereas age, religion, and family type showed no significant association. The findings highlight that structured child protection education delivered through community-based health services can strengthen maternal awareness and support early recognition, prevention, and reporting of child abuse. Integrating such educational interventions into routine maternal and child health programmes may contribute to improving child safeguarding practices at the community level.

Funding

This research received no external funding.

Conflict of Interest

The authors declare that there are no conflicts of interest.

Author Contributions

- C**onceptualization:** Mrs.Sasmita Rout, Mrs.NeeluSahu
- **Methodology:** Mrs.Sasmita Rout, Mrs.Shrabani Panda
- **Data Collection:** Mrs.KarismaTripathy, Mrs.NeeluSahu
- **Formal Analysis:** Mrs.Sasmita Rout, Ms.NilkashiChattopadhyay
- **Writing – Original Draft:** Mrs.Shrabani Panda, Mrs.KarismaTripathy
- **Writing – Review & Editing:** Ms.NilkashiChattopadhyay, Mrs.Shrabani Panda
- **Supervision:** Mrs.Sasmita Rout

Acknowledgements

The authors express their sincere gratitude to all study participants and the community leaders for their valuable cooperation. The authors also acknowledge the support of the institutional authorities for granting permission to conduct the study.

References:

1. Gilbert, R., Widom, C. S., Browne, K., Fergusson, D., Webb, E., & Janson, S. (2009). Burden and consequences of child maltreatment in high-income countries. The Lancet, 373(9657), 68–81. https://doi.org/10.1016/S0140-6736(08)61706-7
2. Krug, E. G., Dahlberg, L. L., Mercy, J. A., Zwi, A. B., & Lozano, R. (Eds.). (2002). World report on violence and health. World Health Organization.
3. Joshi, D., Bhatia, N., & Mishra, V. D. (2026). A study to assess the effectiveness of pranic psychotherapy on management of nomophobia among nursing students in a selected school of nursing, West Bengal. International Journal of Drug Delivery Technology, 16(62s), 485–492. https://doi.org/10.25258/ijddt.16.62s.56
4. Ministry of Women and Child Development. (2022). Mission Vatsalya guidelines (Child Protection Services Scheme). Government of India.

5. Panda, S., Joshi, D., & Joshi, P. (2023). Evaluate the effectiveness of self instructional module regarding menstrual hygiene among the adolescents in selected residential college, Odisha. International Journal of Advance Research and Innovative Ideas in Education, 9(2), 2472–2474.
6. Runyan, D. K., Wattam, C., Ikeda, R., Hassan, F., & Ramiro, L. (2002). Child abuse and neglect by parents and other caregivers. In E. G. Krug et al. (Eds.), World report on violence and health (pp. 59–86). World Health Organization.
7. Stoltenborgh, M., Bakermans-Kranenburg, M. J., Alink, L. R. A., & van IJzendoorn, M. H. (2015). The prevalence of child maltreatment across the globe: Review of a series of meta-analyses. Child Abuse Review, 24(1), 37–50. https://doi.org/10.1002/car.2353
8. United Nations. (2015). Transforming our world: The 2030 Agenda for Sustainable Development. United Nations.
9. World Health Organization. (2020). INSPIRE: Seven strategies for ending violence against children. World Health Organization.
10. World Health Organization. (2022). Child maltreatment. https://www.who.int/news-room/fact-sheets/detail/child-maltreatment