

A study to assess the knowledge regarding unintentional domestic injury among mothers of under five at Mappedu Village

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ABSTRACT:

Unintentional injuries are major causes of morbidity and mortality in children, resulting in over 630,000 deaths annually in children less than 15 years of age in 2011(WHO, 2016). Worldwide, South-East Asia (SEA) alone contributes to 31% of the burden of injury and 27% of injury related mortality (Chaturvedi et al., 2008). In India, injuries are the fourth leading cause of death in children under 15years age (WHO, 2008). National Crime Bureau and few independent studies reveal that nearly 15%-20% injury deaths occur in children (Zaidi et al., 2013). 100 samples under five mothers who met the inclusion criteria were selected by using simple random sampling technique. After selecting sample, the investigator explained the purpose of the study and informed consent was obtained. Demographic variables were collected by structured questionnaires. The data were tabulated and analyzed by descriptive statistics. The results shows that out of 100 samples 20 (20%) members had inadequate knowledge, 35 (35%) members had moderate level of knowledge, and 45 (45%) members had adequate level of knowledge.

KEY WORDS: Unintentional injury, domestic, under five mothers

INTRODUCTION:

Unintentional injuries are major causes of morbidity and mortality in children, resulting in over 630,000 deaths annually in children less than 15 years of age in 2011(WHO, 2016). Worldwide, South-East Asia (SEA) alone contributes to 31% of the burden of injury and 27% of injury related mortality (Chaturvedi et al., 2008). In India, injuries are the fourth leading cause of death in children under 15years age (WHO, 2008). National Crime Bureau and few independent studies reveal that nearly 15%-20% injury deaths occur in children (Zaidi et al., 2013).

Home accidents are the main cause of mortality and morbidity in early childhood and a major factor in lost productive life ⁽¹⁾. The public health experts have created the term “Modern Day Epidemic” for domestic accidents. ⁽³⁾ WHO calls domestic accidents as a priority problem ⁽⁴⁾ an infant is fragile, helpless and innocent when it enters the world. It is completely dependent on its care-takers. ⁽⁵⁾ Children are especially at risk for injury because of their normal curiosity, impulsiveness and desire to master new skills. Also, children try to imitate adult behavior from an early age.⁽⁶⁾ It is important to know the pattern of trauma in children from developing countries as significant differences exist in socio-economic pattern and government regulatory policies in comparison with the developed nations.⁽⁷⁾

The largest number of accidents happens in the living room, however the most serious accidents happen in the kitchen.⁽⁸⁾ The main causes of accidents in the home are falls, fires and burns, suffocation, drowning, choking, poisoning and cuts and lacerations.⁽⁹⁾ Earlier in history, epidemiologists have compared domestic accidents to tuberculosis and called both of them together as “social diseases”.⁽¹⁾ The term is pretty relevant in today’s time as well where both the entities, in entirely different ways and mechanisms, have managed to infiltrate the social fabric. Childhood injury is a leading global public health problem. It gives rise to loss of years of life and productivity, high financial burden to health care system, high household level out of pocket expenditure, substantial psychological impact on the child and family members and many other adverse consequences (Shriyan et al., 2014). In low and middle income countries (LMICs), young children face different types of household level hazards due to challenging living conditions

such as poor housing infrastructure, unsafe storage places for harmful substances, lack of barriers to cooking and washing areas, use of open fires and stoves (Hyder et al., 2008a, b), thus making the child vulnerable to unintentional injury. This is even more important for the under-five children who spend major span of the day at home and cannot judge the potential risk owing to their immaturity (Hyder et al., 2009). Many household level injury risks are avoidable requiring environmental modification which can be done with minimal efforts, suited to the affordability and feasibility for the family. However, there is a dearth of research work with comprehensive household level injury hazard identification for children in lower-income settings like rural India. With this background, this study was conducted to measure the burden of household level injury of 1 to 5-year-old children in a rural area of Singur, West Bengal, India, to identify major risk situations in or around home leading to injury proneness, and to determine precipitating factors, if any, among the study participants.

Many household level injury risks are avoidable requiring environmental modification which can be done with minimal efforts, suited to the affordability and feasibility for the family.⁽¹⁰⁾ However, there is a dearth of research work with comprehensive household level injury hazard identification for children in lower-income settings like rural India. There is currently a lack of data on the subject.

OBJECTIVES:

- To assess the demographic variables among mothers of under five
- To assess the level of knowledge regarding unintentional domestic injury among mothers of under five
- Associate between the knowledge regarding unintentional domestic injury among mothers of under-five with selected demographic variables among mothers of under five

METHODS AND MATERIALS:

A descriptive study was chosen to assess the knowledge regarding unintentional domestic injury among mothers of under-five at mappedu village. 100 samples were selected who comes under the inclusion criteria by using simple random sampling technique. Data was collected by using demographic variables which includes age of mothers, education of mother, education of father, occupation of mother, occupation of father, type of family, presence of elders at home, number of siblings and by structured questionnaire. The tools were translated to Tamil language. Informed consent was obtained and data was collected from the samples. The data were analyzed by descriptive statistics.

RESULTS:

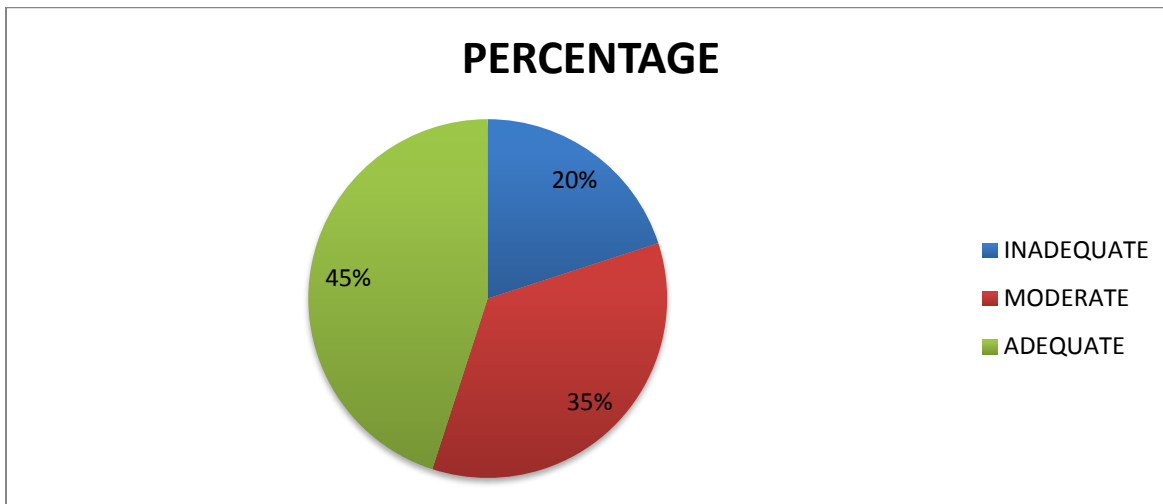
TABLE 1: Frequency and percentage distribution of demographic variables among mothers of under five

S.NO	DEMOGRAPHIC VARIABLES	FREQUENCY	PERCENTAGE
1.	AGE:		
	a) 19-25 years	30	30%
	b) 26-30 years	40	40%
	c) 31-35 years	20	20%
	d) Above 35 years	10	10%
2.	EDUCATION OF MOTHER:		
	a) Primary education	50	50%
	b) High school	20	20%
	c) College	10	10%
	d) Illiterate	20	20%
3.	EDUCATION OF FATHER:		
	a) Primary education	40	40%
	b) High school	20	20%
	c) College	28	28%
	d) Illiterate	12	12%
4.	OCCUPATION OF THE MOTHER:		
	a) Coolie	30	30%
	b) Government or private	20	20%
	c) Self employed	20	20%
	d) Housewife	30	30%
5.	OCCUPATION OF THE FATHER:		
	a) Coolie	30	30%
	b) Government or private	25	25%
	c) Self employed	35	35%
	d) Unemployed	10	10%
6.	TYPE OF FAMILY:		
	a) Nuclear family	69	69%
	b) Joint family	31	31%
7.	PRESENCE OF ELDERS AT HOME:		
	a) Yes	60	60%
	b) No	40	40%
8.	NUMBER OF SIBLINGS :		
	a) No	20	20%
	b) One	50	50%
	c) Two plus	30	30%

TABLE 2: Frequency and percentage distribution of level of knowledge on unintentional domestic injury among mothers of under five

S.NO	LEVEL OF KNOWLEDGE	FREQUENCY	PERCENTAGE
1.	INADEQUATE	20	20%
2.	MODERATE	35	35%
3.	ADEQUATE	45	45%

FIGURE 1: Frequency and percentage distribution of level of knowledge on unintentional domestic injury among mothers of under five



UNINTENTIONAL INJURIES:

Unintentional injury is used to refer to injuries that were unplanned. Unintentional injuries can be defined as events in which: the injury occurs in a short period of time, seconds or minutes, the harmful outcome was not sought.

Based on their education: The knowledge about this was not adequate among mothers of under-five.

Effects of unintentional injury: health impact of injury and violence. No matter what the circumstances of the event are, **injuries** can have serious, painful and debilitating physical and emotional health consequences, many of which are long term or permanent, including hospitalization, brain injury, poor mental health.

Plan to conduct knowledge assessment on regarding unintentional domestic injury among mothers of under-five.

RESULTS:

20% members had inadequate knowledge, 35% members had moderate level of knowledge, and 45% members had adequate level of knowledge. (Table 2)(fig1).

In present study was supported by the almost ninety six percent 96.1% of the respondents with moderate knowledge, while 3.9% of the respondents with inadequate level of knowledge. 98.3% of the respondents with moderate level of practice, 1.3% with high level of practice, and remaining 0.4% with inadequate practices.⁽¹¹⁾

RECOMMENDATION:

- Assess the knowledge regarding unintentional domestic injury among mothers of under-five to give appropriate mass awareness programme in various setting.
- School health guidelines to prevent unintentional injury and violence
- Video assisted health education programme can improve the knowledge of unintentional injury

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