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Original Research Article

Awareness and Practice of Mother Having Under Five Children Regarding Prevention of Childhood Accident

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ABSTRACT

Injuries are the first leading but predictable, avoidable and preventable cause of morbidity and mortality among under five-year children worldwide. A descriptive cross-sectional study aimed to find out Awareness & Practice of Mothers having Under Five Children regarding Prevention of Childhood Accident. The cluster sampling technique was used to collect data. The data collection instrument was an Interview Schedule for Knowledge Assessment and Observational Check-list for assessing Practice. The study findings revealed that more than fifty percent of the respondents (53.4%) were in the age group of 25-29 years and majority (81.6%) of the respondent were housewives and more than one third (36.8%) respondents had completed primary level education. Out of total 174 more than fifty percent (53.8%) child had experienced fall injury. More than half of the respondents 68.4% had fair knowledge and more than one fourth (31.6%) of the respondent had good knowledge score regarding Prevention of Childhood Accident. Similarly more than half (59.2%) of the respondent had satisfactory practice. There was significant association between level of knowledge with educational status (p-value 0.003) and number of children (p- value<0.001). More than half (59.2%) of the respondent had satisfactory practice (50-75%) regarding the prevention of childhood accident. There was significant association between level of practice with education (p-value0.002) and number of children (p-value0.024). However study concluded that there was no statistical significant correlation between Awareness and Practice of mother regarding childhood accident. Hence there was need among mothers about educational programs related to prevention of childhood accident.

Keywords: Childhood accident, Under five Children.

INTRODUCTION

Accident is an unexpected, unexplained occurrence, which may involve injury. There are mainly two types of accident that occur in under 5 years children, road traffic accident and domestic accident. Domestic accident meant an accident, which takes place in the home or in its immediate surroundings and generally happened in under 5 year children. The most frequent cause of domestic accidents are drowning, burn (by a flam, hot liquids, electricity, crackers or firework, chemical), poisoning (drugs, insecticides, rat poison and kerosene), injuries from sharp and pointed instruments and then aspiration and suffocation is an another cause of childhood accident. [1]

As per report of WHO, worldwide 57% of children are affected from

unintentional injuries, among them male are 73.7% and female are 40% and death from injuries are 6%. The causes of injury are falls 6%, drowning 6%, poisoning 6% and burn 5%. [2]

About 30% of trauma occurs in children due to road traffic accidents and domestic accident. It is the leading cause of death and disability. According to World Report on child injury prevention, mortality rates of road traffic accidents 12%, burn 9%, falls 5%, drowning 12%, poisoning 3%, intentional injuries 3%, other unintentional injuries 53%. [3]

The report of Arulogun, Ikolo and Oluwasanu reveled that over 700,000 children reported die every year as a result of accident especially in developing countries where 13% of the total burden of disease among children less than 15 years has been attributed to injuries. [4]

Nepal is one of the developing countries in the world with a terrain that poses a unique set of challenges for health services responding to childhood accidents. A researcher from the University of the West of England has won funding from the Royal Society for the Prevention of Accidents to investigate scale and impact of childhood injuries in Nepal. The Nepal Demographic Health Survey conducted in 2006 found that 11% of child deaths among 1-5 years children were caused by unintentional injuries. [5] The impact of an accident is exacerbated by the geographical terrain that can make it difficult for treatment to reach an injured person quickly.

Purpose of the study: The purpose of the study was to assess awareness and practice of mother having under five children regarding prevention of childhood accidents and hereby instigating and making aware such mother about childhood accidents which in turn help to decrease significant morbidity and mortality as well as timely identifying and seeking of health service.

Aim: The main aim of the study was to assess awareness and practice of mother having under five children regarding prevention of childhood accidents.

Objectives: The objective of the study was:

- To assess the awareness of mothers having under five children regarding the prevention of childhood accident.
- To assess the practice of mothers having under five children regarding the prevention of childhood accident.
- To find out association between the levels of knowledge regarding prevention of childhood accident with selected socio-demographic variables.
- To find out association between the levels of practice regarding prevention of childhood accident with selected socio-demographic variables.
- To find out the relationship between awareness and practice regarding prevention of childhood accident among mothers having under five children

Significance of the study

The study findings will be helpful to health care planner, health care provider, health researcher as well as policy maker to plan programme in prevention of childhood accidents.

The study will be helpful to health care planner to give emphasis on planned way regarding the child care injuries, first aid measure and type of preventive measure of accident.

This study will serve as a basis for future researcher in this area.

This study may guide in providing some new message and help to increase awareness of mother on prevention of childhood accident.

The study will be useful for IEC (information, Education and Communication) materials for the prevention of childhood accident.

MATERIALS AND METHODS

Research Design: The descriptive cross-sectional design was used in the study.

Research Setting and Population: The study was carried out in Parsauni VDC ward No.1, 3 & 4 of Bara District, Nepal. The study populations was the mother residing

in the Parsauni VDC ward no.1,3 & 4 and having child from one to five years of age.

Sampling: Cluster sampling technique was used to conduct study. At first 3 wards were selected by simple random method (lottery method). Equal numbers of samples (58) were selected in each ward by purposive sampling method. 174 mothers of having one to five were the sample size of this study.

Mothers who had at least one child of one to five years age and residing in selected wards were included in the study. Mothers who were willing to participate in the study were selected for the study.

Mothers who did not give consent voluntarily were excluded. Likewise, mothers who had attended educational classes about the childhood accident in recent 6 months period were also excluded.

Instrument: A Semi-structured interview schedule was prepared in order to assess the awareness and observational check list was prepared in order to assess practice of mothers of under five children regarding prevention of childhood accident by the researcher in consultation with research guide and pediatric experts.

The instrument consist of 3 section was used. Section I consist of items related to Socio-demographic variables of the mother with 10 items. Section II of the instrument consist of items related to Awareness in which 6 items related to general concept on childhood accident, 5 items related to burn, 5 items related to poisoning, 2 items related to foreign body aspiration, 3 items related to fall and 3 items related to road side accident. Section III of the instrument consist 8 practice related.

The content validity of the instrument was established by developing instrument on the basis of seeking the opinion from the 7 expertise and research advisor. On the

Data Collection Procedure: Data was collected after getting necessary ethical approval from authority and respondents. The purpose of study was explained to the respondent and obtained verbal consent from the respondents prior to data collection. The researcher herself had conducted interview and the practice was assessed with observation check list according to their convenient time

Statistical Analysis: Data was checked for completeness and organized, coded and entered in statistical package for social science (SPSS 16) version. Both Descriptive (e.g. Frequency, percentage, mean and standard deviation) and inferential statistics (chi-square test) was used to analyze the data. The Karl Pearson's coefficient of correlation was used to identify the correlation between level of knowledge and level of practice of mothers having under five regarding prevention of childhood accident.

RESULT

Table 1: Distribution of respondent according to their age, Religion, occupation and Education n = 174

Variable	Frequency	Percentage (%)
Age		
<20	2	1.1
20-24	38	21.8
25-29	93	53.4
>=30	41	23.6
Religion		
Hindu	127	73.0
Muslim	47	27.0
Occupation		
Housewife	142	81.6
Teaching	7	4.0
Tailoring	16	9.2
Business	8	4.6
Labor	1	0.6
Education		
Illiterate	25	14.4
Read and Write only	39	22.4
Primary level	64	36.8
Secondary level	27	15.5
Higher secondary level	11	6.3
Bachelor & Above	8	4.6

Table 1 reveals distribution of the age group among 154 respondents, majority 53.4%, of the respondents were in the age group of 25-29 years also most of the respondent 73% were from Hindu religion, 23% from Muslim religion. Majority of the respondents 86% were housewife, whereas least 0.6% were labor. Regarding educational background among 174 respondents 36.8%were from primary level Educational status which was highest

percentage of the respondent and least 4.6% were Bachelor and above.

Table 2: Distribution of respondents according to Family type, Number of under five child, Family size and Income n =174

Variables	Frequency	Percentage
Family Type		
Nuclear	76	43.7
Joint	95	54.6
Extended	3	1.7
Number of under five child		
1	115	66.1
2	55	31.6
3	3	1.7
4	1	0.6
Family Size		
<5	39	22.4
5-10	111	63.8
≥10	24	13.8
Income		
<10000	76	43.7
10000-15000	81	46.6
≥15000	17	9.8

The Table 2 further revel findings regarding the types of family, 54.6% of the respondents were belongs to the joint family, and 17% of the respondents were belongs to the extended family. Regarding the number of under five children, most of respondents 61.1 % had 1 child and 0.6% had 4 child. Regarding size of family majority 63.8% respondents belongs to family size of 5-10 members and 13.8% belongs to 10 or more family members. Most of the respondents family 46.6% had a monthly income (NRS) had >10000-15000 and 9.8% had a monthly income (NRS) ≤10000.

Table 3: Distribution of the respondents according to past childhood accident, if yes age, if yes type, if yes kind of management and source of information for management.

n =174

Variables	Frequency	Percentage
Past Childhood Accident		
Yes	13	7.5
No	161	92.5
If Yes Age		
2	4	30.8
3	8	61.5
4	1	7.7
If yes type		
Fall	7	53.8
Road side accident	6	46.2
If yes kind of management		
Hospital	13	100

Regarding past childhood accident most of the respondents 92.5% told that there was no history of past childhood. Out of total past childhood accident 61.5% child had accident at the age of 3 years, 30.8% child had accident at the age of 2 years and 7.7% child had accident at the age of 4 years. 100% respondent took their child hospital for the management.

Table 4: Respondents Awareness regarding General Concept on Prevention of Childhood Accident. n=174

Variable	Frequency	Percentage
Meaning of childhood accident		
unexpected event that lead to childhood injury*****	141	81.0
Expected event that lead to injury	1	0.6
Separation of child from mother	2	1.1
Injury of any type	30	17.2
Common type of childhood Accident		
Home accident	33	19.0
Road side accident	53	30.5
Both a & b*****	87	50.0
Don't know	1	0.6
Commonest type of accident in 1-3 years child		
Sport injury	31	17.8
Fall injury*****	118	67.8
Road side injury	25	14.4
Drowning	31	17.8
Commonest type of accident in 3-5 years child		
Road side injury	41	23.6
Sport injury*****	104	59.8
Foreign body aspiration	25	14.4
Suffocation	4	2.3
Child more prone for Accident		
Unsupervised child*****	168	96.6
Supervised child	5	2.9
Don't know	1	0.6
Home should be located at		
1 meter away from road	22	12.6
2 meter away from road*	70	40.2
5 meter away from road	72	41.4
Don't know	10	5.7

Correct answer *

Table 4 reveals respondent's knowledge on general concept of childhood accident. Regarding the meaning of childhood accident, majority of respondents, 141 (81%) knew about childhood accident and 19% didn't know about accident. According to majority of the respondents 87(50%) answered common type of childhood accident are both home accident and road side accident, 53 (30.5%) road side accident and 1(0.6%) don't know about common type of accident. Also majority of respondents 118(67.8%) said that fall injury is the commonest type of accident in 1-3 years of child and 25(14.4%) road side accident. Regarding the commonest type of accident in 3-5 years of child, majority of the respondents 104(59.8%) answered that sport injury as the commonest type of accident, other answers were 41(23.6%) road side accident,25(14.4%) foreign body aspiration and 4(2.3%) suffocation.

The majority of respondents 168(96.6%) answered unsupervised child are more prone for accident and 41.4% of the respondents said that home should be 2 meter away from the road where as 10(5.7%) didn't know.

Table 5: Distribution of Respondents regarding Awareness of Burn n=174

Variable	Frequency	Percentage
Type of burn in home		
Flame burn*	148	85.1
Chemical burn	5	2.9
Radiational burn	2	1.1
Electrical burn	19	10.9
Commonest cause of burn in home		
Child coming in contact with heated bulb	13	7.5
Child coming in contact with open fire*	119	68.4
Child coming in contact with electrical wire	37	21.3
Child coming in contact with heated plate	5	2.9
Checking bath temperature		
Putting tip of finger inside the water	118	67.8
Keeping backside of the palm inside the water*	38	21.8
Pouring equal amount of cold water to hot water	17	9.8
Pouring little water in the child's body	1	0.6
Immediately after burn		
Apply cold water on the burn site*	78	44.8
Apply toothpaste on the burn site	87	50.0
Apply honey on the burn site	8	4.6
Apply turmeric powder paste on the burn site	1	0.6
Prevention from burn		
Allowing the child to go kitchen alone	2	1.1
Keeping the burning candle, hot object out of reach of the child*	168	96.6
Keeping electrical wire open	3	1.7
Don't know	1	0.6

Correct answer *

Table 5 shows distribution of respondents according to awareness of burn, majority (85.1%) of respondents told that flame burn is the common type of burn and majority (68.4%) told that commonest cause of burn is due to child coming in contact with open fire. Among 174 respondents, majority 67.8% told that they will check the bath temperature in the winter by putting tip of finger inside the water and 21.8% by keeping backside of the palm inside the water. Immediately after burn majority 87(50%) of the respondents told that they apply toothpaste on the burn site whereas 1 (0.6%) apply turmeric powder paste on the site. Majority 168 (96.6%) of the respondents answered keeping the burning candle, hot object out of reach of the child can prevent the child from getting burn and least 1(0.6%) didn't know.

Table 6 reveals respondents' awareness regarding poisoning. Out of 174 participants, majority 156(89.7%) of them answered that ingestion of toxic substance like insecticides, household cleaning agents and 6% didn't knew about accidental poisoning. The majority 161(92.5%) of the respondents try to induce vomiting and take hospital least 3 (1.7%) not induce vomiting and take hospital after poison ingestion.

Table 6: Distribution of the respondents Awareness regarding Poisoning n=174

Variable	Frequency	Percentage
Meaning of accidental poisoning		
Ingestion of foreign body e.g. small object like coin, marble, beans	6	3.4
Ingestion of excess food	6	3.4
Ingestion of toxic substance like insecticides, household cleaning agents*	156	89.7
Don't know	6	3.4
Common type of poisoning		
Ingestion of kerosene	16	9.2
Ingestion of insecticides	51	29.3
Ingestion of excessive medicine	11	6.3
All of the above*	96	55.2
Measures after poisoning		
Throwing away the consumed poison container	5	2.9
Try to induce vomiting by inserting finger in the throat*	161	92.5
Search for poison container	5	2.9
Don't know	3	1.7

Correct answer *

Table 7: Awareness of Respondents regarding drowning n=174

Variables	Frequency	Percentage
Area risk for the drowning		
Covered water tank, well, bucket of water	8	4.6
Pits filled with water around house & pond*	166	95.4
Fenced pond and well	-	-
Don't know	-	-
Measures to prevent drowning		
Closing the unused well or ponds*	168	96.6
Leaving the child to go near the pond or well alone	4	2.3
Leaving the child alone in the kitchen and bathroom	1	0.6
Allowing the child to play on the well side.	1	0.6

Correct answer *

Regarding respondent's awareness of drowning, majority of the respondents' 166 (95.4%) answered as risk for drowning as pits filled with water around house and pond and majority of the respondent 168 (96.6%) said they close the unused well or ponds as measure to prevent drowning.

Table 8: Respondents Awareness regarding Foreign Body Aspiration n=174

Variables	Frequency	Percentage
Causes of foreign body aspiration		
Dry beans, hard candy, marbles*	164	94.3
Banana, Mashed potato, Papaya	7	4.0
Leaving the child alone in the kitchen and bathroom	-	-
Don't know	3	1.7
Prevention of foreign body aspiration		
Permitting the child to play with small toys	10	5.7
Removing all small objects which the child can reach*	148	85.1
Always hold the child	14	8.0
Don't know	2	1.1

Correct answer*

Table 9: Distribution of respondents Awareness regarding fall n=174

Variables	Frequency	Percentage
Causes of fall among 1-3 years		
Newly developed locomotive skill and unaware of danger.	88	50.6
Slippery floor and high chair	11	6.3
Sharp object and fall from height	9	5.2
All of the above*	66	37.9
Measures after bleeding		
Apply mud to the affected site	-	-
Apply turmeric powder to affected site	12	6.9
Apply pressure over the affected site*	153	87.9
Apply toothpaste over the affected site	9	5.2
Prevention of fall injury		
supervising the child but not always	9	5.2
supervising only during play	31	17.8
Constant supervision of the child*	134	77.0
Don't know	-	-

Correct answer *

Table 8 reveals that out of 174 respondents majority 164 (94.3%) of the respondents answered dry beans, hard candy, marbles are the causes of foreign body aspiration and regarding prevention of foreign body aspiration majority 148(85.1%) of the respondents answered removing all small objects which the child can reach can prevent the child from foreign body aspiration.

Table 9 reveals respondents awareness regarding fall. Concerning causes of fall among 1-3 years child majority 88 (50.6%) of the respondents answered that newly developed locomotive skill and unaware of danger and majority 153 (87.9) of the respondents told that they apply pressure over the affected site as main measure to be taken after bleeding. The majority 134 (77.0) answered that constant supervision of the child can prevent fall injury.

Table 10: Awareness of Respondents regarding Road Side Accident n =174

Variable	Frequency	Percentage
Risk age group for road side accident		
1-3 years of child	16	9.2
3-5 years of child*	105	60.3
>5 years of child	47	27.0
Don't know	6	3.4
Causes of road side Accident in 3-5 years		
Riding tricycle on the road	8	4.6
playing at the road side	64	36.8
Not supervising the child by the parents	13	7.5
All of the above*	89	51.1
Prevention of road side accident		
Supervise the child while playing	16	9.2
Not allow the child to play at road side	39	22.4
Keep the child restrained in the vehicles	1	.6
All of the above*	118	67.8

Correct answer *

Table 10 reveals awareness of respondents regarding road side accident. Majority (60.3%) of the respondents said 3-5 years of child are more risk age group for the road side accident.

Table 11: Respondents Practice regarding prevention of childhood Accident n=174

Variables	Yes N (%)	No N (%)
Practice related to cuts		
Store knives and other sharp objects out of reach of the child	116(66.7)	58(33.3)
Remove hazards (sharp instruments, other object e.t.c) from the floor whenever possible	66(37.9)	108(62.1)
Practice related to fall		
Lock the windows	139(79.9)	35(20.1)
Don't leave small child on the bed alone or without guarding	159(91.4)	15(8.6)
Place furniture near an open window	17(9.8)	157(90.2)
Practice related to burn		
Close door of kitchen	67(38.5)	107(61.5)
Put the hot object or foods out of reach of the child	142(81.6)	32(18.4)
Keep boiling water and other hot liquid out of reach of the child	143(82.2)	31(17.8)
Store matches ,cigarette and lighter out of reach of the child	102(58.6)	72(41.4)
Cover the electrical outlet with adhesive tape or other things	8(4.6)	166(95.4)
Practice related to poisoning		
Store cleaning agent in proper place in proper container	56(32.2)	118(67.8)
Keep the insecticide and medication out of reach of the child	171(98.3)	3(1.7)
Practice related to drowning		
Proper storage of drinking water in the kitchen	173(99.4)	1(.6)
Cover the pits around the house & bucket of water	43(24.7)	131(75.3)

Table 11 reveals respondents practice regarding prevention of childhood accident. In regard to yes column majority of the respondent 173 (99.4%) practiced proper storage of drinking water where as minority 8(4.6%) covered the electrical outlet with adhesive tape or other things. In regard to no column majority of the respondents 166(95.4%) didn't cover the electrical outlet with adhesive tape or things and minority 1(0.6%) didn't practice proper storage of drinking water in the kitchen.

Table 12: Respondent's knowledge score on prevention of childhood accident n=174

Variables	Mean ±SD	Percent of mean score	Range	Maximum possible score
General concept	3.95±1.04	65.83	1-6	6
Burn	3.16±0.91	63.2	0-5	5
Poisoning	2.37±0.71	76.66	0-3	3
Drowning	1.91±0.29	95.5	0-2	2
Fall	2.029±0.78	67.5	0-3	3
Road side accident	1.79±0.82	59.66	0-3	3
Total	17.02±2.54	70.91	8-22	24

The above table shows mean knowledge score on prevention of childhood accident, in general concept of childhood accident the mean knowledge score is 3.95±1-04.The mean knowledge score on burn is 3.16±0.91, on poisoning is 2.37±0.71 and on drowning is 1.91±0.29, on fall is 2.029±0.78, on road side accident is 1.79±0.82. The total knowledge score of the respondent on prevention of childhood accident is 17.02±2.54, 70.91% mean score, 8-22 range and maximum possible score is24.

Table 13: Distribution of respondents according to level of Knowledge on Prevention of Childhood Accident. n=174

Level of knowledge	Frequency	Percentage
Inadequate	5	2.9
Moderate	114	65.5
Adequate	55	31.6

Regarding the level of knowledge on prevention of childhood accident, majority of the respondents 65.5% had moderate knowledge and minority 2.9% had inadequate knowledge.

For chi square test cell frequency was not sufficient so the researcher had classified the frequency as fair and good. In fair inadequate and moderate was included.

Table 14: New categorization for level of knowledge n=174

Level of knowledge	Frequency	Percentage
Average	119	68.4
Good	55	31.6

Regarding the level of knowledge on prevention of childhood accident, new categorization reveals that 68.4% of respondents had fair knowledge and 31.6% had good knowledge.

Table-15: Association between respondents overall knowledge regarding Prevention of Childhood Accident and Selected Socio-Demographic Variable. n=174

Scio demographic variables	Level of knowledge		Chi square	p-value
Age(years)	**Fair (n)**	**Good (n)**		
≤24	24(60)	16(40)		
24-29	64(68.8)	29(31.2)	2.299	0.317
≥30	31(75.6)	10(24.4)		
Religion				
Hindu	82(70.6)	45(29.6)	3.180	0.075
Muslim	37(78.7)	10(21.3)		
Occupation				
Housewife	100(70.4)	42(29.6)		
Job	3(37.5)	5(62.5)	3.835	0.147
Business	16(66.7)	8(33.3)		
Educational status				
Illiterate	18(72.0)	7(28.0)		
Primary level	35(89.7)	4(10.3)	11.959	0.003*
Secondary level	66(60.0)	44(40.0)		
Number of under five				
1	67(58.3)	48(41.7)		
2	51(92.7)	4(7.3)	24.011	<0.001*
≥3	1(25.0)	3(75.0)		
Family size				
<5	23(59.0)	16(41.0)		
5-10	73(65.8)	38(34.2)	10.314	0.006*
≥10	23(95.8)	1(4.2)		
Income				
<10000	53(69.7)	23(30.3)		
10000-15000	50(61.7)	31(38.3)	6.932	0.031*
≥15000	16(94.1)	1(5.9)		
Past accident				
Yes	12(92.3)	1(7.7)	3.718	0.054
NO	107(66.5)	54(33.5)		

***Significant at 0.05 at level of significant.**

There was significant association between level of knowledge and educational status. Those mothers had secondary level education 40% had good level of knowledge than those who were illiterate and had primary level education.

There was significant association between level of knowledge and number of under five children, family size and income. There was no association between level of knowledge and age, religion, occupation and past accident where p-value was 0.317, 0.075, 0.147 and 0.054 respectively.

Table-16: Distribution of respondent according to Level of Practice n=174

Level of practice	Frequency	Percentage
Good practice	27	15.5
Satisfactory practice	103	59.2
Poor practice	44	25.3

Regarding the level of practice on prevention of childhood accident, majority of the respondents 59.2% had satisfactory practice and minority 15.5% had good practice.

Table-17: Association between respondents overall practice regarding Prevention of Childhood Accident and selected socio-demographic variable n=174

Scio demographic variables	Level of knowledge			Chi square	p-value
	inadequate	Moderately adequate	Adequate		
Age(years)					
≤24	10(25)	23(57.5)	7(17.5)		
25-29	30(32.3)	53(57.0)	10(10.8)	9.644	0.47
≥30	4(9.8)	27(65.9)	10(24.4)		
Religion					
Hindu	32(25.2)	74(58.3)	21(16.5)	0.384	0.825
Muslim	12(25.5)	29(61.7)	6(12.8)		
Occupation					
Housewife	41(28.9)	85(59.9)	16(11.3)		
Job	1(12.5)	3(37.5)	4(50.0)	15.323	0.004*
Business	2(8.3)	15(62.5)	7(29.2)		
Education					
Illiterate	5(20.0)	19(76.0)	1(4.0)		
Read and write	15(38.5)	22(56.4)	2(5.1)		
Primary level	9(14.1)	42(65.6)	13(20.3)		
Secondary level	13(48.1)	9(33.3)	5(18.5)	27.699	0.002*
Higher secondary level	1(9.1)	7(63.6)	3(27.3)		
Bachelor and above	1(12.5)	4(50.0)	3(37.5)		
Number of under five children					
1	28(24.3)	63(54.8)	24(20.9)		
≥2	16(27.1)	40(67.8)	3(5.1)	7.495	0.024*
Family size					
<4	5(12.8)	25(64.1)	9(23.1)		
4-8	23(26.7)	46(53.5)	17(19.8)		
≥8	16(32.7)	32(65.3)	1(2.0)	12.634	0.013*
Monthly income(RS)					
<10000	8(10.5)	57(75)	11(14.5)		
10000-15000	27(33.3)	39(48.1)	15(18.5)	21.113	<0.001*
≥15000	9(52.9)	7(41.2)	1(5.9)		
Past Accident					
Yes	3(23.1)	7(53.8)	3(23.1)		
No	41(25.5)	96(59.6)	24(14.9)	0.613	0.736

***Significant at 0.05 at level of significant.**

Table 18: Respondents practice score on prevention of childhood accident n=174

Variables	Mean ±SD	Percent of mean score	Range	Maximum possible score
Cuts	1.045±0.84	52.25	0-2	2
Fall	1.81±0.63	60.33	0-3	3
Burn	2.65±1.20	53	0-5	5
Poisoning	1.30±0.49	65	o-2	2
Drowning	1.24±0.42	62	1-2	2
Total practice	8.05±2.15	57.5	2-13	14

There was association between level of practice and occupation. Those mothers who had job (50%) had adequate practice than those whose occupation was housewife and business. The level of practice was also

associated with number of under five children, family size and monthly

There was no association between age of mothers, religion and past accident and level of practice where p value was 0.47, 0.825 and 0.736 respectively.

The mean practice score on prevention of childhood accident, cuts mean practice score is 1.045±0.84, fall is 1.81±0.63, burn is 2.65±1.20, poisoning is 1.30±0.49 and drowning is 1.24±0.42 standard deviation, 57.5% mean score, 1-2 range and maximum possible score is 2. The total practice score of the respondent on prevention of childhood accident is 8.05±2.15 standard deviation, mean score 57.5%, 2-13 range and maximum possible score is14.

Table 19: Relationship between knowledge and practice n=174

Variables	Correlation	p-value
knowledge vs. practice	0.031	0.682

There is low degree positive correlation between knowledge and practice regarding awareness and practice among mothers of under five children regarding prevention of childhood accident, which is statistically insignificant at p-value 0.682.

DISCUSSION

The present study revealed that 31.6% of the respondent had adequate knowledge and more than half of the respondents had 59.2% satisfactory knowledge regarding Prevention of Childhood Accident. This finding was contradictory with the study done by Aty et al. which showed that three-quarters 74.5% of mothers had inadequate knowledge. [6]

Regarding level of practice of the respondent present study revealed that 59.2% had satisfactory practice, minority 15.5% had good practice and 25% had poor practice. This finding was consistent with study findings done by Anh, Hongkrailert and Sermsri where 9.8% had good preventive behavior, 73.1% had fair preventive behavior and 17.1% had poor preventive behavior. [7]

The present study revealed that there was statistical significant association between level of knowledge with Education (p=0.003), number of under five children (0.001), Family size (0.006) and monthly income (p=<0.001) whereas there was no significant association between level of knowledge & age of mothers, religion, occupation and past accident where p value was 0.317, 0.075, 0.147 and 0.054 respectively. No similar research findings were found to support this study.

The present study revealed that there was significant association between level of practice with Occupation (p=0.004), Education (p=0.002), number of under five children (0.024), Family size (0.013) and monthly income (p=<0.001). This findings was consistent with study findings of Anh, Hongkrailert and Sermsri on the topic "Factors related to Preventive Behavior on Home Injury among Mothers with children under 5 years old at communes of Hungyen province, Vietnam" where it was found that there was only significant association between the mothers' preventive behaviors with family income (p=0.000) and mothers education level (p=0.030%). [7]

The present study revealed that there was no statistical significant correlation between Awareness and Practice of mother having under five regarding childhood accident where p-value is 0.682. This finding was contradictory with study done by Poorolajal et al on the topic: Factors Associated with Mothers' Beliefs and Practices concerning Injury Prevention in under Five Year Children, based on Health Belief model Hamadan, Iran which revealed that there was a positive correlation between mother's level of practice and level of knowledge. [8]

CONCLUSION

The study concluded that more than one fourth of the respondent had adequate knowledge score regarding prevention of childhood accident. There was significant association between level of knowledge with educational status, number of under

five children, family size and family income. More than half of the respondent had satisfactory practice regarding the prevention of childhood accident. There was significant association between level of practice with occupation, education, number of under five children, family size and family income. There was no statistical significant correlation between Awareness and Practice of mother having under five regarding childhood accident. Hence there was need for educational programme to mothers of under five to enhance their knowledge and practice regarding prevention of childhood accident and increase public awareness regarding childhood accidents through mass media. The major limitation of the study lies in the fact that it is restricted to only one setting and less time for data collection.

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