

# “PARENTAL ALCHEMY: NURSE -LED INTERVENTIONS IN TRANSFORMING BEHAVIOURAL CHALLENGES”

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## KEYWORDS

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## ABSTRACT

Behavioural problems in children refer to persistent patterns of disruptive, aggressive, defiant, or socially inappropriate behaviours that are not appropriate for the child's age and developmental level. These behaviours often interfere with the child's learning, social interactions, and daily functioning at home, school, or in the community. Mothers of children with behavioural problems often struggle with parenting and frequently adopt arbitrary or inconsistent approaches. In this study, **non-probability convenience sampling** was used to select eight mothers of children with behavioural problems for the **phenomenological qualitative phase**, and **stratified purposive sampling** was employed to select 60 mothers for the **pre-experimental study design**. Data were collected through **semi-structured interviews** for the qualitative phase, and the **Parenting Practices Scale** was used in the pre-experimental phase to assess parenting styles. The study explored and revealed six major themes: **instruction, struggle, support, financial support, knowledge, and parenting burden**. Each theme included specific sub-themes. The theme of **instruction** comprised admonition, parental presence, and non-compliance. Under the theme of **struggle**, the sub-themes of exasperation and altruism were identified. The **support** theme included husband and family support. The **financial support** theme encompassed schooling expenses and financial burden. The **parenting burden** theme consisted of sub-themes such as educational responsibilities, nurturing, guilt over ineffective parenting, and the emotional and mental well-being of mothers. This study highlighted the profound parenting challenges faced by mothers of children with behavioural problems. The insights gained from the semi-structured interviews were used to develop an appropriate intervention. Following the qualitative phase, the parenting styles of the mothers were evaluated using the Parenting Practices Scale, and the intervention was implemented effectively, as evidenced by the positive post-intervention results.

## Background of the study

Children can have mental, emotional and behavioural problems that are real, painful and costly. These problems often can lead

to development of disorders if neglected which are the sources of stress for children and their families, schools and communities.

**Global:**

Globally, approximately 20% of children and adolescents have impairments caused by a variety of mental diseases. Regionally, behavioural disorders are among the primary causes of years lived with disability in children aged 5 to 14 years, particularly in Europe and America. Recent figures in Australia indicate that roughly 8% of youngsters have been diagnosed with attention deficit/hyperactivity disorder (BioMed Central, news). 1.2% to 3% of children suffer from behavioural issues. 10% of school-aged children have features, 80% have them in adolescence, and 65% have them when they reach adulthood. Boys are four times more likely than girls, and serious disorders account for 10- 15%.

#### **National:**

Below 16 years of age constitute over 40% of its population. Community studies on behavioural disorders in children and adolescents conducted in India have yielded disparate point prevalence estimates (2.6% to 35.6%). Methodologically robust studies on community samples have reported overall point prevalence rates of 9.4% in children aged 6-12 years. A descriptive study of behavioural problems in school going children conducted by Anindya Kumar Gupta et al., revealed that about 22.7% of children were found to have both internalizing and externalizing behaviour. Boys showed more externalizing behaviour and girls more internalizing ones.

#### **Tamil Nadu:**

Behavioural problems among children in Tamil Nadu have been the subject of various studies, through comprehensive state - wide data on prevalence and incidence are limited. Notable findings from specific studies include: A cross- sectional descriptive study involving 1,600 school- going children in South India identified that 13.1% exhibited behavioural problems. (IJAR). A study assessing depression among school children and adolescents in urban areas of Tamil Nadu found a prevalence rate of 41% which is higher than ranges described in previous studies. (IOSR Journals )

#### **Chennai:**

Recent cross-sectional descriptive study conducted among school going children by Mr. Ganesan et.al., concluded that 13.13% of them had behavioural problem and majority of them had moderate level of behavioural problem. Research conducted has highlighted the prevalence of ADHD, conduct disorders, and other behavioral issues, with studies indicating that approximately 10 - 15% of school - going children exhibit some form of behavioural problem. The state's urban areas, in particular, show higher rates. Parents especially the mother know they need to respond but they often aren't sure what is the best strategy especially if a child is frequently acting out and nothing seems to work. Parenting styles can impact how kids relate to other people. For example, kids raised by permissive parents are more likely to be bullied, while kids raised by authoritarian parents are more likely to bully others.

Status at The Institute of Child Health and Hospital for Children, Egmore, Chennai

In the year 2024 estimation of total children attended as an outpatient in Child Guidance Clinic is 3477. The children with ASD are 948, Intellectual disorder is 423, ADHD is 147 and special learning disability is 205. Among these, new cases of behavioral problem children are estimated about 500 and monthly approximately 30 to 40 new cases have been reported.

#### **METHODOLOGY**

**Research Approach & design:** In this study, Exploratory sequential design was used, where the researcher began with qualitative data collection and analysis to explore a phenomenon, and then used the results to develop an intervention of a subsequent quantitative phase.

**Setting of the study:** Child Guidance Clinic, Institute of Child Health and Hospital for children, Egmore, Chennai -08.

**Study population:** Mothers of children with behavioural problem of age between 6 to 12 years

**Sample size:** 5 to 8 samples selected to focus, data saturation and for the depth of data analysis for qualitative phase and 60 mothers excluding the drop outs for quantitative phase.

**Sampling technique:** Non - probability, convenient sampling for qualitative phase and stratified Purposive sampling for quantitative phase.

#### **DATA COLLECTION PROCEDURE**

**Section I - Demographic variables:** The demographic variables of the study were as follows : mother's age, educational status, socio - economic status, marital status, number of children, family structure, employment status, residential address, children age, nature of behavioural problem, educational background of the children, sleep patterns, birth order and peer relationship.

**Section II - In depth, Face to face interview and Audio recording**

**Section III - Parenting Practices Questionnaire (PPQ), A measure**

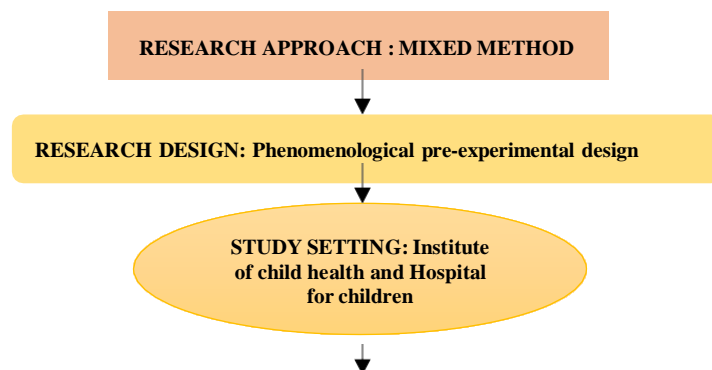
**Validity and Reliability:** Experts from nursing and paediatricians determined the validity of the tool. Inter - rater reliability method was used to determine the reliability. The PPQ has shown good reliability and validity across diverse populations. Internal consistency (Cronbach's alpha) typically ranges from 0.70 to 0.85 for different subscales.

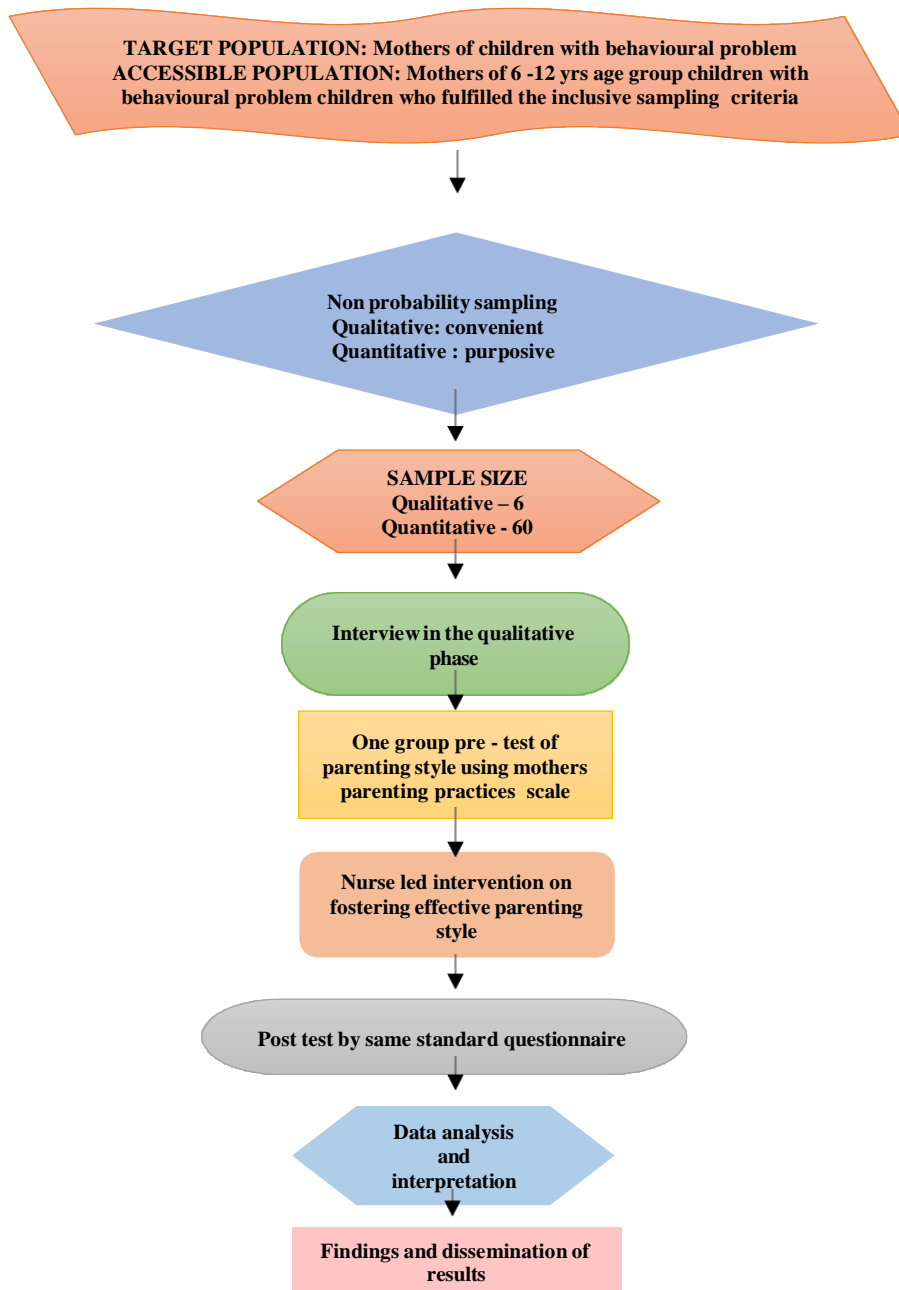
**ETHICAL CONSIDERATIONS:** After receiving ethical approval from the Director of the Institute of Child Health and Hospital for Children in Egmore, Chennai, as well as the ethics committee, the study was carried out.

#### **EDUCATIONAL SESSION ON ADOPTING AN EFFECTIVE PARENTING STYLE :**

- ❖ The researcher starts with the self - introduction and explains the study before the main investigation
- ❖ Standardized scale is used for collecting pre - test data
- ❖ The session was conducted over 45 mins
- ❖ Following the session an information booklet was given to the participants

Post - test conducted during the follow up and the responses were obtained





**SCHEMATIC REPRESENTATION OF RESEARCH STUDY**

**RESULTS:**

**THEMES, SUBTHEMES, NARRATIONS AND NARRATIVE DESCRIPTIONS**

S.NO	THEMES	SUB THEMES	DESCRIPTION
1	INSTRUCTION	Admonishment	The absence of parents can be due to time or financial constraints, but it significantly impacts a child's behaviour. Children often become more obedient when their parents are present, shifting from a careless to an obedient child. Spending time with parents is crucial, as they can help the child remember their responsibilities and perform them correctly.
		Parental presence	Fear and coercion are used by respondents to discipline their children, but few agree. This method may not always work, but may condition the child to listen to their mother, who faces struggles with societal norms.
		Non-compliance	The subtheme explores reasons children don't comply with their mothers, including unawareness, forgetting, and anger. Respondents try various measures, some working and others causing emotional stress. One respondent struggle with medication.

2.	STRUGGLE	Exasperation	Respondents face mental pressure while caring for their children, deteriorating their mental health if not adequately supported. Unknowingly, children trouble and irritate their mothers, testing their patience and making daily tasks difficult.
		Altruism	Indian mothers often exhibit altruism, a selfless concern for their children, despite facing societal expectations. This societal value complicates their position as vulnerable mothers, as they differ from other mothers. Some mothers argue that even sacrificing for their children doesn't yield results
3.	SUPPORT	Husband	Support is a must and gives a relief for human being during the time of crisis. This can help much better when you support a woman in the family especially a mother who is single. Unfortunately, most of the respondents mentioned that they do not have any help from anyone inside the family. Even that one respondent who said she receives help is not a close relative. Although here we cannot generalize based on this many cases, but a possibility of alienation cannot be avoided. This is because their children could be considered different from others in the society, thus having them a different identity. Thus, the family members may not want to associate themselves with these respondents.
		Family support	Mothers' spouses have an obligation to provide emotional and financial support, but only one person mentioned their husband's support when asked about their husbands.
4.	FINANCIAL CRISIS	Schooling	Education is crucial for children's growth and knowledge, but some are denied due to intellectual disability or financial conditions. A mother shared her child's schooling experiences.
		Financial burden	This study highlights the importance of financial backup in coping with financial burdens, which can directly impact schooling and livelihoods of respondents.
5.	KNOWLEDGE	Informed	Under the subtheme of Informed, most parents said they wanted to cure their child's issues as soon as possible. However, one parent felt they did not receive clear information. They described going to multiple places but receiving conflicting advice without a standardized approach.
		Reference	All parents agreed they came to this Centre through some form of referral, whether from a colleague or family member like a cousin studying to work as an intern. This shows the value of informal community referrals that bring families in for support.
6.	PARENTING BURDEN	Education	Some of the parents expressed about their inability of educating the child and mentoring in their studies. One of the mothers felt that due to their financial burden, she was unable to join him in the special classes and will be ideally satisfied when there is special teacher in the school alone
		Nurturing	Based on the responses the mothers as they have intimate contact with the child than any other person in the family, find more difficult in bring up their child with good manners and they puzzled about the future of the children
		Guilt of ineffective parenting	Most of the mothers got guilty feeling regarding their child's disorder and failure in parenting their child effectively
		Mental and emotional wellbeing	Mothers express that, their deep emotions which they find always bound them during almost every night and makes them sleepless. Many of the mothers emotionally moved when expressing about their children, they disclosed that many times they felt to get rid of the family and stay away from the family, some expressed that they spent lot of sleepless night due to the condition of the child.

TABLE : 1 CORRELATION OF PARENTING STYLE WITH CHILD'S BEHAVIOURAL OUTCOMES

S.NO	CHILDREN BEHAVIOURAL OUTCOMES	PARENTING STYLES		
		AUTHORITATIVE	AUTHORITARIAN	PERMISSIVE
1	AGGRESSIVENESS	3.33%	11.66%	8.33%
2	HYPERACTIVITY	1.66%	15%	11.66%
3	SOCIAL WITHDRAWAL	3.33%	8.33%	1.66%
4	DEFIANCE OPPOSITIONAL BEHAVIOUR	0	3.33%	3.33%
5	POOR ACADEMIC PERFORMANCE	0	10%	6.66%
6	EMOTIONAL INSTABILITY	1.6%	58%	5%

Above table 1 shows the correlation between parenting style of mothers and child's behavioural outcomes. Authoritative parenting seems to have less percentage and 0% in defiance and poor academic performance of behavioural problem, whereas the other two parenting styles such as authoritarian and permissive

contributes much higher percentage in children behavioural problem.

TABLE: 2 ASSOCIATION OF PARENTING STYLE OF MOTHERS AND CHILDREN BEHAVIOUR WITH SOCIO-DEMOGRAPHIC VARIABLES OF CHILDREN

Demographic variables		No. of children	%	Parenting style						Chi square score	
				A		B		C			
				N	%	N	%	N	%		
Age of the children	6-7 years	26	43.33%	2	3.33%	13	21.66%	11	18.33%	$\chi^2= 2.52$ $P = 0.6411$ $DF = 4$ (NS)	
	8-9 years	19	31.67%	4	6.66%	8	13.33%	7	11.66%		
	10-12 years	15	25.00%	3	5%	8	13.33%	4	6.66%		
Gender of the children	Male	47	78.33%	3	5%	25	41.66%	19	31.66%	$\chi^2= 12.63$ $P = 0.008$ $DF =2$ (S)	
	Female	13	21.67%	6	10%	4	6.66%	3	5%		
Educational background	Normal school	48	80.00%	3	5%	26	43.33%	19	31.66	$\chi^2= 14.50$ $P = 0.0007$ $DF =2$ (S)	
	Special school	12	20.00%	6	10%	3	5%	3	5%		
Birth order	First	15	25.00%	5	8.33%	5	8.33%	5	8.33%	$\chi^2= 8.15$ $P = 0.0862$ $DF = 4$ (NS)	
	Middle	23	38.33%	4	6.66%	11	18.33%	8	13.33%		
	Youngest	22	36.67%	0	0	13	21.66%	9	15%		
Nature of behavioural problem	Aggressiveness	14	23.33%	2	3.33%	7	11.66%	5	8.33%	$\chi^2= 18.06$ $P = 0.05$ $DF = 10$ (S)	
	Hyperactivity	17	28.33%	1	1.66%	9	15%	7	11.66%		
	Social withdrawal	8	13.33%	5	3.33%	2	8.33%	1	1.66%		
	Defiance/oppositional behaviour	4	6.67%	0	0	2	3.33%	2	3.33%		
	Poor academic performance	10	16.67%	0	0	6	10%	4	6.66%		
	Emotional instability	7	11.67%	1	1.66%	3	5%	3	5%		
Sleep patterns	Adequate	40	66.67%	6	10%	19	31.33%	15	25%	$\chi^2= 0.04$ $P = 0.9802$ $DF = 2$ (NS)	

	Inadequate	20	33.33%	3	5%	10	16.66%	7	11.66%	
Peer relationships	Good	44	73.33%	5	8.33%	22	36.66%	17	28.33%	$\chi^2 = 2.52$ $P = 0.6885$ $DF = 4$ (NS)
	Moderate	10	16.67%	3	5%	4	6.66%	3	5%	
	Poor	6	10%	1	1.66%	3	5%	2	3.33%	

Above table 2 shows the association between parenting style of mothers and children demographic variables. **A denotes Authoritative , B denotes Authoritarian and C denotes Permissive parenting style.**

- Mothers who have aggressive , ODD children , hyperactivity children got high score in authoritarian rather than other styles .
- Mothers who have emotional instability, poor academic performance and social withdraw problem children have high score in permissive parenting style .
- Statistical significance was calculated using chi square test. Children who are middle born and the youngest ,

male children and children between the age group of 6 to 7yrs contributes more percentage in possessing behavioural problem .

- There is a significant relationship between the parenting style and the children education ( $p = 0.0007$ ), gender ( $p = 0.008$ ) and nature of behavioural problem ( $p = 0.05$ )

**TABLE: 3 ASSOCIATION BETWEEN POSTTEST LEVEL OF AUTHORITATIVE SCORE AND MOTHERS DEMOGRAPHIC VARIABLES**

Demographic variables		Post - test level of Authoritative score				N	Chi square test
		Moderate		High			
		n	%	n	%		
Age of the mother	20 -24 years	3	5%	3	5%	6	$\chi^2= 8.125$ P = 0.0871 DF = 4 (MARGINAL S)
	25 -34 years	7	11.66%	22	36.66%	29	
	35 -44 years	1	1.66	22	36.66	23	
	45 -54 years	0	0	1	1.66%	1	
	55 years+	0	0	1	1.66%	1	
Educational qualification	Primary education	5	8.33%	23	38.33%	28	$\chi^2= 3.251$ P = 0.5168 DF = 4 (NS)
	Secondary education	1	1.66%	16	26.66%	17	
	Higher secondary education	1	1.66%	4	6.66%	5	
	Graduate	0	0	7	11.66%	7	
	Post graduate	0	0	3	5%	3	
Marital status	Married	6	10%	40	6.66%	46	$\chi^2= 0.234$ P = 0.8895 DF = 2 (NS)
	Divorced	1	1.66%	8	13.33	9	
	Widowed	1	1.66%	4	6.66%	5	
Employment status	Home maker	5	8.33%	31	51.66	36	$\chi^2= 4.485$ P = 0.2137 DF = 3 (NS)
	Self - employee	2	3.33%	6	10%	8	
	Private employee	5	8.33%	8	13.33%	13	
	Government employee	0	0	3	5%	3	
Family income per month	Less than 10000	2	3.33%	12	2	14	$\chi^2= 1.287$ P = 0.7321 DF = 3 (NS)
	10001- 20000	3	5%	27	45%	30	
	20001 - 30000	2	3.33%	9	15%	11	
	Above 30000	0	0.00%	5	8.33%	5	
Number of children	1	3	5%	7	11.66	11	$\chi^2= 1.863$ P = 0.6885 DF = 4 (NS)
	2	6	10%	36	60%	42	
	3	1	1.66%	4	6.66%	5	
	4+	0	0	2	3.33%	2	
Family structure	Nuclear	2	3.33%	34	56.66%	36	$\chi^2= 2.52$ P = 0.6013 DF = 3 (NS)
	Blended	3	5%	8	13.33%	11	
	Extended	1	1.66%	12	20%	13	
Residential area	Urban	6	10%	23	38.33%	29	$\chi^2= 6.108$ P = 0.0472
	Suburban	1	1.66%	18	30%	19	

	Rural	5	8.33%	7	11.66%	12	DF = 4 (S)
Have you taken part in any of the parenting programs?	Yes	0	0	2	3.33%	2	$\chi^2 = 0.00$
	No	2	3.33%	56	93.33%	58	$P = 1.0000$ DF = 1 (NS)

Above table 4.15 shows the association between post-test level of authoritative score and children demographic variables. Mothers are having more authoritative score than others.

Statistical significance was calculated using chi square test.  
**TABLE 4: CORRELATION BETWEEN MEAN GAIN SCORE OF KNOWLEDGE AND SKILL SCORE (STUDY)**

Correlation between	Mean gain score Mean $\pm$ SD	Karl Pearson Correlation coefficients	Interpretation
Authoritative score Vs Authoritarian score	23.00 $\pm$ 2.00 31.17 $\pm$ 3.13	$r = -0.32$ $P = 0.05^*$	There is a significant negative fair correlation between Authoritative score and Authoritarian score. It means knowledge increases their skill score also increases moderately
Authoritative score Vs Permissive score	23.00 $\pm$ 2.00 31.17 $\pm$ 3.13	$r = -0.35$ $P = 0.05^*$	There is a significant negative fair correlation between Authoritative score and Permissive score. It means knowledge increases their skill score also increases moderately
Authoritarian score Vs Permissive score	23.00 $\pm$ 2.00 31.17 $\pm$ 3.13	$r = 0.30$ $P = 0.05^*$	There is a significant negative fair correlation between Authoritarian score and Permissive score. It means knowledge increases their skill score also increases moderately

The above table shows the correlation mean gain score of knowledge and skill

Interpretation for r-value

Karl Pearson correlation coefficient is denoted by "r"

"r" always lies between -1 to +1

0.0 - 0.2 poor correlation

0.2 - 0.4 fair correlation

0.4 - 0.6 moderate correlation

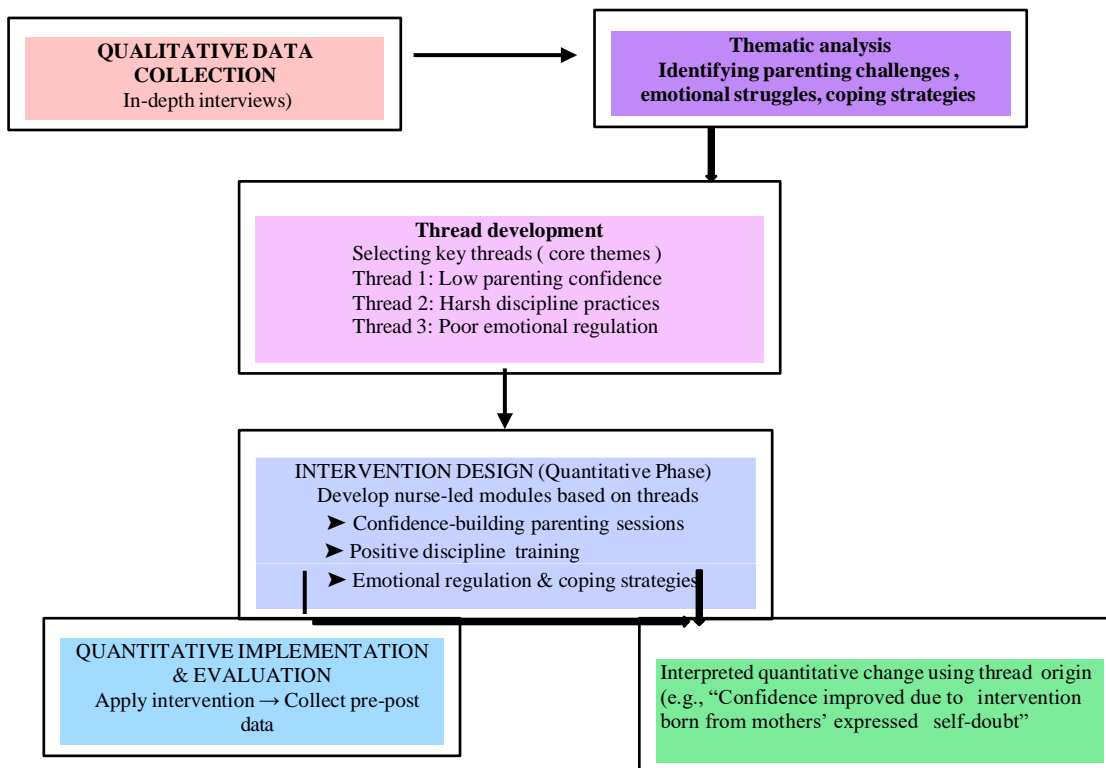
0.6 - 0.8 substantial correlation

0.8 - 1.0 strong correlation

#### INTEGRATION OF QUALITATIVE AND QUANTITATIVE RESEARCH FINDINGS

In this study the results drawn from deep insights of mothers during an interview session gave an ultimate idea to develop an effective intervention to bring out the better outcome of the study.

**Integrating qualitative and quantitative findings are done by the Thread method**



Above figure shows the illustration of integrating qualitative and quantitative research findings using Thread method

#### DISCUSSION

The current study investigated parenting obstacles and evaluated the efficacy of a nurse-led intervention in promoting effective parenting styles among mothers of children with specific behavioural disorders at a tertiary care hospital. The qualitative analysis, which was based on thematic extraction from face-to-face interviews with six women, highlighted significant obstacles

such as emotional strain, lack of information, financial stress, inadequate support systems, and inefficient parenting techniques. Themes such as admonishment, noncompliance, guilt, and mental stress were identified in previous studies by Gayathri et al. (2025) and Papadopoulos et al. (2021), confirming that mothers frequently experience high psychological stress and stigma while raising children with behavioural issues such as ADHD, autism, or conduct disorder. The findings emphasize the need of



psychosocial support and community awareness in managing parenting challenges.

Using a recognized parenting practices measure, a quantitative analysis revealed that just 15% of mothers were authoritative, 37% were permissive, and 48% were authoritarian. More behavioural problems, including hyperactivity, aggression, emotional disengagement, and strained peer interactions, were seen in children of authoritarian and permissive moms. These results are consistent with research by Robinson et al. (1995), Sumargi et al. (2020), and Vally et al. (2020), which repeatedly demonstrates that authoritative parenting is associated with improved behavioural outcomes and mental stability in kids. Post-test parenting style scores significantly improved after the intervention, which was given through booklets, lectures, and visual aids. This indicates that focused, nurse-led education can successfully change parenting behaviours toward more supportive and balanced methods.

The study also discovered a substantial relationship between parenting styles, child behaviour, and socio-demographic factors. Low mother education, urban location, low income, fractured households, and higher birth order were all highly linked to inadequate parenting and behavioural difficulties in children. These findings are congruent with those of Sahithya et al. (2019), Sarwar et al. (2016), and Jayaresmi et al. (2023), who all highlighted the importance of social environment and family structure in affecting parental efficacy and child development. Overall, the study supports the idea that nurse-led interventions can improve parental practices, and that socio-demographic aspects must be considered in any comprehensive behavioural intervention for children.

## CONCLUSION

In conclusion, this study brought out the profound life experiences faced by mothers of specific problem children's behavioral children. The results of the study reveal 6 themes. They are instruction under which the sub themes are parental perception, admonition, non-compliance, second theme is struggle which has exasperation and altruism, adding to that under support theme the sub themes are husband and family support. Other themes are financial crisis, parental burden and knowledge. The insights drawn through the self-structured interviews of 8 mothers through phenomenological design highlights the need of the mother and the challenges they face each day. Hence forth there is a need to develop the tailored interventions, resources and support systems to meet the demands and reduce the burden of the mother. The study assessed the baseline parenting style and the intervention was given in an effective manner as evidenced by the results

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## REFERENCES

- Sanders, M. R., Kirby, J. N., Tellegen, C. L., & Day, J. J. (2014). The Triple P-Positive Parenting Program: A systematic review and meta-analysis of a multi-level system of parenting support. *Clinical Psychology Review*, 34(4), 337-357. <https://doi.org/10.1016/j.cpr.2014.04.003>
- Martin, C. A., Perry, N. M., & Smith, L. T. (2018). Mothers' experiences of nurse-led parenting programs for children with behavioural challenges: A qualitative study. *Journal of Pediatric Nursing*, 42, 65-71. <https://doi.org/10.1016/j.pedn.2018.07.004>
- Thomas, R., & Zimmer-Gembeck, M. J. (2007). Behavioral outcomes of parent-child interaction therapy and triple P—Positive Parenting Program: A review and meta-analysis. *Journal of Abnormal Child Psychology*, 35(3), 475-495. <https://doi.org/10.1007/s10802-007-9104-9>
- Barlow, J., Smailagic, N., Huband, N., Roloff, V., & Bennett, C. (2014). Group-based parent training programmes for improving parental psychosocial health. *Cochrane Database of Systematic Reviews*, 2014(5). <https://doi.org/10.1002/14651858.CD002020.pub4>
- Patterson, G. R., DeGarmo, D. S., & Knutson, N. (2000). Hyperactive and antisocial behaviours: Comorbid or two points in the same process? *Development and Psychopathology*, 12(1), 91-106. <https://doi.org/10.1017/S0954579400001063>
- Kura, K., Ariyoshi, M., & Yamada, T. (2024). A qualitative study of maternal perceptions of stress and parenting during early childhood. *Physical & Occupational Therapy in Paediatrics*, 44(5), 656-670. <https://doi.org/10.1080/01942638.2024.2350402> [mdpi.com/pubmed.ncbi.nlm.nih.gov](https://pubmed.ncbi.nlm.nih.gov)
- Hartwig, S. A., Robinson, L. R., Comeau, D. L., Claussen, A. H., & Perou, R. (2017). Maternal perceptions of parenting following an evidence-based parenting program: A qualitative study of Legacy for Children™. *Infant Mental Health Journal*, 38(4), 499-513. <https://doi.org/10.1002/imhj.21657> [pubmed.ncbi.nlm.nih.gov](https://pubmed.ncbi.nlm.nih.gov)
- Olds, D. L., Robinson, J. A., O'Brien, R., Luckey, D. W., Pettitt, L. M., & Ng, R. K., et al. (2002). Home visiting by paraprofessionals and by nurses: A randomized, controlled trial. *Paediatrics*, 110(3), 486-496. <https://doi.org/10.1542/peds.110.3.486> [en.wikipedia.org](https://en.wikipedia.org)
- Gross, D., Fogg, L., Webster-Stratton, C., Garvey, C., & Julion, W. (2003). Parent training of toddlers in day care in low-income urban communities. *Journal of Consulting and Clinical Psychology*, 71(2), 261-274. [bmcpublichealth.biomedcentral.com+4en.wikipedia.org+4en.wikipedia.org+4](https://pubmed.ncbi.nlm.nih.gov)
- Ward, M. A., Theule, J., & Cheung, K. (2025). Parent-Child Interaction Therapy for child disruptive behaviour disorders: A meta-analysis. *Child & Youth Care Forum*. Advance online publication. <https://doi.org/10.1007/s10566-024-09701->