

The effect of parenting skills training on attitudes toward child abuse in mothers referring to health centers of Shahid Beheshti University of Medical Sciences in Tehran in 2019

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Abstract

Introduction: Childhood is the basis of physical and mental development and conscious or unconscious behavior by improper parenting methods of some parents leads to child abuse.

Aim: aim of study was to determine the effect of parenting skills training on attitudes toward child abuse in mothers referring to the health centers of SBMU in Tehran.

Method:The present study was an interventional and quasi-experimental study with a sample size of 70 mothers with children aged 3-5 years (35 people in each of the two intervention and control groups). 8 centers(4 intervention group centers and 4 control group centers) were allocated. Sampling was conducted by available and continuous method and entered the study by research criteria (Iranian nationality, literacy, etc.).The intervention group was given 4 training sessions of 1.5hours once a week for 1 month and the control group was given a training booklet. The research instruments were the parents' demographic questionnaires and the parent-child role questionnaire with a 32-item Likert scale. Data were analyzed using SPSS software version 21 and independent and paired t-tests and repeated measures ($p < 0.05$).

Results: the mean age of mothers in the intervention were 35.5 ± 0.5 and control 36 education level, employment status of couples, income and family structure were not significantly different from each other. Also, there was no significant relationship between the four levels of attitude in the two groups of intervention and control before, immediately and one month after the study.

Conclusion: Parenting skills training leads to effect on the mother's attitude towards child abuse and this change isn't affected by the type of education based on the findings of this study.

Keywords: parenting skills training, attitude, child abuse, mothers.

INTRODUCTION

The mental health of children and adolescents is a major part of the general health, and any effort to improve the mental health of the child needs to evaluate and increase parenting skills and family engagement. The education is one of the most important primary prevention methods and at all levels can be effective in preventing the misbehavior with child (Lu, Zhang, & Du, 2021) parental attitude toward the misbehavior with child is also the predictive factors of it, Therefore, the training of parenting and parenting skills to parents plays an important role in preventing and reducing the misbehavior with child. (Cheraghi, Rostaie, Asgari, Shamsaei, & Tapak, 2017) The main functions, such as behavior, emotions and motivation in the first years of child's life, are important for growth and need for a calm environment that mother and father are in charge of this responsibility (Asadollahi, Jabraeili, Jafarabadi, & Hallaj, 2016). The parental care and educational methods can affect the growth and

evolution, self-reliance, future independent and effective life, psychological and physical needs of children (Blair et al., 2011). Due to childhood which is the basis of physical and mental growth of a person, some parents consciously or unknowingly resort to improper educational practices which ultimately leads to the child abuse (Albarracin & Shavitt, 2018) abuse and the child abuse is almost an inclusive social problem. The World Health Organization defines the child abuse or the threat of the health of body, fluency, or well-being of child to the hands of the parents or adults who are responsible for him. Unfortunately, official statistics on misbehavior with child are not available in many developing countries (Albarracin & Shavitt, 2018) According to the WHO report, 48% of misbehavior with child was reported in boys and 52% in girls 75% of these cases have occurred by parents and only 25% of them by other people and misbehavior with children was occurred with child having less than 4 years old (WHO, 2014). According to the Department of Health Service and the United States (2012), about 1640 deaths of children have occurred due to harassment and neglect, with about 80% of child abuse by parents. In industrial countries, according to self-report, the annual parents reported 4-16% of physical harassment, 1.4-15.4% of neglect and 10.3% of mental harassment (Zeanah & Humphreys, 2018). According to a report released in 2016 in Iran, the most misbehavior cases with child was related to physical harassment (70.6%) by parents, of which about 20% of children were between 6 and 11 years old (in Ahvaz in 2010), the abundance of physical harassment 67.6% and 70% emotional harassment and (Farnia et al., 2020). Complications and consequences of misbehavior with the child are countless. Children who are exploited have a great readiness for mental illness, anxiety, drug and alcohol abuse, growth disorders, especially verbal failure, physical weakness and susceptible to various diseases in the adulthood (Young & Widom, 2014). Of the most important implications of misconduct with the child was their death. In this regard, misbehavior with the fifth cause as well as the main cause of the deaths of children and adolescents has been reported According to global statistics in 2014, child abuse has been the main reason for the death of 950,000 children and adolescents under the age of 18 worldwide, and 10 million children needed hospitalization due to injuries and complications (Da Silva Franzin et al., 2014). Due to the countless complications and undesirable consequences of misconduct with child, it has always been an attempt to reduce and optimize growth conditions for educating children has been the interest of sociologists. Hence, the most important misbehavior preventive factor was named as consciously participate of parents in the correct parenting of children, especially for the toddlers and young children (Lu et al., 2021) ages 1-5 is very important for the formation of children's character. (Keane & Chapman, 2008). On the other hand, the results of the studies show that people treat their attitudes, and in fact, many daily behaviors of individuals are influenced by their attitude (Kausar & Pinqart, 2019), in order to show that parental attitude As opposed to the child, their behavior has been predictors of their behavior with their children. The parents who had a positive look at their children and valued them, used better methods for disciplining and educating their children (Bower-Russa, Knutson, & Winebarger, 2001; Vittrup, Holden, & Buck, 2006).

Parental attitude toward the child abuse is one of the predictive factors of misbehavior with child, so to correct parental attitudes, the education can be the most primary methods of primary prevention methods (Lu et al., 2021). Parenting skills training programs focus on increasing the quality of parent and child relationships and requires parents to practice new skills with their child, which its most important effect will be identified with the child's behavior. According to this that the first years of child's life is the most important period of growth and the child is very vulnerable during this period, the lack of support and harassment of her can affect all aspects of physical and evolutionary growth, emotional and psychological development of the child and cause many problems and failures in annoyed and harassed children (Chamberland, Fallon, Black, & Trocmé, 2011; Macmillan & Munn, 2001; Zeanah & Humphreys, 2018), For this reason, the training of parenting skills in preventing and reducing misbehavior may have a major role (Cheraghi et al., 2017). Considering the importance of the issue of misconduct with children and the importance of parental education and their empowerment for parenting and lack of sufficient interventional studies in this area, The researcher began to investigate the effect of two methods of parenting skills training on attitude toward the child abuse in patients referring to health centers of Beheshti University of Medical Sciences in 2019.

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Method

The present study was performed by an interventional and semi-experimental study, with the aim of determining the effect of childbirth skills training on attitude toward child abuse in mothers referring to health centers in Shahid Beheshti University of Medical Sciences, Tehran, 2019. The research population of this study, the whole participant mothers have a child of 3-5 years, and the criteria for reading and writing, being Iranian residents and certainly from Tehran, The lack of maternal disease known as mental illness (according to self-examination and health records),

In which probability of the first error: $\alpha = 0.05 \Rightarrow z_{\alpha/2} = 1.96$ $n \geq 2 \frac{(z_{\alpha/2} + z_{\beta})^2 \sigma^2}{(\mu_1 - \mu_2)^2}$

The probability of the second type error $\beta=0.20$ $\beta z=0.85$ and power: $1-\beta=0.80$ the observed effect size: and and and are respectively the mean scores in the two intervention and control groups and standard deviation. The minimum sample required in each group was obtained 32. $N = 2 (1.96 + 0.85)^2 [1 / 0.70]^2 = 32$

Researcher after receiving the ethics code to the number of ir.sbmu.pharmacy.rec.1398.026 and acquiring sampling license and coordination with the university and health deputy of Shahid Beheshti University of Medical Sciences at the time of December 2019 to September 2020, started to sampling from North and East Health Centers of Tehran affiliated with Shahid University of Medical Sciences. It should be noted that this research has been conducted during the Covid-19 during the pandemic period. The researcher first selected the chosen clinics in order to randomly assign the participants to the intervention and control groups, four clinics as the intervention group and four clinics as the control group (the same eco-social situation was favored to the researcher). Regarding the incidence of Pandemic of Covid-19, and the implementation of health policies preventing people from disease, it was placed that sampling and training will be held online. In this study, the tools used in parental demographic questionnaires were the "parental role of young-adults" and stress-anxiety-depression questionnaire (DASS-21). The parental demographic questionnaire includes questions such as age (mother, father), child gender, mother's job, mother's education, father's job, father's education, number of children, child age, child sex, birthday rank, economic status, history of addiction, The experience of maternal misbehavior in childhood and type of misbehavior. The questionnaire of "The parental role of young-adult" by Bawolk (1984) is translated into Persian by Tavakol et al. (2008) and includes 32 phrases with a five-items Likert scale (from completely agree to completely disagree) in 4 areas. The fields are: the inappropriate expectations (expectations disproportionate with growth and evolution) from children (phrases number 1-4-6-10-16-17-20-27). The scope of the lack of empathy of child needs (phrases number 2-8-9-12-13-15-22-25). - Physical punishment scope (phrases number 5-18-21-23-24-26-28-31). - The scope of displacement of the child's parenting role (phrases number 3-7-11-14-19-29-30-32). In the questionnaire of the "parenting role of young-adult people", strongly disagree of the score 5, disagree of score 4, neither agree of score 3, nor agree of score 2 and strongly agree of score 1. Thus, the minimum score of the questionnaire will be 32 and up to 160 (Tavakol, Azimi, Sharifirad, & Hosseini, 2008). According to Tavakol et al. (2008), according to the nature of the questionnaire phrases, the score of 32-64 negative attitudes, 65-96 neutral attitudes and 97-160 positive attitudes (absence of misbehavior with the child) and in the same way as well as less than 16 negative attitudes separately, 17-24 neutral attitudes and 25-40 positive attitudes are considered (Bavolek, 1984). The stress-depression questionnaire - DASS-21 by Loviband & Loviband was made in 1995 to measure stress-depression and has 21 questions (Lovibond & Lovibond, 1995). The DASS-21 questionnaire consists of 3 components that each of its scales contains 7 questions, which results in the final score through the total scores of related questions and the questionnaire is designed in Likert scale and has at all, low, moderate and high items. The lowest score is related to each question with zero score and the highest score of 3 and in each section associated with anxiety, depression and stress, score 1-7 represents a mild level of 8-14 indicates the average level and rating of 15-21 indicates a severe level of anxiety, depression.

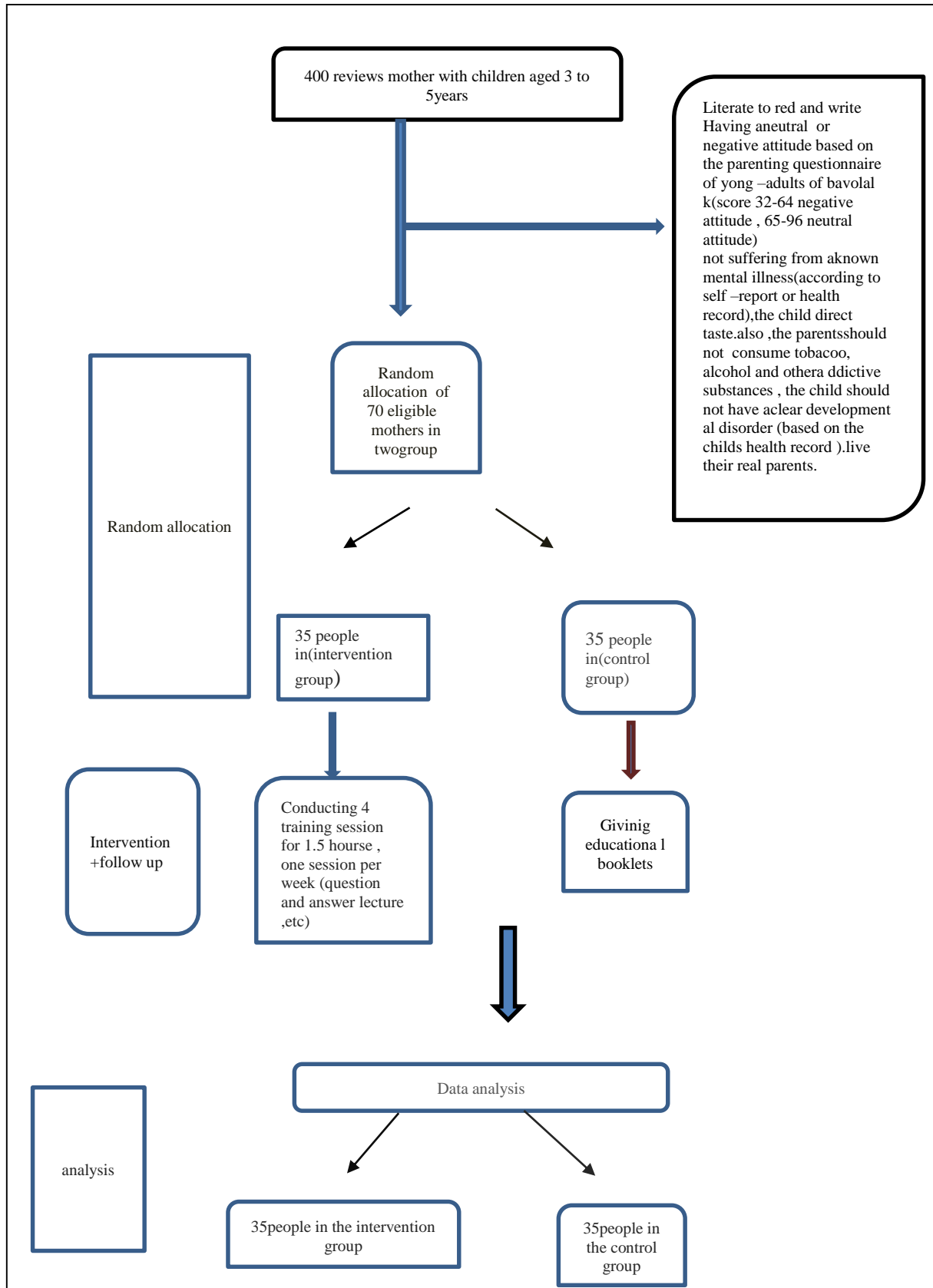
Since the DASS-21 form is the main scale (42 questions), the final score in each of the subscales should be 2 times. Mothers who had points more than 14 were excluded from the study. The reliability of the of young-adult parent role questionnaire quoting from Tavakol (2008) has been calculated in research and in researches inside and outside the country. Including the study of Marshall (1996), Cronbach's alpha was calculated between 0.70-0.82, in my study (2004) between 0.86-0.86 and Yvelines (2004) between 0.89 and 0.89. Cronbach's alpha in its Persian version of the total questionnaire was 0.86 in the questionnaire associated with Tavakol's research (2008). Therefore, the questionnaire has a scientific validity. In the study of Cheraghi et al in 2016, Cronbach's alpha of the whole questionnaire was $\alpha = 0.81$, and under the scale of inappropriate expectations from the child $\alpha = 0.81$, Baby punishment $\alpha = 0.82$, the lack of empathy with the needs of the child $\alpha = 0.80$ and the displacement of the role of parent and the child was $\alpha = 0.83$ (Cheraghi et al., 2017) that completely were estimated, Therefore, the questionnaire was appropriate for reliability. The reliability of the present study was obtained in an attitude questionnaire (before intervention 0.7, after intervention 0.83 and two months after intervention 0.9), indicating acceptability of reliability. The stress-anxiety-depression questionnaire (DASS-21) has been used in various studies inside and outside the country and its validity and reliability are confirmed and by the test of Sahebi et al, (2005), the correlation of this test 0.7 by BDI-II (Depression test), and by SAS test 0.67 and perceived stress by DASS test 0.49 were reported and its internal consistency with Cronbach's alpha at depression scale was reported 0.77, below the anxiety scale, 0.79, and below the stress scale, 0.78. (Sahebi, Asghari, & Salari, 2005). Referring and after reviewing household cases, a list of mothers' phone numbers had a child 3 to 5 years who had the conditions of participation in the study, were prepared and by sending SMS and if not received the answer by telephone call and explaining the goals of the research, mothers were asked to participate in the study. After obtaining informed consent, the demographic questionnaires and DASS 21 and the parenting role of young-adult people for mothers eligible to participate in the research through online method was sent and completed by them, According to the specifications of the research units, samples were included in the study which of the questionnaire of parenting role of young-adults, the scores of 32-64 had a negative attitude or the scores of 65-96 had a neutral attitude and also from the DASS-21 questionnaire, also obtained the necessary points, and entered the study

According to the number of participants and holding training classes, participants in the intervention group were divided into 2 groups of 12 and one group composed of 11 people, Trainings are received online and via Whatsapp by participants. Training was carried out during 4 sessions of 1.5 hours during each week and within 1 month. The educational content of educational pamphlets "Parenting skills for children aged 2-12 years" by Shahrivar et.al. 2014,

"Parenting Skills" as the compilation of Zare et al. 2011 from the mental health unit of Yazd province and "Educational manual of behavior with Children" was the compilation of Cheraghi et al and other articles (2016). Each of the educational studies was based on the behavioral goals determined by the research team. The educational slides, group education and question and answer were used for training. At the end of each training session, the questions and answers were made from the same session so that the educational issues for mothers repeated and also asked them which also trained information to their wives and invited them to participate in the next meeting. At the same time, each meeting reviewed the topics of the meetings. In order to enhance the quality and returns of sessions, as well as ensuring full access to participants in the intervention group to the contents of educational sessions, these contents were provided offline at the end of each session and via Whatsapp. It should be noted that the mothers of the control group also received a training manual via Whatsapp. The attitude of the previous participant's mothers, 4 and 8 weeks after the intervention process was measured by the young-adult people parent-role questionnaire. The collected data were analyzed using SPSS software v.21 and using descriptive statistics and independent t-test and paired t-test, Mann-Whitney and repeated measures.

The significance level in this study was considered 0.05.

Also, achieving the required score of the Dass-21 anxiety questionnaire (less than 15), direct care of child, non-use of tobacco, alcohol and other addictive drugs in parents, lack of obvious evolutionary disorder (based on health records) and child life with his/her real parents and also mothers should have neutral or negative attitudes based on the questionnaire of the parenting role of young-adult people-bolk (score of 64-32 negative attitudes, rating 96 -65 neutral attitude). Exit criteria included the failure to complete the questionnaire and lack of participation in a training session of 4 sessions. The sample size was obtained by the study of Cheraghi et al, (1396) and minimum sample required was achieved 32 in each group. With regard to the falling probability of 10% of the sample, at least 35 samples in each group were obtained and in general, 70 participants entered the study.



Findings

Based on the results of Table.1 in two intervention group and the control group, there was no obvious significant difference regarding the age of mothers, education, occupational position, type of maternal pregnancy, number of maternal pregnancy and in terms of the variable demand for pregnancy by mother. According to the results, in terms of education of their father, Father 's job position, the desire of pregnancy by father and father's addiction to drugs and housing status of families under study was not observed statistically significant between the two groups (Table 1). Also, the results showed that there was no significant relationship between levels of first to fourth domain in two groups of intervention and control and in the first field of " inappropriate expectations of child " before intervention, the test group (31.42%) had a negative response and control group with (77.1%) were more neutral and in the second field "lack of empathy with the needs of the child "test group with (77.14%) and control group with (85.85%) had more neutralized response.

Table (1). The individual indicators of participants in the study

p-value	Type of test			Demographic variables
		control group	Intervention group	

0/33	Independent t-) (test	36/0±6/0	35/0± 5/0	Mother's age (year)
0/33	Independent t-) (test	31/00±5	30/0±5/0	Age of wife (year)
0/38	(Mann–Whitney U test)	Majority of diploma	Majority of diploma	Mother's education
1/00	Fishers exact test)	housewife	housewife	Job
0/21	Fishers exact test)	Free Majority	Free Majority	partners' job
0/74	(Mann–Whitney U test)	leased	leased	Housing situation
0/44	(Mann–Whitney U test)	Adequate level	In the level of adequate	Income
0/87	(Mann–Whitney U test)	Majority of diploma	Majority of diploma	Father's education
0/96	(Mann–Whitney U test)	Majority 2 Times	Majority 2 times	Pregnancy number
0/5	Fishers exact test)	Majority of Goodness	Majority of Goodness	History of Addiction of Father

Table (2). Comparison of the distribution of absolute and relative frequency of research units according to the type of mothers' attitude and the whole questionnaire in the educational intervention and control group (before intervention, one month after the intervention and two months after the intervention)

Groups Fields		Intervention group		control group		statistical test	Amount p value.
		Abundance	Percentage	Abundance	Percentage		
Before the intervention	Negative	11	31/42	8	22/85	0/124	0/98
	Neutral	24	68/57	27	77/1		
One month after the intervention	Negative	0	0	0	0	0/119	0/39
	Neutral	9	25/7	6	17/1		
	Positive	26	74/3	29	82/9		

Endless expectations of the child	Two months after the intervention	Negative	0	0	0	0	0/124	1/000
		Neutral	6	17/1	6	17/1		
		Positive	29	82/9	29	82/9		
The lack of empathy with the needs of the child	Before the intervention	Negative	8	22/85	6	17/14	0/123	0/89
		Neutral	27	77/14	29	82/85		
		Positive	0	0	0	0		
	One month after the intervention	Negative	1	2/90	0	0	0/119	0/34
		Neutral	7	20	5	14/30		
		Positive	27	77/10	30	85/71		
	Two months after the intervention	Negative	1	2/9	0	0	0/121	0/38
		Neutral	3	8/57	2	5/71		
		Positive	31	88/57	33	94/28		
Baby punishment	Before the intervention	Negative	9	25/71	5	14/28	0/118	0/36
		Neutral	26	74/28	30	85/71		
		Positive	0	0	0	0		
	One month after the intervention	Negative	2	5/7	0	0	0/121	0/64
		Neutral	17	48/6	18	51/4		
		Positive	16	45/7	17	48/6		
	Two months after the intervention	Negative	0	0	0	0	0/122	0/8
		Neutral	12	34/3	11	31/4		
		Positive	23	65/7	24	68/6		
Displacement of the role of parent and baby	Before the intervention	Negative	7	20/0	9	25/71	0/118	0/36
		Neutral	28	80/0	26	74/28		
		Positive	0	0	0	0		
	One month after the intervention	Negative	1	2/9	1	2/9	0/121	0/64
		Neutral	11	31/4	12	34/3		
		Positive	23	65/7	22	62/9		
	Two months after the intervention	Negative	0	0	1	2/9	0/122	0/8
		Neutral	10	28/6	9	25/7		
		Positive	25	71/4	25	71/4		
Total attitude	Before the intervention	Negative	3	8/57	0	0	0/122	0/56
		Neutral	32	91/4	35	100		
		Positive	0	0	0	0		

	One month after the intervention	Negative	1	2/8	0	0	0/124	1/000
		Neutral	7	20	7	20		
		Positive	27	77/14	28	80		
	Two months after the intervention	Negative	2	5/7	1	2/8	0/121	0/4
		Neutral	2	5/7	3	8/57		
		Positive	31	88/6	31	88/6		

Table (3). Comparison of the average anxiety questionnaire (DASS-21) among two intervention and control groups

area	group	average	SD	Test statistics (independent t)	p-value
Depression	intervention	7/9	5/7	0/14	0/89
	control	7/8	4/3		
Anxiety	Intervention	5/3	4/7	1/8	0/08
	control	3/7	3/03		
stress	intervention	11/5	5/1	0/27	0/78
	control	11/2	4/5		
The total anxiety score	intervention	24/8	13/6	0/77	0/45
	control	24/8	13/6		

Table (4). The results of frequent measurement test to compare the score of areas attitude towards the misbehavior of the child over time between the two intervention and control groups

In			P Value		The areas of attitude toward misbehavior with the child (child abuse)
P1***0/<001 P2***0/<001 P3***0/<001	group	The third	P1***0/<001 P2***0/<001 P3***0/<001	group	The first area(
	time	area(Baby		time	Endless expectations
	Group,time	punishment)		Group,time	of the child)
P1***0/<001 P2***0/<001 P3***0/<001	group	Thefourth	P1***0/<001 P2***0/<001 P3***0/<001	group	The second area(
	time	area(time	The lack of empathy
	Group,time	Displacement		Group,time	with the needs of the
		of the role of			child)
		parent and			
		baby)			
	P1***0/<001			group	Total attitude
	P2***0/<001				
	P3***0/<001			time	
				Group,time	

third domain of the "physical punishment of the child" , the test group with (74.27%) and control group with (71.71%) were more neutral response, and in the fourth domain "replacing in the role of parent and child", the test group with (80%) and the

control group with (74.74%) was more neutral and no positive response was given. This indicates that the type of attitude of mothers was higher than the questionnaire in the pre-intervention period before the intervention group with (91.4%) and control group (100%) neutral response and no positive response was given and there was no statistically significant difference between the total attitude and two groups of intervention and control ($P < 0.05$). In comparing the average of anxiety, depression and stress questionnaire (DASS-21), between the two intervention and control groups, Table 3, showed no significant difference between the two groups. Based on the results of Table 4, the results of the repeated measurement test for comparison of the scores of the quadruple and the entire questionnaire of attitude toward the misbehavior showed that the only effect of the time was significant (P -value < 0.001). According to the results, the mean scores of four fields and the total questionnaire over time have a significant difference in time, but the effect of the group and the interaction of time and group is not significant (P -value > 0.05) which indicates an increase in the mean score of the fields, the questionnaire between the two intervals immediately and one month after the intervention, and the mean scores of the fields increased over time compared to pre-intervention.

Discussion:

The aim of this study was to investigate the effect of parenting skills training on mothers' attitude toward misbehavior with children aged 3-5 years. The results of this study showed that there was no significant statistical difference between the two groups of intervention (lecture, question and answer, educational slide, group training) and control group (manual) in terms of maternal attitude toward misbehavior with child. But training in the intervention group and control has had a positive effect on mothers' attitudes toward the misbehavior with child. There was no significant relationship between the levels of total score of attitude toward the misbehavior with the child in two intervention and control groups. Also, this study showed that in the intervention group after intervention (immediately and two months later), in the intervention and control group, the changing was from neutral and negative attitude toward a positive attitude. and there is no significant relationship between the levels of total score of the attitude questionnaire on misbehavior with child in both intervention and control groups.

The findings of this study were in line with the results of parental attitudes with the results of Paloski et al., Asadollahi et al. (Jabraeili, Asadollahi, Jafarabadi, & Hallaj, 2015). In relation to the average score of mothers' attitude and their age, contrary to the present study, the findings of Hosseini, Shadcaam, Kholasezadeh, Khoshabi, & Shahmansouri, 2013 and Elarousy showed that (Elarousy, Helal, & de Villiers 2012) There was a significant difference between the mean scores of the whole attitude of mothers before and after intervention. Although the generalization of the results involves further research in this field, it can be said that parenting skills training has an important impact on parents and the difference in the matching of the research samples in the present study. In the relationship between mothers' attitudes toward the misbehavior with child and their education level, the study of Asadollahi et al., (Jabraeili et al., 2015), Mobredi et al (Mobredi, Hasanpoor Azgahdy, & Amiri Farahani, 2017) showed that there was a statistically significant difference between the level of education and the tendency toward the misbehavior with child. These studies were heterogeneous in the field of study. The causes of difference is mentioned as the difference in the study population with the studies conducted that within the performed study group, the majority had diploma education. While in other studies, research samples were elementary or less than diploma. In order to change the attitude of mothers after the intervention, the study of Tavakkol et.al. indicated a significant difference between the mean score of attitude before and after educational intervention

Which of the causes of their results difference with the present study can be a study in group form and once intervention in the study of Tavakkol et, al, while the present study have been in two groups form and 3 times measuring (before and after intervention and one month later).

On the other hand, the training number in their study has been 3 sessions of one hour only over a week and after a month of measurement intervention. Also the results of research of Cheraghi et.al, (1396) showed that the training of parental role has affected the improvement of the attitude of mothers with 1-5 year-old children compared to child abuse. The mean and SD of attitude scores in the test group before and after intervention that showed a significant difference (Cheraghi et al., 2017). The causes of the difference with the results of this study include differences in the research environment (kindergartens) and the number of samples, the number of educational interventions were 4 sessions over two weeks and as well as the age range (1-5) years. In the present study, measuring the attitude of mothers were performed in three stages (before intervention and after intervention and one month later), But in high studies, attitude changes were measured in two phases (before and after intervention). According to the results of Davis et al. In 2017, there was observed a significant difference between the mean scores of attitude and parental performance in the test and control group (Lecroy & Davis, 2017). The causes of the difference in the significance of attitude between the two groups in the above studies can be mentioned that in the present study, the control group was also given the parenting skills training manual at the beginning of research. The results of the four dimensions of attitude toward the misbehavior with child showed that between the first and fourth fields of the questionnaire (the inappropriate expectations of the child, the lack of empathy with the needs of child, the child's physical punishment and the role of the parent

and the child), There is no significant relationship between the two groups of intervention and control. However, the negative attitude in the first month of the intervention and two months after the intervention in two groups reached 0% and after the second intervention was not observed in two groups of negative attitudes. This indicates the difference between each group before and after its intervention. Also, the positive attitude has increased after the first month of intervention in the intervention group and control. This indicates the existence of difference in groups before and after interventions. In the research by Tavakol et. al, mothers' attitude toward the behavior with child after educational intervention has been improved in comparison with the control group and reduced the misbehavior and carelessness factors compared to children in 4 areas. (Albarracin & Shavitt, 2018) Marshall also showed in a one-week training that attitude towards the misbehavior with child was effective in empathy field and the displacement of the role of child-parent and the inappropriate expectations of the child (Marshall et al., 1996). Although research has been carried out in the various environments and educational communities, but the findings and reports show a positive effect of increasing the knowledge and awareness of parents in parenting skills that can meet the mental health of children and in the formation of their personality will also make a constructive effect. The study of Haji Gholami Yazdi and Alaghband (2013) also showed that the effect of parenting education on worry, anxiety and self-efficacy was significant. But the number of children does not have a significant effect on worry, anxiety and self-efficacy. The conclusion indicated that these findings confirm and emphasize the necessity and importance of parental education in order to educate children, reduce stress and worry about parenting responsibility (Hajjigholami Yazdi & Alagheband, 2013). Each family employs special ways in social education of their children. These methods, called parenting methods, are influenced by various factors, including biological, cultural, social, political and economic factors. According to the results, this current training program compared to the usual child care programs in health centers, has been effective in improving and upgrading parental attitudes in two groups with child care programs and preventing child abuse in health centers. Khademian et,al study (2012) entitled as the comparison of the effect of two trainings methods , face to face and training with manual on the patients' training after urinary surgery showed that there was no statistically significant difference between the two methods mentioned on patients' learning degree, But the results showed that both methods of education with manual and face-to-face training have had a positive effect on the learning of patients during discharge (Khademian, Maghareei, & Shokranian, 2012). In the study of Momeni et.al, training with educational pamphlet was effective on the preoperative anxiety, but this decline has not been significant in any case of anxiety apparent and hidden anxiety (Moemeni, Yarandi, & Haghani, 2009). On the other hand, according to the Covid-19 pandemic in the world, including Iran, the present study was conducted in this period. Due to the absence of mothers in health centers and avoidance of holding training sessions policy, session were held in online form .Considering the more emphasis on further studies on training according to the results of Saba et al. (2005) (Saba, Bazmamoun, & Razavi, 2005). Also, there was a significant difference between education methods and level of knowledge after training, and the residential training of employees has been more effective than non-residential education. But both methods were effective in increasing maternal awareness and changes in children's anthropometric changes (Mazani, Hamidzadeh Arbabi, Nemati, Mash'oufi, & Mahdavi, 2012) .Also in a research by Saba et al , the residential training was effective on the increase of lactation to pregnant mothers (educational manual – group and online consultation). The results of these studies are in line with the results of this study and justify the lack of significant difference between the two groups of intervention and control. It can be considered in relation to the results of this study compared to other studies of non-presidential education and its effectiveness. The training of parental role changes the attitude of mothers to child's misbehavior and improves their attitude toward proper educational behavior. Therefore, holding for the modern and group training in the parental role by reducing misconduct with toddlers and young children has an important step in their physical and mental health. Also, maternal awareness of the educational method in changing parents' attitudes towards the children training is generally important to provide mental health in the family. Because the learnings of children from parents will be directly and indirectly affect their mental health . There should be a variety of trainings to increase the maternal health promotion and behaviors. But you must pay more attention to face-to-face training with the motivation and readiness of the staff (Cheraghi et al., 2017).

Conclusion

The results of this study showed that parenting skills training is effective in increasing positive attitude towards the misbehavior with children in mothers and reducing the negative and neutral attitude. The type of training in two intervention and control groups was not significant in attitude. On the other hand, the type of training did not show a significant difference in the intervention and control groups in increasing attitudes. Parenting skills lead to a timely decision to do the right behavior of mothers with children and make their attitude positive toward the child behavior. Due to the potential impact of education in behavior, planning should be done to train the proper behaviors for nurturing children with physical and mental health. In order to achieve this, it is necessary for health care staff to provide training to young couples on the verge of childbirth, in the future, healthy children in terms of body and healthy society to be created. The results of this study can also be the beginning of further researches. Therefore, the results of this research can also be used in relevant researches and used as the completion of previous and infrastructure researches for subsequent researches. The results of this study were limited to parents of 8 centers from Shahid Beheshti University of Medical Sciences who lived in a regional study in a region whose economic and cultural status

is higher than the mean and, as a result, can not be generalized to other parents with different situations. Also, the important limitation of the present research is the lack of control of receiving content related to child behavior via national media or other channels, which could be effective on maternal attitude ,But it has been out of the control of researcher, so it is suggested that this research is also carried out in other cities with different, cultural, ethnic and economic positions.

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