

Effectiveness of Planned Teaching Programme in Terms of Knowledge on Common Childhood Accidents and its Prevention among Mothers having a Child of 0-5 Years of Age in the Selected Community, West Bengal

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Abstract: A study on the effectiveness of planned teaching programme (PTP) in terms of knowledge on common childhood accidents and its prevention among mothers having a child of 0-5yrs of age in the selected community, West Bengal. The study was conducted at Bhasa, South 24 PGS from 15th May 2018 to 21st May 2018 on 30 mothers having at least one child within 0-5years of age selected by purposive sampling technique. A structured knowledge interview schedule was used to collect the data. Reliability of the tool was established by the split-half method and calculated by Kerl Pearson's correlation coefficient and was found 0.85 which indicates the tool was highly reliable. The result showed that the majority (60%) of mother belongs to $\geq 18-30$ years of age, majority (46.67%) mothers had 5th to 12th standard education along with 20% mothers were illiterate, majority of mothers (40%) had two children, the majority (73.33%) of mothers were from joint family, maximum (53.33%) mothers did not have previous knowledge about childhood accidents and its prevention. In majority (56.67%) cases the source of knowledge about common childhood accidents and its prevention was mass media. Regarding the type of accident exposure, the majority (60%) of child exposed to injury, child of the majority of mothers (60%) were one time exposed to accident, 50% of the mothers had no secondary caregiver for their child. Regarding knowledge score, 30%, 53% and 16.67% of mothers scored very good, good and fair in pre-test whereas in post-test 73.33% of mothers scored very good and 26.67% of mothers scored good. During the pre-test, 30% of mothers had adequate knowledge which was increased to 73.33% after PTP found in post-test. The mean post-test knowledge score (13.3) of the mothers was significantly higher than the mean pre-test knowledge score (11.6) of mothers after the introduction of planned teaching programme [t (df29) = 3.4*, p < 0.05]. There was a significant gain in knowledge score between pre-test and post-test of mothers after the introduction of planned teaching programme. There was no association found between the pre-test knowledge score with the demographic variables of respondents i.e. age, educational qualification, no. of child, type of family and previous knowledge of common childhood accidents. The findings of the study have implications in the different fields in nursing. This study recommends for assessment of prevalence, descriptive study on knowledge, attitude and practice to prevent child hood accidents.

Keywords: In this study key wards are knowledge on common childhood accidents and its prevention and mother

1. Background

"Parents are the ultimate role models for children. Every word, movement and action has an effect. No other person or outside force has greater influence on a child than parents."

Bob Keeshan

Every child in the world matters. The landmark Convention on the Rights of the Child, ratified by almost all governments, states that children around the globe have a right to a safe environment and to protection from injury and violence. An injury is defined as "the physical damage that results when a human body is suddenly subjected to energy in amounts that exceed the threshold of physiological tolerance – or else the result of a lack of one or more vital elements, such as oxygen" [1] Injury and violence is a major killer of children throughout the world, responsible for about 950 000 deaths in children and young people under the age of 18 years each year (WHO Global Burden of Disease: 2004 update). Unintentional injuries account for almost 90% of these cases. They are the leading cause of death for children aged 10–19 years. In September 2000, the General

Assembly of the United Nations adopted a series of Millennium Development Goals. The fourth goal is to reduce, by two thirds, the mortality rate of children under the age of 5 years, between 1990 and 2015 [2]. In May 2002, the United Nations General Assembly held a Special Session on children, from which a document, A world fit for children, was produced. This sets out a number of health goals for children. One of these, specific to injuries, calls on all Member States to "reduce child injuries due to accidents or other causes through the development and implementation of appropriate preventive measures" [3] [4]

Childhood accidents are a major source of childhood emergency department and hospital admissions. The most recent accident statistics from the National Safety Council, the National Center for Injury Prevention and Control, and other sources:

Injury is the main cause of death in children and young adults. According to the CDC, approximately 12,000 children and young adults, ages 1 to 19 years, die from unintentional injuries each year. Falls are the major cause of nonfatal injury for children. Children ages 19 and under

account for about 8,000 fall-related visits to hospital emergency rooms every day. Drowning is the prime cause of unintentional injury-related death among children ages 1 to 4. The majority of drownings and near-drownings occur in residential swimming pools and in open water sites. However, children can drown in as little as one inch of water. Airway obstruction injury (suffocation) is the leading cause of unintentional injury-related death among infants under age 1. Each year, about 2,000 children ages 14 and under die as a result of a home injury. Unintentional home injury deaths to children are caused primarily by fire and burns, suffocation, drowning, firearms, falls, choking, and poisoning. [5]

Child injuries are a global public health problem. In 2011, WHO estimates that over 6,30,000 children under the age of 15 were killed by an injury. Injuries are the leading cause of death, and in many countries the leading cause of death, for children after one year. There is also high morbidity associated with childhood injuries: for every injured child who dies, there are several thousand children who live on with varying degrees of disability. A large proportion of these injuries (for example, drowning, burns, falls) occur in or around the home. [6] the most common types of childhood accidents are burn, drowning, poisoning, falls, choking and suffocation, road accidents. [7] [8] [9]

1.1 Need for the study

Accidents are the most common cause of death in children over one year of age. Prevention remains a high priority. Every year 50 children drown. Accidents cause significant disability to children. Many children, up to one in four of the population in urban areas, attend accident and emergency departments, and 5-10% of these are admitted to hospital. Accident risk factors include low social class, psychosocial stress, an unsafe environment, and child developmental disorders. Research has shown that prevention is best achieved by making the child's environment safer, often through legislation. Insufficient resources have been put into both research into childhood injuries and preventive work in communities. Collaboration between health authorities, NHS trusts, local authorities and community networks is vital if success is to be achieved. A national safety agenda for children would focus the attention that this problem deserves. [10]

Study conducted by Al Rumhi A, Al Awisi H, Al Buwaiqi M, Al Rabaani S on Home accidents among children: A retrospective study at a tertiary care center in Oman among children aged ≤ 18 years old during jan-june 2017. A total of 1333 children presented to the ED over six months as a result of unintentional home accidents, giving a prevalence of 7.7% from all children who visited the ED. There was a significant male to female ratio of 1.7:1. The most prevalent causes for home accidents were 'falls' in 716 (53.7%) children, followed by 'struck by/against-animate/inanimate mechanical force' in 201 (15.1%) children. 'Poisoning' was the third major cause in 117 (8.8%) children. Severity scale showed that around 36.0% of children suffered from severe injuries and 5.4% were admitted to the hospital. The study findings suggest the need for implementing strategies to raise public awareness of child safety at home and to

improve the preparedness of healthcare providers in ED to deal with such accidents. [11]

There is a lot of study showing inadequate knowledge of mothers regarding childhood accidents and its prevention. [12] [13]

The above studies and statistical facts indicate that every day we are losing child due to childhood accidents in worldwide along with this there is lack of knowledge about common childhood accident and its prevention among mothers of children and they have a great need to enrich themselves with knowledge on its is also an important aspect. In this background the present study was planned to assess the existing knowledge of mothers on the common childhood accidents and its prevention and to develop a planned teaching programme for the mothers on this topic so that it can be utilized for enriching knowledge of the mothers in future .

1.2 Problem statement

Effectiveness of planned teaching programme in terms of knowledge on common childhood accidents and its prevention among mothers having a child of 0- 5 years of age in the selected community, West Bengal.

1.3 Objectives

- To assess the knowledge score of mothers before and after administration of planned teaching programme on common childhood accident and its prevention.
- To develop and validate planned teaching programme on common childhood accident and its prevention.
- To find out the effect of planned teaching programme on common childhood accident and its prevention among the mothers of selected community.
- To find out the association between pre test knowledge score of mothers on common childhood accidents and its prevention with selected demographic variables.

1.4 Variables

- Independent variable – Planned teaching programme on common childhood accidents and its prevention.
- Dependent variable-Knowledge of mothers on common childhood home accidents and its prevention.
- Demographic variables- Age, education, occupation of mothers, no of child, family type, previous knowledge about prevention of accidents, source of knowledge, frequency of exposure to accident among last child, common type of accident, secondary care giver of the child

1.5 Operational definition

Knowledge – In this study, knowledge refers to the scores of correct responses obtained from the structured knowledge interview schedule on common childhood accident's and its prevention. Knowledge scores ranging $\geq 80\%$, $60\% - < 80\%$ and $40\% - < 60\%$ are denoted as very good knowledge, good knowledge and fair knowledge scores. In this study knowledge scores $\geq 80\%$ is arbitrarily considered as

adequate knowledge.

Common Childhood accident – The term ‘accident’ is an event that happened by chance or that is without apparent or deliberate cause. Here common childhood accidents are fall injury, burn, drowning, sharp instrumental injury, foreign body intake, poisoning (including accidental medicine intake).

Planned teaching programme – It refers to the pre planned teaching material is given on common childhood accidents and its prevention. It uses lecture and discussion method of teaching learning methods with aids of power point presentation with supply of hand-out.

Effect – In this study, it refers to the extent to which the planned teaching programme has achieved the desired objectives for the mothers of children regarding common childhood accident and its prevention.

Prevention – Prevention is planned, preparation and action taken to avoid or stop an accident before it happens, in this study prevention refers preventive knowledge of mother regarding common childhood accident.

Assumption of study

The study assumed that -

- Mother may have some knowledge about common childhood accidents and its prevention.
- Mothers will provide free and frank response on their best of knowledge
- Teaching in any terms has some effect on knowledge.

Hypothesis

- **H1:** The mean post-test knowledge score is significantly higher than the mean pre-test knowledge score of mothers regarding common childhood accident and its prevention at 0.05 level of significance.
- **H2:** There is significant association between pre-test knowledge score of mothers regarding common childhood accident and its prevention with selected demographic variables at 0.05 level of significance.

Delimitation of the Study

The study is delimited to

- Mother who have child under 0-5 years of age.
- Only one of the selected community settings, West Bengal.

2. Literature Review

Literature reviewed on common child hood accidents and its prevention, knowledge of mothers regarding common child hood accidents and its prevention and effect of planned teaching programme on knowledge. Few of them are given below:

Debnath M, Reang T, Tripura A conducted a study on assessment of the knowledge of rural mothers regarding common domestic childhood injuries and home-safety measures adopted by them in West District of Tripura. cross-sectional study design was adopted and 230 rural mothers of west Tripura district was selected by using

systematic random sampling technique and data was collected during May to June 2012. The result showed majority (71.3%) of respondents were in the age group 20-25 yea, housewives (79.56%), nuclear families (67.7%), up to primary education (60.9%) and family income of <Rs 5000/- per month (53.5%). Only 3.9% met minor domestic injuries. Out of which 6(66.7%) of respondents’ children 3 were treated at home, remaining at hospital and all of them recovered. No significant relationship between age of mother and level of knowledge (X^2 for trend, $p= 1.094$). There was significant relation ($p= 0.016$) between sex of the child and level of knowledge of mothers. [14]

Lafta RK, Al-Shatari SA, Abass S. Conducted a cross-sectional study on Mothers’ knowledge of domestic accident prevention involving children in Baghdad City during April through to August 2013, 1032 samples were selected by using simple random sampling technique from the population women attending the primary health care centers (PHCCs). Result revealed that only 9.2% of the mothers acquired a good level of knowledge in prevention of injuries from chemicals and detergent, more than 90% were found to have poor knowledge. The same was found regarding knowledge about preventing electrical accidents caused by power sockets and electrical appliances where only 10.2% of the mothers were found to have a good level of knowledge. The results were not much better regarding accidents caused by fire. With respect to dealing with accidents caused by sharp instruments in the kitchen, only 6.3% of the mothers obtained a score that indicated a good level of knowledge. Older mothers were statistically found to have a better level of knowledge than younger mothers. Higher educated mothers' were statistically associated with a lower level of knowledge in accident prevention. Mothers with more children and those whose children had previously been involved in an accident were found to have a better level of knowledge. This study concluded that women in Baghdad are poorly educated about how to protect their children against domestic accidents. [13]

Carlsson A, Dykes A-K, Jansson A, Bramhagen A- conducted a quasi-experimental study on Mothers’ awareness towards child injuries and injury prevention at home: an intervention study. Sample size was 99. Mothers who took part in the intervention significantly increased their awareness of the fact that child injuries take place at home when compared with the mothers in the comparison group, [OR 2.3, CI 1.3–4.3]. However, no significant improvement of awareness towards prevention was noted, neither any association to the mothers’ SOC-scores. This study showed that the intervention had a positive effect on mothers’ awareness towards the fact that child injuries are taking place at home, but it did not increase the mothers’ awareness towards prevention of child injury. [15]

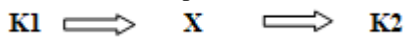
3. Research Methodology

Research approach Pre-experimental research approach was considered to be the most appropriate for the present study.

Research design

The research design used for the present study was one group pre-test post-test design.

The schematic representation of the research design is –



K1- Pre-test assessment of knowledge related to common childhood accidents and its prevention.

X- Administration of planned teaching programme on common childhood accident and its prevention.

K2- Post-test assessment of knowledge regarding common childhood accidents and its prevention.

Settings

Pilot study – Gaji para, Dakshin Gauripur, Bishnupur block .

Final study – Bhasa, plot no 14, South 24 parganas, Bishnupur block 1.

Population

Population for this study was mothers having children of 0-5 years of age in selected community, West Bengal.

Sample of study

Sample for the study was mothers having children of 0-5 years of age in the selected community settings fulfilling the sampling criteria.

Sample size

35 mothers were selected from the selected community for the study during pre-test and given planned teaching programme but due to sample mortality of 5 samples the sample size for the main study was 30.

Sampling technique

Non probability purposive sampling technique was used to select samples for the study.

Sampling Criteria

Inclusion criteria

- Mother who had child 0-5 years of age.
- Mothers who were willing to participate and available during the data collection period at the setting.
- Mothers who could understood and speak in Bengali language.

Exclusion criteria

- Mother who had physical and mental disability.

Table 1: Data collection tool, variables, technique

S. No	Description of tool	Variables	Technique
1.	Tool -I Structured Interview Schedule on demographic information.	Age, education, occupation, no of child, family type, previous knowledge about prevention of accidents, source of knowledge, common type of accident, frequency of exposure to accident among last child, secondary care giver of the	Interview Method

		child	
2.	Tool-II Structure Interview Schedule on knowledge about common childhood accidents and its prevention.	Knowledge of mothers about common Childhood accidents and its prevention.	Interview method

4. Details of developmental of tool

Development of the draft of the structured interview schedule

Structured interview schedule was developed with the items to assess the knowledge regarding common childhood accidents ant its prevention. Tool consisted of two parts that was Tool-I, the demographic data of the sample and it had 10 questions. Tool-II consisted of 25 items was used to assess the knowledge of mother about common childhood accidents and its prevention.

Development and establishment of the content and validity of planned teaching programme

Planned teaching program (PTP) was developed after an extensive review of research literature and discussion with experts. Content validity of planned teaching programme was obtained by submitting the prepared content along with PPT, hand out on the common child hood accidents and its prevention and criteria checklist to 5 experts for opinion and suggestions. The PTP was validated and enriched by the 5 experts.

Try out and pre-testing of tool

For tryout sample size was 5. Try out was done in Seikh para under Bishnupur block 1, the total time taken to carry out the whole interview was 25 minutes and planned teaching programme was 20 min.

Establishment of reliability

Structured knowledge interview schedule was administered to 5 mothers after obtaining consent from them. **Split half** method was used to find out the reliability and ‘r’ was calculated by Kerl Pearson’s correlation coefficient formula and ‘r’ found 0.85 which indicates the tool is highly reliable.

Pilot study

After obtaining the necessary permission from the concerned authority, the pilot study was conducted at Gaji para, Dakshin Gauripur, Bishnupur block from 18/3/18 to 24/3/18. Pilot study showed that the main study would be feasible, practicable and subjects would be available at the settings.

Ethical consideration

Ethical permission was received from ethical committee, Woodlands Multispeciality Hospital Ltd, BMOH, Bishnupur, South 24 Pgs, Panchayet pradhan, Bhasa, plot no: 14, South 24 Pgs informed written consent was received from the participants.

Data collection procedure

Self introduction was given and informed consent was collected from the study sample. By purposive sampling technique 35 mothers were selected from Bhasa, plot no 14,

South 24 parganas, Bishnupur block 1, for the main study. On the day one (15th May 2018) collection of demographic data and pre-testing of existing knowledge of the selected sample was obtained by using Structured interview schedule on demographic information and structured knowledge interview schedule regarding common childhood accidents and its prevention respectively followed by planned teaching programme was conducted on the same samples. On the 7th day (21st May 2018) of data collection and administration of planned teaching programme the post-test was conducted on the knowledge of mothers regarding common childhood accident and its prevention. During post-test due to sample mortality only 30 mothers had attended this post-test session.

5. Analysis and Interpretation of Data

Findings related to description of demographic data.

Table 2: Frequency, percentage distribution of demographic information of mothers in terms of age, education, occupation and no. of child, n=30

S.No	Demographic data	Frequency	Percentage (%)
1	Age of mother		
	<18yrs	5	16.7
	≥ 18- 30 yrs	18	60
	>30 yrs	7	23.3
2	Education		
	Illiterate	6	20
	1st-4th standards	8	26.66
	5th- 12 th standards	14	46.67
	Higher education	2	6.67
3	Occupation		
	Home maker	30	100
	Service in govt/private sec	0	0
	Self-employed	0	0
4	No. of child		
	1	5	16.67
	2	12	40
	3	11	36.66
	>3	2	6.67

Table 2: depicts that age of majority (60%) of mothers were in ≥18-30 years of age group. Majority of mothers (46.67%) were belongs from educational qualification of 5th to 12th standard. All mothers (100%) were home maker. Majority of mothers (40%) had two children.

Table 3: Frequency percentage distribution of demographic information of mothers in terms of type of family, previous knowledge about childhood accidents and its prevention, source of knowledge, n =30

S. No	Demographic data	Frequency	Percentage (%)
1	Type of family		
	Joint family	22	73.33
	Nuclear family	08	26.67
2	Previous knowledge about childhood accidents and its prevention		
	Yes	14	46.67%
	No	16	53.33%
3	Source of knowledge		
	Health worker	8	26.67%
	Mass media	17	56.67%
	Neighbours	5	16.66%

Table3: depicts that majority (73.33%) of mothers were from joint family. Majority (53.33%) mothers did not have previous knowledge about common childhood accidents and its prevention. In majority (56.67%) cases the source of knowledge about common childhood accidents and its prevention was mass media.

Total no of children exposed to accident (n)=70

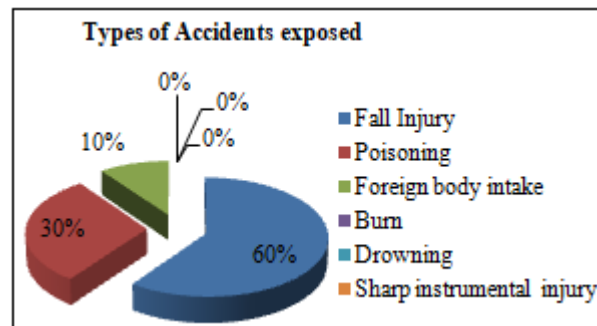


Figure 1: Pie diagram showing percentage distribution in terms of exposure of child to accidents.

Figure-1 denotes the majority (60%) of child exposed to fall injury, 30% and 10% of child exposed to poisoning and foreign body intake respectively.

n=30

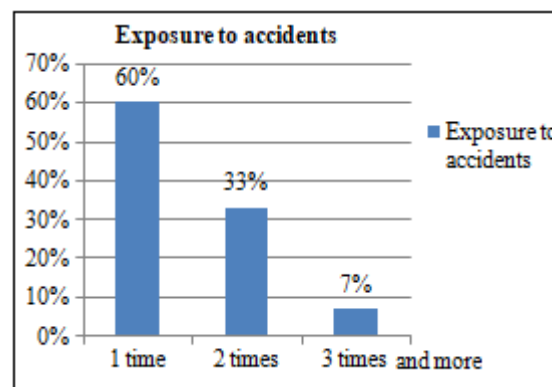


Figure 2: Percentage distribution of mothers in terms of frequency of exposure to accidents of their last child.

This diagram depicts the last child of the majority of mothers (60%) were one time exposed to accident. n=30

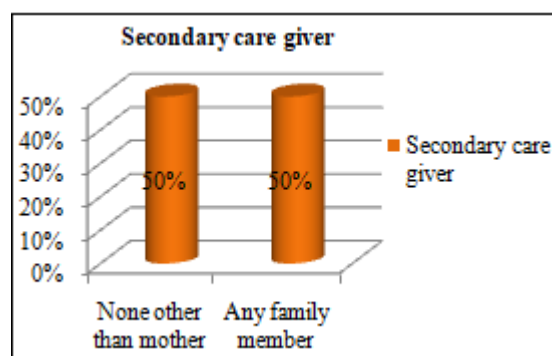


Figure 3: Percentage distribution of mothers in terms of the secondary care giver of their child.

This figure depicts that the half of the mothers had no

secondary care giver for their child and for another half there was any family member.

Findings related to assessment of pre-test and post-test knowledge score after exposure to planned teaching program

n=30

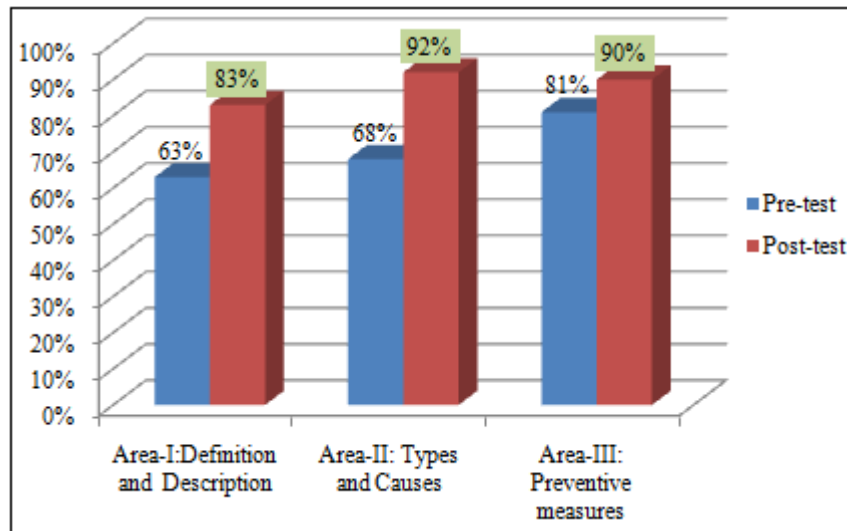


Figure 4: Area wise mean percentage knowledge score of mothers during pre test and post test

Figure 4 indicates that the mean percentage of post-test knowledge score in all content areas were higher than that of corresponding pre-test mean percentage knowledge score. The mean percentage of pre-test knowledge score ranges from 63% to 81% in the Area –I and Area-III respectively where as the mean percentage of post-test knowledge score ranges from 83% to 92% in the Area –I and Area-II respectively.

Table 4: Mean, mean difference, median, standard deviation and ‘t’ value of pre-test and post-test knowledge scores of mothers on common childhood accidents and its prevention, n = 30

Criteria	Mean	Mean difference	Median	SD	t-value	Result
Pre-test	11.6	1.7	12	1.91	3.4*	Significant
Post-test	13.3		14	1.41		

df (29) ‘t’ = 2.04, p<0.05

Findings related to effect of planned teaching programme in terms of changed knowledge score

n=30

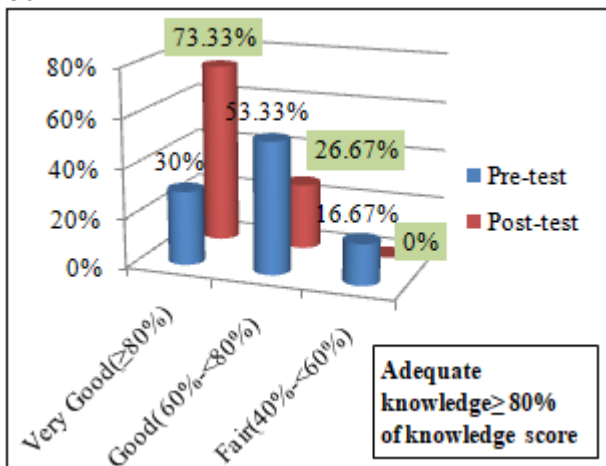


Figure 5: Percentage distribution of mothers according to the percentage of score obtained in pre-test and post-test.

Figure 5 reveals that 30% , 53.33% and 16.67% mothers scored very good, good and fair in pre-test whereas in post-test 73.33% of mothers scored very good and 26.67% mothers scored good. During pre-test 30% mothers had adequate knowledge which was increased to 73.33% after PTP found in post-test.

The data presented in table-4 shows that the mean post test knowledge score (13.3) of the mothers is significantly higher than the mean pre-test knowledge score (11.6) of mothers after the introduction of planned teaching programme with a mean difference of 1.7 as evident from the ‘t’ value of 3.4 which is higher than the table value (2.04) for df (29) at 0.05 level of significance. Thus, null hypothesis is rejected and research hypothesis is accepted. Therefore, it can be interpreted that, there is significant gain in knowledge score between pre-test and post-test of mothers after introduction of planned teaching programme.

Findings related to association between pre-test knowledge scores and demographic variables

Table 5: Chi-square values between pre-test knowledge score and demographic variables, n = 30

S.N	Characteristics	Knowledge		χ ² test	Remarks
		<Mdn (12)	≥ Mdn (12)		
1.	Age <25 ≥25	7	12	0.02	NS
		3	8		
2.	Education Upto Class viii > class viii	10	8	0.56	NS
		5	7		
3.	No. of child <≥ 2	9	7	0.002	NS
		8	6		
4.	Family type				

	a. Joint	5	3	0.001	NS
	b. Nuclear	12	10		
5.	Previous knowledge on common childhood accidents and its prevention				
	Yes	11	14	1.31	NS
	No	3	2		

$\chi^2 (1) = 3.84$ at 0.05 level of significance

Table 5 shows that calculated χ^2 value to find out association between participants pre-test knowledge and selected demographic variables like age, education, number of child, type of family, previous knowledge on Common childhood accidents and its prevention which were found statistically not significant at 0.05 level of significance.

6. Major Findings

Description of demographic characteristics

- 16.7% of mothers belonged to <18 years of age and majority (60%) of mothers belonged to $\geq 18-30$ years of age group.
- 20% of mothers were illiterate and majority (46.67%) of mothers had 5th - 12th standard of education.
- All mothers (100%) were home maker.
- Majority (40%) mothers were having two children.
- Majority (73.33%) of mothers were from joint family. Majority (53.33%) mothers did not have previous knowledge about common childhood accidents and its prevention. In majority (56.67%) cases the source of knowledge about common childhood accidents and its prevention was mass media.
- Majority (60%) of child exposed to fall injury, 30% and 10% of child exposed to poisoning and foreign body intake respectively.
- Last child of the majority of mothers (60%) were one time exposed to accident and 50% mothers had no secondary care giver for their child.
- Before planned teaching programme majority (53%) of mothers scored good whereas after planned teaching programme majority (73.33%) mothers scored very good and During pre-test 30% mothers had adequate knowledge which was increased to 73.33% after PTP.
- Mean post test knowledge score (13.3) of the mothers was significantly higher than the mean pre test knowledge score (11.6) of mothers after introduction of planned teaching programme [$t (df29) = 3.4^*$, $p < 0.05$]. There was significant gain in knowledge score between pre-test and post-test of mothers after introduction of planned teaching programme.
- There was no association found between the pre-test knowledge score with the selected demographic variables of respondents i.e. age, educational qualification, no. of child, type of family and previous knowledge of common childhood accidents.

7. Conclusion

On the basis of the findings of the present study the following conclusion can be drawn the most of mothers of the child have some knowledge regarding common childhood accidents and its prevention and there is no such association of this knowledge with demographic variables

and even in this situation as such a high prevalence of childhood accidents are noticed so we need to think about whether the mothers are applying their knowledge in real life situation this study also conclude that planned teaching programme is effective in enriching knowledge of mothers.

8. Implication

The findings of the study have implications

Nursing Education: Nursing students should be trained enough on the common childhood accidents and its prevention so that they can teach mothers of the children to prevent the occurrence of this event. In the exiting curriculum, health teaching to mothers using planned teaching programme can be emphasized.

Nursing administration: The findings of the present study will help the nurse administrators to initiate policy making at the community level to develop awareness programs for mothers, help to initiate steps to prevent childhood accidents.

Nursing Practice: Nursing personnel have a very important role in the matter of assessment of knowledge of mothers regarding childhood accident. The study revealed that most of the mothers were unaware of common childhood accident and its prevention so this planned teaching programme can be used as a teaching model regarding the childhood accidents and its prevention in rural community among the mothers.

Nursing Research: This study can be used as references for further study in this field. The data collection tool can be used for identifying the areas of knowledge deficit among the mothers.

9. Limitation

As the study conducted on small sample sizes, the scope of generalization of findings is limited. The study is conducted with purposive sampling technique on the mothers having 0-5 yrs of child only in one selected settings which also limits the scope of generalization.

10. Recommendation

Following recommendation can be offered for future researchers.

- A similar study can be done by using large sample size, on mothers of urban community, on mothers of the child of all age groups
- A comparative study can be done among mothers of urban and rural community.
- Descriptive study can be done
- Knowledge, attitude and practice of mothers to prevent childhood accidents.

11. Acknowledgement

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