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"A DISCRIPTIVE STUDY TO ASSESS THE KNOWLEDGE OF MOTHERS REGARDING PREVENTION OF HOME ACCIDENTS AMONG TODDLERS IN SELECTED URBAN AREA AT JAIPUR"

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ABSTRACT

Prevention of toddler home accident depend upon a reciprocal relationship between protection and education related to age infants need to be totally protected from home accident, whereas toddlers through education require increasingly less parental protection. Safe behaviour is a learned behaviour gradually acquired in a step by step process with increasing age and experience. The aim of study was to 1. To assess the knowledge level of mothers regarding prevention of home accidents. 2.To associate the knowledge of mothers with selected demographic variables. 3.To develop the information booklet regarding prevention of home accidents.

Methods: The research approach adopted for the study was descriptive research approach. The research design adopted for the study was non-experimental research design. non-probability convenience sampling technique was used. The data was collected through the tool which is prepared by the investigator. The sample consists of the 60 mothers. Collected data analysed by using descriptive and inferential statistics in terms of frequency, percentage, mean, standard deviation, Chi - square test.

Results: The finding show that majority of mothers having more knowledge (mean percentage 61.85%) in the area of management and health education of home accidents, 60.05% in the area of introduction and definition of home accidents, 59% in the area of cases and types of home accidents, 48.78% in the area of prevention and management of home accidents. The overall knowledge mean percentage was 55.3%

The results showed that there is significant association between knowledge of mothers regarding prevention of home accidents and demographic variables- education status, occupation, economic status. **Conclusion:** The study revealed that was overall mean knowledge score obtained by the mothers was 16.51and median was 14 with standard deviation 6.03 and the mean percentage was 55.03%. So, this indicates that mothers have some knowledge regarding prevention of home accidents.

Keyword: Toddlers Children Mothers, knowledge, Prevention of home accidents, Urban area.

INTRODUCTION

The slogan "safety first" does not mean that safety is the most important thing in life. Sometimes we take risks in our life to prevent home accidents. On the other hand, we must stay alive to have a successful and happy life.[1]

A child after one year of age walk, run, and climb up & down on his or her own. They are interested in the surrounding to explore things. As they are not aware of the danger related to their activities. Toddlers are egocentric. Their activities should be under the supervision. The stairs, gates, window should be closed or protected. The harmful objects such as medications, kerosene, chemicals, sharp instruments, hot things, stove, heater etc should be out of their reach[2].

Home accidents are the largest single cause of mortality and disability in toddlers. In approximate order of incidence accidents include (i) drowning (ii) burns (iii) suffocation (iv) falls (v) poison. When parents understand their child's level of growth & development, they can predict the hazardous situation and judge how much freedom their child can be permitted[3].

Accidental burns, falls are very common when mother does the cooking or boiling or cleaning the floor with an infant crawling or walking around the place. Most accidents occur when the family lives just in one room for all purposes. Hot objects on the floor, tub with full of water may cause injury. Electric heaters, room heaters within the reach of child may cause electric shock or burn. Sometimes the toddlers fall into boiling water, oil etc. or catch the hot objects[4].

The toddlers who are developing normally are at risk for accidents e.g. falls, and coming in contact with sharp objects as well as toddlers who delayed in walking may have poorer balance and coordination, leading to higher risk for falls. Child- proofing the environment and awareness of outdoors and playground safety can help prevent accidents[5].

Accidental injuries are the leading causes of death in toddlers of age. The developmental stage of the child partially determines the type of injuries that are most likely to occur at a specific age. The toddler with highest curiosity to explore, investigate and with the ability to run and walk are more prone to variety of injuries like burns, fall, scalds.[6]

As children grow older their interest in playing make them prone to environmental hazards, theoretically all injuries are preventable, health promotion and accident prevention are like two side of the same coin, hence the preventive aspect of child care is an important part of health promotion and prevent the child from injury, quite often parents and others are surprisingly un aware of their children developmental progress, education to parents on providing a safe environment for children and type of

behaviour expected of the child at different stages of development will help in prevention of home accident.[7]

Prevention of toddler home accident depend upon a reciprocal relationship between protection and education related to age infants need to be totally protected from home accident, whereas toddlers through education require increasingly less parental protection. Safe behaviour is a learned behaviour gradually acquired in a step by step process with increasing age and experience. The behaviour is not fashioned by restrictions, but rather behaviour are formed in responsibility to handle personal freedom and thus develop justified self-confidence, parental protection and supervision of the child alters gradually with evidence of the growing responsible behaviour of the children.[8]

Burns are caused by a number of agent factors, such as chemicals, hot liquids, fumes, electrical items, leakage of kerosene stoves, practice of low-level cooking, unsafe crackers used during festivals without supervision. About 30% of burns occur in children between the ages of 1-3 years. Thermal injuries are the third leading cause of accidental deaths in children and are the second leading cause of injuries in the age-group between 1 -3 years. Nearly 80% of the burns occur at home. Major burn injuries occur in toddlers. The problems like contracture, deformities and disfigurements are some of the complications of burn injuries. During 2009 there were 32,509 toddlers died in India due to burn injuries[9].

Mother is an important care provider and she is strongly responsible to improve the safety of the children. Children are the most important and vulnerable group of our population4. Childhood accident is a sudden cause of death or an emergency in children. Accidents are usually related to the growth and development of children. The sudden changes in their activities may place the children at the risk of accidents. The lack of knowledge and ignorance of child care may add to the predisposing factors for the childhood accidents[10].

The study was conducted on parenting children under three years of age in Kerala. A cross sectional study design to assess the knowledge and practice of mother of children less than 3 years. 120 mothers from both rural and urban areas of south India are selected. Mothers were interviewed in their homes using a structured questionnaire. The result was majority of mothers had moderately adequate knowledge regarding parenting[11].

Data from the National Hospital Discharge survey (NHDS) showed that each year 20,000 children were admitted due to poisoning. Medicinal substances accounted for 45% and lead poisoning accounted for 11.8% of poisoning cases. In 1983 there were nearly 1.4 million childhood poison exposures among which 91% of these occurred at home. In the year 2000 maximum number of cases 49.8% were in the age group of 1-3 years of age. Kerosene oil was the leading poison accounted for 39.25% of poisoning cases.

Falls and injuries are one of the leading causes of death and burden of disease in all age groups all over the world. Everyday around the world almost 16,000 children die from injuries. Injuries correspondents to a rate of 97.9 per 100,000 populations. It is an emerging problem in developing countries. Falls are the leading cause of unintentional injury among children aged 1-3yrs and one- third of all fall related cases visits hospital emergency room. Injury is the leading cause of death in children

and young adults. According to most recent statistics from the centres for disease control and prevention, there were approximately 2,800 children aged 1-3 years died from unintentional injuries[12].

NEED OF THE STUDY

A child's world centers around the home, school and the community. Every child has right to grow up in a healthy environment. Developmentally, gross motor skills enable the toddler not only to move farther more quickly by walking, running, climbing, and riding a tricycle but also to pull objects around and to explore areas like pools and ponds without the immediate supervision of an adult. Accidents are undoubtedly among the chief causes of morbidity and mortality in childhood. In today's world, in the developed as well as the developing countries like India, danger prevails not only on the roads, but it also exists in the home.[15]

In a World Health Organization. (WHO) report, the number of deaths caused by home accidents was estimated to be 3.5 million annually. This figure corresponds to an average of 10.000 deaths per day. Intentional and unintentional home accidents are the cause of 15% of years of life lost globally which is greater than any other cause of death.

The epidemiological information about domestic accidents and fatalities on a worldwide basis has been reported that in the United Kingdom (UK) more than 1 million people are affected by home accidents annually. About 47% of those affected by such injuries are boys and 53% are girls.

1995 study has shown that the predominant location of injury for USA children is the home, accounting for an average of 4.01% million emergency department visits each year for children aged under 3 year.

Similarly resent studies in Israel have indicated that home accidents account for 52% of all accident related injuries among hospitalized individuals aged under 15 years. Additionally, 34% of all unintentional hospitalized trauma cases are due to home injuries and average hospital stay is 6.2 days per patient.

A study in fars province showed that 32.6% of the total registered accidents occurred at home, also found that 25.8% of the home accidents resulted in some degree of disability and the total cost of accidents was estimated to be 100 billion rials.[16]

Annually, over 10 million children in low-and middle-income countries die before they reach their fifth birthday, In India, there are nearly 17 lakh children die each year, and child mortality rates are one of the highest in the world.[17]

It is estimated that the number of deaths from home accidents and injuries in 2005 would range from 730,000 to 985,000 with projections that deaths from injuries will increase by as much as 25% over the next decade.

In India is accounts for an estimated of 12,75,000 children are grievously injured. A total of 22,000 deaths was reported due to drowning. In Karnataka at least 30,000 children's are dying annually due to accidents, drowning and poisoning. In developing countries paediatric emergency are shown to be as numerous as in developed countries[17].

UNICEF report says that globally average of under-five mortality in 2002 was 82 per 1000 live births in the developing world it was 90 per 1000 live births. The injury mortality estimates for the year 2000 suggest that about 9% of all deaths in India were accounted for by injuries, a share similar to the global share of deaths due to injuries.[17]

WHO report says that in the age group of 1-4 years, the second year is the period when the young child runs the highest risk of dying. In the developing countries, death in the second year of life commonly accounts for 50% of all deaths between 1-4 years of age[18].

Available evidence from India also shows that much of the mortality from injuries due to accidents, kill more children.11 As per WHO estimate 26,65,000 people were killed due to accident in 1980 (5.2% of all death) of which 10% were children. India has one of the highest road accident rates in the world. One out of every 42 vehicles in India met with an accident in 1986. In that year 40,000 deaths due to road accidents in India alone next to traffic accidents, falls, drowning, fire, burns, poisoning, suffocation or ingested objects are the other leading causes of accidental deaths in children in India.[19]

Domestic Accidents represent a major epidemic of non-communicable disease throughout the world and is a leading cause for death and disability among children.2 Every year 750,000 children die from injury. Another 400 million are seriously hurt. The most common injuries are falls, burns, drowning and road accidents and such Injuries commonly occurred in child's own home. In the European region, 3-4 deaths out of 10 that occurred in children between the age of 0 and 4 years. In addition, injuries kill over 20,000 children aged 1-14 every year in the world's wealthiest Nations will die from injuries.7 The incidence of non-fatal firearm related injuries among children and adolescents treated in US, the estimated annual rates of injuries (per 100000) were 2.0% (children 0-4 years old).8 Most of the children who fell where between the ages of 0 and 4, all were sent directly to the ICU, 4% of children died.9 Most window falls occur when children are unsupervised. The distribution of injuries was as follows: falls (50.4%), burns (22.8%). Of the 177 falls 104 (58.8%) involved stairs, 7 (4%) involve baby walkers, 14 (7.9%) where from changing tables and 1(.6%) was through are open window, the cause was not specified for 51 (28.8%).Of the 80 burn injuries 8 where due to exposure to hot tap water (10%) 27 to hot liquids or solids (33.7%) 22 to hot surfaces (27.5%) and 2 to dwelling fires (2.5%) the cause was not specified for 21 (26.3%).[20]

STATEMENT OF THE PROBLEM:

"A descriptive study to assess the knowledge of mothers regarding prevention of home accidents among toddlers in selected urban area at Jaipur".

OBJECTIVES:

- To assess the knowledge level of mothers regarding prevention of home accidents.
- To associate the knowledge of mothers with selected demographic variables.
- To develop the information booklet regarding prevention of home accidents.

HYPOTHESIS

H1-: - There will be significant association between knowledge of mothers and selected demographic variables.

ASSUMPTIONS

The study assumes that- 1. The mother will have some knowledge regarding prevention of home accidents among toddlers. 2. Knowledge about prevention of home accidents among mothers of toddlers in the urban community of Jaipur will be increased after giving information booklet on prevention of home accidents.

DELIMITATION

The study is delimited to 1. The study is limited to mothers with prevention of home accidents. 2. The period of study is limited to 6 weeks.

RESEARCH METHODOLOGY: -

Descriptive research approach was used to achieve the objectives of the study. The research design used for the study was non-experimental design. The setting of present study was urban area ward no. 46, Sanganer Jaipur. In this study sample consists of 60 mothers. Non-probability convenient sampling technique was used in the age group between 21 to 40 years was done with an inclusion criterion – 1. Mother who are having children between one to three years of age group. 2. Mother who are living in selected urban community. 3. Who can understand, read, and speak Hindi. 4. Mother who are willing to participate in the study. And exclusion criteria-1. Mother who are not available at the time of data collection. 2. Mother who are not willing to participate in the study.? A formal written permission was obtained from the Principal of Institute of medical technology and nursing education Sitapura Jaipur. In view of nature of the problem and to accomplish the objectives of the study a structured interview schedule was prepared and thirty questions were formulated A descriptive study to assess the knowledge of mothers regarding prevention of home accidents among toddlers in selected urban area at Jaipur. Reliability and validity of the tool was ensured in consultation with guide and experts in the related field. The data was collected and analysed by using descriptive and inferential statistics according to objectives and hypothesis of the study. Data was collected within 6 weeks.

ANALYSIS AND INTERPRETATION

Table 1: Description of demographic characteristics of samples

N=60

S. N.	Variables	Frequency	Percentage %
1	**Age in years:**		
	a. 21- 25 years	23	38.33%
	b. 26-30 years	15	25%
	c. 31-35 years	10	16.66%
	d. 36- 40 years	12	20%
2	**Educational status:**		
	a. Illitrate	9	15%
	b. Up to primary	15	25%
	c. Up to secondary	13	21.66%
	d. UP to graduation &Post graduate	23	38.33%
3	**Occupational status:**		
	a. Private employee	15	25%
	b. Government employee	8	13.33%
	c. House wife	25	41.66%
	d. Other (specify)	12	20%
4	**Family income**		
	a. < 10000 Rs	8	13.33%
	b. 10001-15000 Rs	15	25%
	c. 15001-20000 Rs	19	31.66%
	d. >20000 Rs	18	30%
5	**Type of family**		
	a. Nuclear family	26	43.33%
	b. Joint family	21	35%
	c. Extended	13	21.66%
6	**Number of children**		
	a. One	19	31.66%
	b. Two children	32	53.33%
	c. More than to chidren	9	15%

Table-1: Shows the frequency and percentage distribution of demographic variables among the Mothers.

Table 2: Analysis of existing knowledge level of the mothers regarding prevention of home accidents in toddlers.

N=60

S. N.	Level of knowledge	Score	No. of mothers	% of mothers
1.	Poor	0 –14	32	53.33%
2	Average	14-23	17	28.33%
3.	Good	24 – 30	11	18.33%

Table 2: Level of knowledge of mothers regarding prevention of home accidents in toddlers.

Table 3: Analysis of area wise knowledge score of mothers regarding prevention of home accidents in toddlers.

SN	Area	No of items	Max score	Range of score	Mean	Median	S.D.	Mean%
1	Introduction and definition of home accidents	2	2	0-2	1.21	1	0.64	60.5
2	Causes and types of home accidents	7	7	2-7	4.13	4	1.44	59
3	Prevention and management of home accidents	14	14	2-14	6.83	6	3.27	48.78
4	Management and health education of home accident	7	7	1-7	4.33	4	1.78	61.85

Table 4: Analysis of overall knowledge score of mothers regarding prevention of home accidents in toddlers.

N = 60

No of items	Maximum score	Range of score	Mean score	Median score	S.D.	Mean %
30	29	9 - 29	16.51	14	6.03	55.03

Table: 5: Association between Demographic Variables and Knowledge score of Mothers

N = 60

	Variables	Participants knowledge score		Degree of freedom	Level of significance
		Calculated value	Tabulated value		
1.	**Age in (years)** a. 21- 25 years b. 26-30 years c. 31-35 years d. 36- 40 years	8.04	12.59	6	0.05 NS
2.	**Education status,** a. Illitrate b. Up to primary c. Up to secondary d. Up to graduation and post-graduation	13.04	12.59	6	0.05 S
3.	**Occupation** a. Private employee b.Government employee c. House wife d. Other (specify)	20.97	12.59	6	0.05 S
4.	**Economic status** a. < 10000 Rs b. 10001 – 15000 Rs c. 15001 – 20000 Rs d. >20000 Rs	16.91	12.59	6	0.05 S
5.	**Types of family** a. Nuclear b. Joint c. Extended	9.08	9.49	4	0.05 NS
6	**Number of children** a. One child b. Two children c. More than two children	0.57	9.49	4	0.05 NS

DISCUSSION

The result showed that the highest percentage 38.33% were in the age group of 21-25 years, 25% were in 26-30 years, 20% were in 36 - 40-year, remaining age groups 31- 35 years 16.66% Distribution of the mothers according to their educational status reveals that 38.33% of the mothers were in the category of up to graduation and post-graduation, 25% had up to primary education, 21.66% were up to secondary, and 15% were illiterate. Distribution of the mothers according to their occupation reveals that 41.66% were housewife, 25% were private employees, and 20% were other (specify), 13.33% were govt. employees. Percentage distribution of the mothers according to their family income per month revealed

that 31.66% belonged to Rs 15001-20,000 income group, 30% of them have income above Rs 20,000 per month. 25% of them belong to Rs, 10001-15000 income group and only 13.33% of them have income les then Rs. 10000 per month. Distribution of the mothers according to type of family reveals that 43.33% were belongs to nuclear family, 35% were belongs to nuclear family and 21.66% were belongs to extended family. Distribution of mothers according to their number of children reveals that 53.33% have 2 children, 31.66% have 1 child, 15% have more than two children.

Level of knowledge of mothers showed that 53.33% of the mothers had poor knowledge regarding prevention of home accidents in toddlers, 28.33% had average knowledge, 18.33% of the mothers had good knowledge regarding prevention of home accidents in toddlers. Overall knowledge of mothers was 55.03% with mean knowledge score was 16.51 and median was 14 with standard deviation was 6.03 and the knowledge score were in the range of 29-9. It showed that mother has good knowledge regarding prevention of home accidents in toddlers. Area wise analysis of knowledge score of mothers indicated that maximum knowledge score was 61.85% in the area of management and health education of home accidents in toddlers, 60.5% in the area of introduction and definition, 59% in the area of causes and type of home accidents, 48.78% in the area of prevention and management of home accidents in toddlers. The data showed that majority of postnatal mothers had poor knowledge regarding, prevention and management of home accidents in toddlers.

There is a significant association between the knowledge score of mothers and selected demographic variables like occupation χ^2= 20.97 (P<0.05), educational status χ^2 = 13.04 (P<0.05), economic status χ^2= 16.91 (P<0.05) Hence the research hypothesis is accepted at the 0.05 level of significance. There is no significant association between the knowledge level of mothers and selected demographic variables like age in years χ^2= 8.04 (P>0.05), type of family χ^2= 9.08 (P>0.05), number of children χ^2 = 0.57 (P>0.05). Hence the research hypothesis is rejected at the 0.05 level of significance.

CONCLUSION

On the basis of findings conclusions were drawn-

The level of knowledge of mothers regarding home accidents reveals that 53.33% had poor knowledge, 22.33% had average knowledge and 18.33% had good knowledge. The level of knowledge of mothers regarding introduction and definition of prevention of home accidents was 60.5% and mothers had average knowledge regarding introduction and definition. The level of knowledge of mothers regarding causes and type of home accidents was 59% and postnatal mothers had average knowledge regarding causes and type of home accidents. The level of knowledge of mothers regarding prevention and management of home accidents was 48.78% and postnatal mothers had average knowledge regarding prevention and management of home accidents. The level of knowledge of mothers regarding management and health education was 61.85% and mothers had average knowledge regarding management and health education of home accidents. There was an association between educational status and knowledge of mothers at 0.05 level of significance and p<0.05. It shows that educated mother

had good knowledge regarding prevention of home accidents. There was an association between occupation and knowledge of mothers at 0.05 level of significance and $p<0.05$. It shows those mothers of occupation had more knowledge regarding prevention of home accidents. There was an association between economic status and knowledge of mothers at 0.05 level of significance and $p<0.05$. It shows that economic status had good knowledge regarding prevention of hypothermia in new-born.

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