

# *Chapter 6*

*Summary, Conclusion and  
Recommendations*

## **CHAPTER VI**

### **SUMMARY, CONCLUSION AND RECOMMENTATIONS**

#### **6.0. OVERVIEW**

#### **6.1. PROBLEM RE STATED**

- 6.1.1. Problem
- 6.1.2. Objectives of the study
- 6.1.3 .Hypotheses
- 6.1.4. Population
- 6.1.5 .Sample
- 6.1.6. Tools used for data collection
- 6.1.7. Data Collection
- 6.1.8. Intervention Programme

#### **6.2 .FINDINGS AND IMPLICATION**

- 6.2.1. Findings of Awareness level
- 6.2.2 .Impact of intervention programme- Findings
- 6.2.3. Association between knowledge and demographic variables-  
Findings
- 6.2.3. Correlation between knowledge and demographic variables-  
Findings
- 6.2.4. Difference between knowledge and demographic variables-  
Findings
- 6.2.5. Difference between different aspects of knowledge-Findings

#### **6.3. SUGGESTIONS AND RECOMMENDATIONS**

#### **6.4. CONCLUSION**

## **CHAPTER VI**

### **SUMMARY, CONCLUSION AND RECOMMENDATIONS**

#### **6.0 OVERVIEW**

This chapter contains the summary of research report. It consists of six sections. The first one gives an overview of the entire chapter. The second one restates the problem, general objectives, and hypotheses of the study. The third one briefly outlines the population and sample under study, the sampling method, tools used for data collection. The fourth section briefly summarizes the findings of the study and outlines their implications. The fifth lists out the suggestions and recommendation. The sixth section ends up with the concluding note.

#### **6.1. PROBLEM RESTATED**

##### **6.1.1 Problem**

The statement of the problem either in question form or as a declarative statement attempts to focus on a goal and thereby gives direction to the research problem. It must be enough in scope to make a definite conclusion possible. A problem suggests a specific answer or conclusion. It is, in this line of thought, that the problem of the study is stated as under:

“WOMEN’S AWARENESS ABOUT DOMESTIC ACCIDENTS AMONG  
TODDLERS”

##### **6.1.2 Objectives**

1. To assess women’s knowledge about the nature and type of most commonly found unintentional domestic accidents among toddlers.
2. To assess the knowledge of women regarding first aid measures against domestic accidents among toddlers.

3. To assess the knowledge of women regarding prevention of domestic accidents among toddlers.
4. To find out the socio-economic and demographic factors influencing the knowledge level of women regarding domestic accidents among toddlers.
5. To prepare a structured teaching module meant for women to prevent domestic accidents among toddlers and to find out the effectiveness of teaching module on knowledge level of women.

### 6.1.3 Hypotheses

The following research hypotheses were formulated for the study

**H<sub>1</sub>: There is a significant association between knowledge of women and demographic variables namely age, education, occupation, spouse occupation, religion, type of family, family's monthly income, number of children, number of accidents and source of information about domestic accidents.**

H<sub>1.1</sub>. There is a significant association between knowledge of women on domestic accidents and age.

H<sub>1.2</sub> .There is a significant association between knowledge of women on domestic accidents and education

H<sub>1.3</sub> .There is a significant association between knowledge of women on domestic accidents and occupation

H<sub>1.4</sub> There is a significant association between knowledge of women on domestic accidents and occupation of the spouse.

H<sub>1.5</sub>. There is a significant association between knowledge of women on domestic accidents and religion.

H<sub>1.6</sub>. There is a significant association between knowledge of women on domestic accidents and type of family.

H<sub>1.7</sub>. There is a significant association between knowledge of women on domestic accidents and family's monthly income.

H<sub>1.8</sub>. There is a significant association between knowledge of women on domestic accidents and number of children.

H<sub>1.9</sub>. There is a significant association between knowledge of women on domestic accidents and number of accidents knowledge

H<sub>1.10</sub>. There is a significant association between knowledge of women on domestic accidents and type of accident experienced by the women.

H<sub>1.11</sub>. There is a significant association between knowledge of women on domestic accidents and source of information.

**H<sub>2</sub>: The women differ in knowledge owing to variations in the selected variables namely age, education, occupation, spouse occupation, religion, type of family, family's monthly income, number of children, and source of information about domestic accidents.**

H<sub>2.1</sub>. There is a significant difference between knowledge of women on domestic accidents and age.

H<sub>2.2</sub>. There is a significant difference between knowledge of women on domestic accidents and education.

H<sub>2.3</sub>. There is a significant difference between knowledge of women on domestic accidents and occupation

H<sub>2.4</sub>. There is a significant difference between knowledge of women on domestic accidents and occupation of the spouse.

H<sub>2.5</sub>. There is a significant difference between knowledge of women on domestic accidents and religion.

H<sub>2.6</sub>. There is a significant difference between knowledge of women on domestic accidents and family type.

H<sub>2.7</sub>. There is a significant difference between knowledge of women on domestic accidents and family's monthly income.

H<sub>2.8</sub>. There is a significant difference between knowledge of women on domestic accidents and number of children.

H<sub>2.9</sub>. There is a significant difference between knowledge of women on domestic accidents and sources of information.

**H<sub>3</sub>. There is a significant difference between different aspects of knowledge on domestic accidents**

**H<sub>4</sub>. There is a significant relationship between knowledge of women on domestic accidents and their demographic variables.**

H<sub>4.1</sub>. There is a significant relationship between knowledge of women on domestic accidents and age.

H<sub>4.2</sub>. There is a significant relationship between knowledge of women on domestic accidents and education.

H<sub>4.3</sub>. There is a significant relationship between knowledge of women on domestic accidents and family's monthly income.

H<sub>4.4</sub>. There is a significant relationship between knowledge of women on domestic accidents and number of children.

H<sub>4.5</sub>. There is a significant relationship between knowledge of women on domestic accidents and number of accidents.

**H<sub>5</sub>. There is a significant difference between pre-test knowledge score and post-test knowledge score in the experimental group about domestic accidents**

#### **6.1.4 Population**

The target population of the study was women between 18 -49 years of age. Representative sample of 300 women were Drawn from the four villages belonging to Vallioor Panchayat of Tirunelveli District.

#### **6.1.5 Sample**

The sample consisted of 300 women. Out of the 300 women, 50 were selected for the experimental group.

#### **6.1.6 Tools used for data collection**

The following tools were employed for the present study.

Section A- Demographic variables -Developed by the investigator

Section B- Structured interview Questionnaire- Developed by the Investigator.

#### **6.1.7 Data collection**

To collect the data, the investigator visited the area. An explanatory letter and the questionnaire were handed out to the samples. The explanatory letter provided a credible and meaningful explanation of the research intention. The researcher remained with the participants, informing them of the strategies employed to protect their anonymity and other safeguards taken to protect their identities prior to publication. They were also assured that their responses would be kept confidential. After that instruction was given about how to fill out the demographic characteristics (personal data sheet) and the questionnaire; the same were distributed to the participants. Information about domestic accidents was collected from the participants using a pre-tested and validated questionnaire by interview method. A time span of 10 minutes for completing the demographic characteristics and 40 minutes for completing the questionnaire was given. Data were collected from September 2009-December 2010.

#### **6.1.8 Intervention Programme**

Intervention programme is designed for the women who need intervention to improve their cognitive, affective, psychomotor, mental, social and family role dimension.

Researcher developed teaching module on domestic accident based on review of literature and the experts' opinion. The teaching module of 30 minutes duration comprised of the objectives, introduction, nature and types of domestic accidents, First Aid for domestic accidents and prevention of domestic accidents among toddlers. The

teaching module was translated into Tamil and retranslated into English. The method of teaching used was lecture cum discussion.

Considering the age group of the participants and the objectives of the programme three of the following experts were consulted and their suggestions were incorporated.

1. A Paediatrician
2. A Medical Officer
3. A Professor in Child Health Nursing

The programme was planned and scheduled for 30 minutes. The programme was conducted in two places.

1. Holy Cross Teacher Training Institute, Kotaiyadi, Vallioor (Number of Participants-25).
2. Nehru Nursing College, Vallioor (Number of Participants-25)

The programme was conducted on 6-6-2010 and 20-6-2010 respectively. *“As a general rule, the most successful man in life is the man who has the best information”*. The basic aim of the teaching module was to help the target group to acquire adequate knowledge about nature and common types of domestic accident, first aid knowledge of domestic accidents and prevention knowledge of domestic accident.

Five advantages of the intervention/ teaching programme are:-

1. The teaching programme increases women's cognitive level in terms of increase in knowledge about domestic accidents.
2. The teaching programme increases women's affective level in terms of changing existing pattern of behavior and attitude about domestic accidents;

3. This also helps to increase women's psychomotor level of in terms of acquiring new skills about home safety practices; thereby childhood injuries will be minimized.
4. It improves self concept of women.
5. Participants will be able to educate others about childhood injury and its prevention methods.

The Content for the class included teaching in the following areas

1. Nature and common types of domestic accident
2. First aid knowledge of domestic accidents
3. Prevention knowledge of domestic accident

By importing this knowledge, it was expected that there would be a substantial progress in their attitude and behavior that would eventually enhance their self confidence and self esteem level. The increased self confidence level would signify improved ability to prevent/manage domestic accidents thereby to improve the quality of life of toddlers.

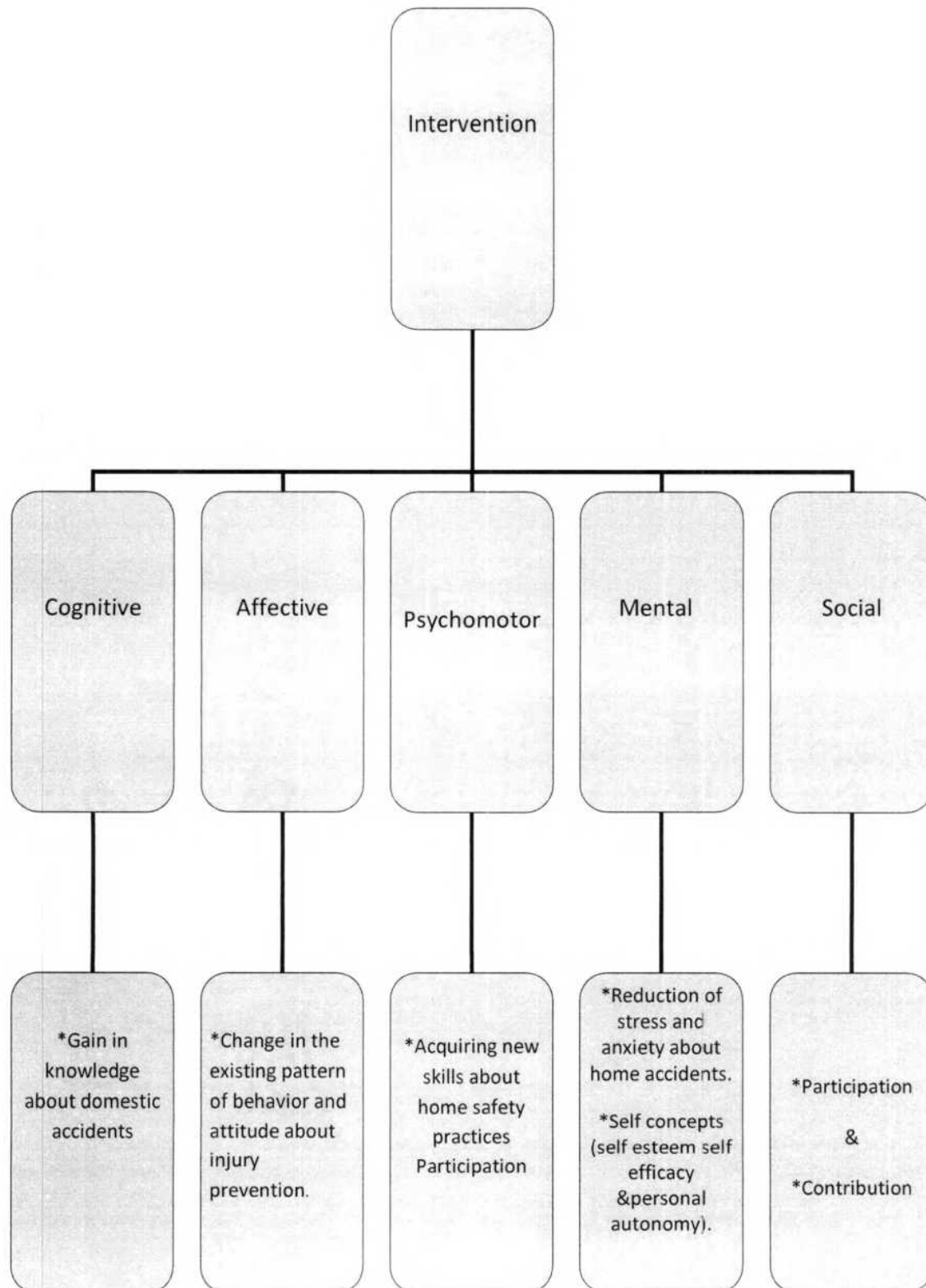
The following exercises were followed during the course of the programme

1. Knowing and understanding
2. Observation and learning
3. Reflecting and Acting

#### **6.1.8.1. Domains of intervention**

The intervention intended for the samples covers cognitive, affective, psychomotor domain, mental and social dimensions of women (Fig-6.1.8.1).

**Fig-6.1.8.1. Domains of Intervention**



#### **6.1.8.2. Intervention Activities**

*“If accident is a disease, education is its vaccine”*. Intervention can help to increase knowledge, skill and to reinforce desired behavior patterns.

The dynamic definition of teaching programme is “a process aimed at encouraging people who want to be healthy, to know how to stay healthy, to do what they can individually and collectively to maintain health and to seek help when needed”.

As for the first domain- cognitive aspects (knowledge), the investigator taught about nature, type of domestic accidents, and first aid for domestic accidents and also taught about how to prevent domestic accidents among toddlers.

As for the second domain- affective aspects (behavior and attitude), the investigator taught about nature, type of domestic accidents, first aid for domestic accidents and also taught about how to prevent domestic accidents among toddlers.

As for the third domain- psychomotor aspects (skill), the investigator taught about safety precautions to be taken in the home to prevent domestic accidents among toddlers and also demonstrated about first aid procedures in case of any accidents.

As for the fourth domain- psychology aspect (mental health), the investigator taught about safety precautions to be taken in the home to prevent domestic accidents among toddlers. Thus the gain of knowledge reduces women's stress and anxiety about home accidents among toddlers. It also increases the self concepts of women (self esteem, self efficacy & personal autonomy).

Human beings are socially evolved creature and they are gregarious by nature. As for the fifth domain- social aspect, the socialization aspect was taken care of at the beginning of the teaching programme. The women who participated in the teaching programme were made to mingle with others and they shared their ideas with others.

The participants involved in group discussion in airing their opinion about domestic childhood accidents, its prevention and first aid.

## **6.2 FINDINGS AND IMPLICATION**

This section summarizes the major findings of the study and brings out the implications. Most of the findings have been interpretations of correlations and interpretation of differences indicating the degree of relationship and differences between one variable and the other. These relationships cannot be called causal unless by rigorous experimental studies. These relationships are functional. A functional relationship is one in which it has been demonstrated that a change in one variable is accompanied by a change in the other, but the relationship is probably based on a complex system of interactions rather than being directly casual.

### **6.2.1 Awareness of Domestic Accidents-Findings**

Data on nature and types of domestic accidents shows that 164 (54.7%) out of 300 population had average knowledge, 60 (20%) of the population had poor knowledge and 76 (25.3%) of the population had good knowledge. Data on first aid of domestic accidents shows that 59(19.7) of the population had poor knowledge, 146 (48.7%) of the population had average knowledge and 95 (31.6) of the population had good knowledge. Only 47(15.7%) of subjects had poor knowledge regarding preventive measures of domestic accident, 130 (43.3%) of the population had average knowledge and 123(41%) out of 300 mothers had good knowledge regarding prevention of domestic accident.

Knowledge of the women on domestic accidents seems to have significant association with age of the women, religion of the women, and family's monthly income of the women.

### **6.2.2 Impact of teaching programme-Findings**

The teaching programme was so structured, as to encompass the six vital parameters (self concept, Emotional maturity, decision making, awareness on child health) the leads to increased self confidence and decreases childhood injuries at home. The programme included

- Administering questionnaire, before conducting the intervention programme-**Pre test**

- Conducting the structured intervention programme. Re-administrating Questionnaire, after conducting the intervention programme-**Post-test**.

## **Findings**

The “t” values were found to be significant at 0.001 levels. This substantiates the fact that the treatment (intervention) has resulted in significant learning gains for the group. The findings substantiate the positive impact of the intervention group.

This intervention programme involved providing knowledge, clarifying attitude and developing skills for improving the quality of life of women and their children.

### **6.2.3. FINDINGS AND DISCUSSION**

#### **6.2.3.1. General characteristics of studied sample:**

The current study shows that majority of the samples (58.7%) were in the age group of 20 – 27 years, followed by 37.3% in the age group of 30 – 39 years. The remaining 1.3% and 2.7% of the subjects were in the age group of < 20 years and 40 – 49 years respectively. This supports **Jayalakshmi L.S's (1999)** quantitative survey findings. Her study results indicated that the respondents were between 21 to 30 years of age. It is also similar to the finding of **Naglaa Saad Abd El-Aty et al (2003)** who found less than half (46.3%) of mother's age was ranged between (25-34) years old. **Yosria El-Sayed Hossein (2009)** reported that less than half (47.4%) of mother's age was ranged between (25-29) years old, while (2.6%) of mothers' age was ranged from (35-40) years.

The present study shows that, 1% of women had no education at all, while 48% of the women had secondary education, 9.7% of the women had been graduated from primary school and rests (41.3%) were graduates. This current study supports **Nanthini.S's (2006)** quantitative survey findings. Her study results indicated that 66% of the subjects were non – graduates and 34% were graduates. This study is contrary to the finding of **Nurson & Gillay (2007)** who found 23.3% of the mothers had been graduated from high school, 16.7% of the mothers had been graduated from pre-high school 43.3% of the mothers had

been graduated from primary school and rests (16.7%) were graduates. It is also not in accord with **Naglaa Saad Abd El-Aty et al(2003)** who reported more than half of mothers (55.7%) were illiterate, while only (2.0%) of them had university education. **Yosria El-Sayed Hossein(2009)** reported more than half of mothers (52.6%) were illiterate, (25.4%) of mother's had secondary education and only (3.3%) of them had university education.

The current study shows that, 21.7% were employed and 78.3% were unemployed. Regarding the spouse occupation, 98.3% of the women's husbands were working and remaining 1.7% was not working. **Saad Abd El-Aty et al (2003)** reported that majority of the mothers (94.5%) were not working for cash. **El-Sayed Hossein(2009)** reported that the majority of the mother's (94.7%) were not working. But contrary to the finding of **Nanthini.S (2006)** who reported 67% of the subjects were employed and 33% were unemployed. 64% of samples were living in nuclear family setup.

The current study shows that, 86% of the participants were Hindus, 13% of the participants were Christians and 1% was Muslims. This supports **Jayalakshmi L.S's (1999)** quantitative survey findings. Her study results indicated that samples from Hindu & Muslims were higher when compared to Christians.

The current study shows that, 71% of the participants were living in the nuclear family and remaining 29% of the participants were living in the joint family. This supports **Jayalakshmi L.S's (1999)** quantitative survey findings. Her study results indicated that highest percentage of samples was from nuclear family. This study is similar to the finding of **Nurson & Gillay (2007)** who found majority of samples were nuclear families. **El-Sayed Hossein(2009)** reported that (28.7%) of families had seven or more members and (45.3%) of the mothers had two children in pre school age.

The present study shows that, more than half (57.4%) of the women's family income was above Rs.5, 000/-, the remaining 42.2% of women had the monthly income of below Rs. 5,000/-. This current study supports **Nanthini.S's (2006)** quantitative survey findings. Her study results indicated that 67% of the subjects had family monthly income of above Rs. 5,000/- and 33% had less than Rs. 5,000/-.

The present study shows that, number of children, nearly half (48%) of the women had only one living child, 43.7% of women had two living children and only 8.3% of women had more than 2 living children. This study is similar to the finding of **Saad Abd El-Aty et al (2003)** who found that 27.5% of families had seven or more members and 45.0% of the mothers had two children under six years old. This study is contrary to the finding of **Nanthini.S (2006)** who found that 20% of the study population had one child and 80% had two or more than two children. **El-Sayed Hossein(2009)** reported that the majority of mother's (45.3%) had two children, while (39.4%) of mother's had one child. This finding indicate that the more number of children in the family more liability to accident occurrence because mother would be busy taking care of the youngest baby while the other receive less attention and observation and thus subjected to accidental hazards.

The present study shows that, 54% of the women expressed that their children experienced less than 5 accidents, 9.3% of the women expressed that their children experienced more than 5 accidents, and the rest of them expressed that their children experienced no accidents. This study is similar to the finding of **Carter Y. H. & Jones P.W. (2008)** who found that of 511 children under five years of age, 100 children (57 boys, 43 girls) had 120 accidents. Eighty six children had only one accident. This study is similar to the finding of **Saad Abd El-Aty et al (2003)** who found that incidence rate of home accidents among children under six years as perceived by their mothers was (50.3%). The findings are in line with the study conducted by **Belkis. et al.,** in Cukurova Health Clinic, that focused upon frequency of home accidents. This study reported that the children of 66.0% of the women had at least one home accident and the most frequent of the accidents was falling (66.7%) followed by burns (43.9%).

The present study shows that, majority (58.3%) of women had expressed that their children met with falls. 1.33% of women' children met with scalds injury, 1.666% had insect bites and 2% had cut injury. The remaining 36.7% of women had expressed that their children did not encounter any type of domestic accidents. This study is similar to the finding of **Siti and Hanafiah (2008)** who found the commonest type of accident was physical injury. Falls were the leading cause (80.9%), other children sustained laceration

and cut (12.8%), scalded (4.8%) and swallowed an object (2.1%). **El-Sayed Hossein(2009)** reported that the incidence rate of home accidents among children in El- shorfa village in year 2008 was (51%) also this revealed that the commonest type of home accidents (37.7%) was wound followed by burns (20.8%) and the lowest type (3.9%) was animal bite. But contrary to the finding of **Saad Abd El-Aty et al (2003)** who found that the commonest type of home accidents (37.4%) was wounds followed by burns (20.8%) and the lowest type (0.3%) was drowning and scorpion stings respectively.

The present study findings revealed 52% of women had external source of information. As the main source of health information, 38 (12.66%) cited TV and radio, 12 (4%) cited magazines, 8 (2.7%) cited books, 45 (15%) cited family members (grandmothers, mothers, sisters, relatives etc.), 17 (5.7%) cited Neighbours & other members of society, 19 (6.33%) friends & colleagues, 16 (5.33%) cited school, and only 1 (0.4%) cited health care professionals. These findings reflect a lack of active educational intervention by professionals. The findings are in line with the study conducted by **Belkis. et al.**, who reported majority of the women learned about first aid for child hood accidents from the people close to them, such as a relative or neighbor. This current study also supports **King W.J. et al's** quantitative survey findings. The study results indicated that 23% of the subjects acquired knowledge by participating in the study, 34% through media sources, 15% from family or friends, 3% from family doctor and 25% from other sources. In addition, this study is similar to the finding of **Ibrahim (2007)** who found that majority (80%) of mothers cited family members as their main source of health, 30 (8.2%) cited schools, 68 (17.2%) cited TV and radio, 60 (16%) cited journals and magazines, 52 (14.2%) cited friends, colleagues and other members of society, 101 (27.1%) cited books and only few mothers (7.1%) cited health care professionals as their main source of health information. This study is contrary to the finding of **Thein M M (2005)** who found that the media plays an important role on information on child safety of the caregivers. Only 38 percent said they obtained information from doctors and other health personnel.

#### **6.2.3.2. Awareness of Domestic Accidents-Findings**

**Objective1: To assess women's knowledge about the nature and type of most commonly found unintentional domestic accidents among toddlers.**

This current study revealed that 20% of the sample had poor knowledge, 54.7% of the study subjects had average knowledge and 25.3% had good knowledge about nature and type of domestic accidents among toddlers. This is similar to the results of **Nanthini.S(2006)** who reported that 51% of the subjects had moderately adequate knowledge, 40% of population had adequate knowledge and 9% had inadequate knowledge regarding nature and types of childhood accidents. This current study also supports **Jayalakshmi L.S's (1999)** quantitative survey finding. The study results indicated that majority of mothers had average knowledge on the types of common accidents. But contrary to the finding of **Saad Abd El-Aty et al (2003)** who found that mother's knowledge regarding causes of home accidents, it was found that (74.5%) of mothers reported incomplete knowledge and (14.5%) of mothers were do not know the causes of home accidents, while (11.0) of them reported complete knowledge. This study also not in accord with **Yosria El-Sayed Hossein(2009)** who reported (74.7%) of mothers do not know the causes of home accident, while (25.3%) of them know knowledge regarding causes of home accidents.

**Objective2: To assess the knowledge of women regarding first aid measures against domestic accidents among toddlers**

This study reveals that, 19.7% of the women had poor knowledge, 48.7% of the women had average knowledge and 31.6% of the women had good knowledge about first aid measures for domestic accidents among toddlers. This is similar to the results of **Nanthini.S (2006)** who reported that majority (64%) of the population had moderately adequate knowledge 28% had inadequate knowledge and 8% had adequate knowledge regarding first aid measures.

**Objective.3: To assess the knowledge of women regarding prevention of domestic accidents among toddlers**

This current study shows that, 24.33% of the women had poor knowledge, 48% of the women had average knowledge and 27.66% of the women had good knowledge about prevention of domestic accidents among toddlers. This is similar to the results of **Nanthini.S (2006)** who reported that majority 79% of the study population had inadequate knowledge, 19% had moderately adequate knowledge and 2% had adequate knowledge regarding preventive measures of childhood accidents. This current study also supports that **Jayalakshmi L.S' s (1999)** quantitative survey finding. The study results indicated that 46% of the scores show poor knowledge on primary prevention and 47% of the scores reveal very poor knowledge on secondary prevention of accidents among toddlers.

The results of the current study demonstrated that the mean knowledge level of the nature and type of domestic accidents was  $18.5 \pm 4.6$ . The mean knowledge of the first aid measures was  $12.4 \pm 4.6$  and the score of the knowledge regarding prevention of domestic accidents was  $8.8 \pm 2.7$ . The differences between the level of knowledge of the above three knowledge level of domestic accidents were statistically very highly significant ("F"=437.796, d.f = 2.897 and  $P < 0.001$ ). The above interpretation revealed that the knowledge level about type of domestic accidents was significantly better than the knowledge level of first aid measures and first aid measures knowledge level and type of knowledge level were significantly better than the prevention knowledge level of domestic accidents ( $P < 0.001$ ).

**Objective4: To find out the socio-economic and demographic factors influencing the knowledge level of women regarding domestic accidents among toddlers**

The current study has demonstrated that the demographic characteristics of the women such as age, occupation, and spouse occupation, type of family, number of living children, and number of domestic accidents were not associated with knowledge level of the women.

The current study has revealed no significant association between women's age and their knowledge regarding domestic accidents. The present study is similar to the results of **Ibrahim H. (2007)** who found no statistically significant correlation between mother's knowledge score and their age and number of children. It is also similar with **Aggarwal R. et al (2010)** who found no significant correlation between mothers' knowledge of child health related matters and age. In addition it is not in accord with **Subbiah.N(2006)**, who found significant association between knowledge of mothers on prevention of accidents and age of the mother. It is also not similar to the finding of **Saad Abd El-Aty et al (2003)** who found a highly significant differences between mother's age and her knowledge regarding home accidents ( $p = 0.001$ ). **Yosria El-Sayed Hossein(2009)** reported a highly statistical significant differences between mother age and her knowledge regarding knowledge of home accidents ( $p = 0.0001$ ).

This current study reported that highly significant association ( $P < 0.01$ ) was observed between knowledge scores and educational status of the women. The education status of graduation was associated with average and good knowledge significantly ( $P < 0.001$ ) and the non-graduated women were significantly associated with the poor knowledge. This current study is consistent with the study conducted by **Jayalakshmi L.S(1999)**. She reported that highly significant association ( $P < 0.01$ ) was observed between knowledge scores and educational status of the mother. It is in accord with **Siti and Hanafiah (2008)** who found significant difference between domestic accident and level of maternal education. It is also similar with **Nanthini.S (2006)** who found significant association between knowledge of mothers on prevention of accidents and educational status. It is also similar to the finding of **Saad Abd El-Aty et al (2003)** who found highly significant difference between mother's education and her knowledge regarding causes of home accidents ( $p = 0.0001$ ). This current study is consistent with the study conducted by **Ribas Jr** on parenting knowledge concerns child development, health and safety. The findings show that the educational attainment of mothers correlated with their knowledge score  $r(68) = .43$ ,  $P < 0.001$ , adjusted  $r^2 = .17$ . But contrary to the finding of **Ibrahim (2007)** who found no statistically significant correlation between the total score on mothers' knowledge or any of the items on the knowledge questionnaire and mothers' level of education. It is also not in accord with **Aggarwal R. et al (2010)** who found no statistically

significant correlation between mothers' knowledge of child health related matters and level of education.

The current study has revealed no significant association between women's occupation and spouse occupation and their knowledge regarding domestic accidents. In addition it is not in accord with **Nanthini.S (2006)** who found significant association between knowledge of mothers on prevention of accidents occupation.

The current study has revealed a highly significant association between women's age and their knowledge regarding domestic accidents. It is in accord with **Nanthini.S (2006)** who found significant association between knowledge of mothers on prevention of accidents and family monthly income. But this current study is not consistent with the study conducted by **Jayalakshmi L.S(1999)**. She reported that there is no association between knowledge scores & family's monthly income.

The current study has revealed no significant association between women's family type and their knowledge regarding domestic accidents. In addition it is not in accord with **Nanthini.S (2006)** who found significant association between knowledge of mothers on prevention of accidents and age of the mother, type of family, occupation, family monthly income and number of children. Yosria El-Sayed Hossein(2009) reported a highly statistical significant difference between family size and occurrence of accidents ( $p=0.000$ ).

This current study also reported that highly significant association ( $P<0.01$ ) was observed between knowledge scores and religion of the women. The Hindus were associated with the poor knowledge and other religions women were associated with average and good knowledge level ( $P<0.01$ ).

The current study has revealed no significant association between women's number of children and their knowledge regarding domestic accidents. The present study is similar to the results of **Ibrahim H. (2007)** who found no statistically significant correlation between mother's knowledge score and their number of children. But contrary to the finding of **Siti and Hanafiah (2008)** who found significant difference between domestic accident and number of children. In addition it is not in accord with **Nanthini. S. (2006)**

who found a significant association between knowledge of mothers on prevention of accidents and number of children.

The current study has revealed no significant association between women's knowledge regarding domestic accidents and number of accidents experienced by their children. The sources of information were associated with good and average knowledge of women regarding total knowledge of domestic accidents among toddlers.

### **6.2.3. Impact of teaching programme-Findings**

**Objective5: To prepare a structured teaching module meant for women to prevent domestic accidents among toddlers and to find out the effectiveness of teaching module on knowledge level of women**

The structured teaching module had significantly improved the level of the knowledge women in respect of nature and type, First aid measures and prevention of domestic accidents of toddlers ( $P < 0.001$ ). The total mean knowledge of women before introduction of the structured teaching module was  $41.9 \pm 8.8$ . The score was improved as  $68.9 \pm 10.4$  after introduction of structured teaching module with an improvement of knowledge level of  $27.1 \pm 8.9$ . The significant improvement of knowledge level regarding the domestic accidents among toddlers was attributed to the effectiveness of structured teaching module.

From the above results and discussions, the research hypotheses (H1) "The structured teaching module regarding the domestic accidents among the toddlers has significantly improved the knowledge level of women about the domestic accidents among the toddlers" was accepted.

The result of the current study is comparable with the findings of **Hendrickson S.G**, which reported that the intervention group demonstrated improved self efficacy for home safety behaviors ( $F(277) = 750, P = 0.01$ ). **Adlin Pon Joy** reported that in the pre test inadequate knowledge prevailed and after education there was an improvement in knowledge on first aid measures for home accidents. **Altundag. S & Ozturk. M.C**, reported

that a significant difference was seen in the mother's mean conduct score in their study. In addition, **King W.J. et al.** reported that a higher proportion of participants in the intervention group (63%) changed their knowledge, beliefs or practices about the prevention of home injuries compared with those in the non-intervention group (43%,  $P < 0.001$ ) in their study.

#### **6.2.4. IMPLICATION**

❖ **General:**-This study will help to change the attitudes of public towards the prevention of domestic accidents among toddlers in order to protect their children from domestic accidents. This will also help the health professionals to find an opportunity to teach and improve the knowledge of women about domestic accidents among toddlers.

❖ **Community:** -This study will help the health personnel to plan home visit program to improve home safety and to decrease the frequency of injury in children. Programmes are sometimes combined with the provision of safety or home safety checks, and targeted at families with young children or those living in deprived areas. This will help the community to access and participate in preventive programs thereby reducing such domestic accidents among children in future.

❖ **Hospital:**-This study will help to use one-to-one counseling by a doctor especially paediatricians, nurse or other health professional, or group based education (e.g. parenting groups).

❖ **Home:** - This study will help the parents and children to improve their knowledge and attitude about safety equipment (e.g. smoke alarms, stair guards and safety catches), safety behaviours (e.g. storing medicines and toxic substances safely or making a plan for an escape route in the event of a fire) and what to do in the event of an injury.

❖ **School:** - This study will help the teachers to improve their knowledge about domestic accidents, its prevention and first aid management. This will also help to educate children about dangers in the home, safety behaviours and how to deal with accidents if they occur. The child to child education is an effective mode of transfer of information to others.

- ❖ Integrate child injury prevention into comprehensive approach to child health and development.
- ❖ Develop and implement child-injury prevention policy and plan of action.
- ❖ Implement specific actions to prevent and control child injuries.
- ❖ Strengthen health systems to address child injuries.
- ❖ Enhance quality and quantity of data for child injury prevention.
- ❖ Define priorities for research.
- ❖ Raise awareness of, and target investments towards child-injury prevention.

### **6.3. SUGGESTIONS AND RECOMMENDATIONS**

#### **Recommendations Related to Child Injury Prevention**

The following suggestions are given for further investigation.

1. The present study recommended that there is a need for community based health education intervention for mothers, caregivers, school teacher and capacity building of village level health workers such as ANM and AWW. Health education message should include preventive measures for the leading causes of domestic accidents. This study also recommended health classes about causes of domestic accidents, first aid, prevention and safe housing condition for women at MCH centre, in service educational programme toward first aid should be established at rural health units and MCH centre, a well-planned health education programme about causes of domestic accidents, first aid, prevention introduce to the curriculum at preparatory school, secondary school and university levels.

2. The success of the intervention programme lies not just in content of the programme but also on the ability of the trainer to effectively deliver. Hence adequate training /in service educational program toward first aid should be provided to health workers, social/community workers at rural health units and M.C.H center, counselors and others who act as trainers of the programme.
3. Community awareness campaigns should be developed to reduce domestic accidents and how to provide appropriate first aid.
4. Health classes for mothers should be held in mother child health care center's to give the mother's knowledge regarding home accidents among children and what is the proper first aid management.
5. As there is a need for injury prevention education for students, the same may be included in the higher school curriculum and college level curriculum.
6. Injury prevention education should become part of Non-Formal Education, enabling all those who opt out of the main stream (formal education).
7. Family planning education to parents to ensure adequate number and spacing of children. This will help parents especially mother's to supervise their children.
8. Mass media is the best methods to increase public awareness regarding home accidents.

**Recommendation:**

- ❖ A similar study may be conducted with grandmothers of under-five children from rural background.
- ❖ A comparative study may be done among parents of underfive children.
- ❖ A similar study may be undertaken throughout Tamil Nadu.
- ❖ A comparative study may be done among low class and middle class also.
- ❖ A similar study may be conducted with college students.

#### **6.4. CONCLUSION**

Despite great strides undertaken in the field of women development, there has been alarming statistics that is worrying, needing attention and action. The illiterate women are one of the vulnerable groups. These illiterate women from poor families are invariably suppressed, exploited, discriminated. Many of them dropout after middle school, face the challenges of everyday life. The faulty socialization process at home further stunts their personality. The exploitation and denial of participation rights and respect for their identity and maturity is often related to attitudes and practices on gender relations within the family and the community.

The ensuring denial of development rights re-enforces gender discrimination, and the low self-esteem of these women created by a cultural environment that often doesn't promote equal life chances for sexes.

The raw and nascent skills, hopes, dreams and aspirations of these women have to be culled out and given shape, making them useful resources and potential contributor. Enabling women to take great control over their lives and their children's lives will contribute to building human capital and will not only help them to shape their own livelihood but also to contribute in the development efforts of their communities.

The intervention programme would go a long way in renewing hopes and not only improving the quality of life of women but also improving quality of their children's life. Because this study revealed that there is clear evidence for the effectiveness of the structured teaching programme on domestic accidents among toddlers on knowledge of women.

Investigator concludes that, the present study revealed significant gaps in women's knowledge of certain child health matters especially prevention of domestic accidents and first aid management. It also revealed that health education in schools was deficient and it also exposed the limited involvement of health care personnel and institutions in health care education.

There is a need for health education programs that target high school girls, university students, mothers and other caregivers (e.g. fathers). These should be delivered by trained personnel in classes, courses, and special sessions. In addition, health care facilities should be reformed to make health education an essential and compulsory part of health care delivery. Involvement in these educational activities should be a mandatory requirement for the issue of a license to practice.

In summary, the results of this analysis demonstrated clearly that women in all communities needed a wide range of educational counseling about how to prevent accidents that injure children. This fact reemphasizes the necessity of continuing to devote public attention to this problem.