

Planned Teaching Strategy on Knowledge Regarding Prevention of Home and Miscellaneous Accidents among Under-five Children

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ABSTRACT

Background: Home & miscellaneous accidents are the main cause of disabilities and death among under-five children. Most of the times, children survive accidents with physical or mental damage that curtails their activities in the long term. The most commonly reported accidental injuries include head injuries, open wounds, and poisoning. Home accidents are an important public health problem worldwide among under-five children lead to disability in early years of life affecting their opportunities to lead a healthy life. Though there are many factors responsible for injury at home, Mothers knowledge and the environment plays an important role. The current research sought to evaluate the impact of a planned teaching strategy on the understanding of child safety and the prevention of home accidents among mothers with children under the age of five. A quantitative methodology utilizing a quasi-experimental pre-test & post-test control group design was adopted. Sixty mothers were chosen through convenience sampling from two anganwadi centres located in the Belagavi. The experimental group consisted of thirty mothers, while the control group also comprised thirty mothers. Pre-tests were administered to both groups utilizing a self-structured questionnaire.

Aims: To evaluate the knowledge regarding prevention of accidents among mothers of under-five children, to evaluate the effectiveness of planned teaching strategies regarding prevention of accidents among mothers of under-five children, and to find out the association between post-test knowledge score regarding prevention of accidents among mothers of under-five children with selected socio demographic variables.

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Materials and Methods: The methodology employed for this study as descriptive in nature. For evaluating the knowledge the investigator employed "Planned Teaching Strategy". The number of subjects were 35 mothers of under-five children concerned to anganwadi. Sampling has been done by using purposive sampling technique.

Results: Distribution of Mean, Mean percentage, and SD of pre-test knowledge score of mothers of under-five children regarding prevention of accidents, reveals that highest mean score 17 ± 1.02 which is 48.5% of mothers perceived average score, more or less similar mean score is 11.76 ± 1.09 which is 33.6% of mothers perceived poor score, and the lowest mean score is 6.13 ± 1.45 which is 17.51% of mothers perceived very poor score. distribution of Mean, Mean percentage, and SD of post-test knowledge score of mothers of under-five children regarding prevention of accidents, reveals that highest mean score 15.6 ± 0.89 which is 44.50% of mothers perceived average score, more or less similar mean score is 7.06 ± 0.83 which is 20.10% of mothers perceived good score, and more or less similar mean score is 12.6 ± 0.44 which is 35% of mothers perceived very good score.

KEYWORDS:

• Planned Teaching Strategy • Prevention • Accidents • Anganwadi • Under-Five Children

INTRODUCTION

Child is the most precious possession of mankind most loved and perfect in its innocence. Fragile, helpless, completely dependent on its caretakers, Before entering to the world, the foetus is safe in mother's womb but the moment the infant enters the world in an uncertain place, where environment should be a safe haven for the child to grow free from any hazards, although the surrounding at times be dangerous. Children are to be cared and protected from environmental hazards. In today's world, both developed as well as the developing countries, danger prevails not only on the roads, but also exists in the home and playgrounds. Accidents are one of the five leading cause of death in developing countries yearly. 10% of children suffer for accident for which it is necessary to contact the health care services. In childhood injury mortality at home is greater than other childhood diseases, because Home accidents occur as an unexpected, unplanned event which usually produces death or damage. Common home accidents include burns, falls, drowning, poisoning, suffocation, injury by sharp objects etc.¹

According to World Health Organization (WHO), "an accident is an event independent of human will, caused by an outside force acting rapidly and resulting in bodily or mental injury" [WHO, 2004]. During the first year of

life, accidents are a common source of injury and death because of an infant's rapid motor and sensory development, as well as their insatiable curiosity about their surroundings. The parents and other caregivers must always be on the lookout for potential hazards in the environment. The toddlers with the highest curiosity to explore, investigate, and with the ability to run and walk are more prone to a variety of injuries like burns, scalds. Accidental death in children, particularly during playing, while flying kites, fall from the terrace, injury from sharp objects, injury from firecrackers particularly during the festive seasons, improper use of electrically operated toys, sharp toys, scissors, knives, blades are not uncommon.²

The child is the most precious possession of mankind, most loved and perfect in its innocence. Children to be cared and protected from environmental hazards. The suffering of children due to environmental hazards is inevitable. One of the global problems of environmental hazards is the unintentional injuries. Children are at windows of vulnerability for accidents. Among children, toddlers are always at the doorstep of accidents (or) injuries.³

Injuries and accidents are the leading causes of death in children worldwide (Krug *et al.*, 2000). Children are prone to unintentional injuries and are at a higher risk of experiencing

injuries, because their bodies are developing and they have not yet learned to be aware both of themselves and various environmental dangers (Bruce and McGrath, 2005). In Egypt too it has become a concern. For example, in 1998 the overall rate of injuries in the indoor home environment was 72.5% among children below age 5 years (Amin et., al, 1998). The incidence of home accidents among children under 5 years in As suit governorate in the year 2003 as perceived by their mothers was 50.3%. According to the National Safe Kids Campaign in the United States, 40% of deaths and 50% of non-fatal unintentional injuries occur in and around the home (National Safe Kids Campaign, 2012). A child's environment plays a critical role, both in the occurrence and the severity of an injury. Most injuries take place in or near a child's home (WHO Issue Brief Series, 2013). The most Common injuries include: drowning, falls, fires or burns, poisoning, suffocation, and transportation related injuries (Home Accident Presentation Strategy & Action Plan 2004 – 2009). Prevention and control of home accidents among children has been recently a target and very important area for health promotion. First aid is the provision of initial care for an illness or injury, usually by a non-expert but trained person, until medical treatment can be accessed. Provision of immediate first aid to patients who require emergency care can make a big difference to the outcome.⁴

Home accidents occur, inside or around the home. The home accidents constitute approximately half of all accidents which are an increasing trend. The home accidents account for up 23.5% of all accidents in Sweden and therapeutic measures for a home accident victim costs approximately 1,300 USD annually in Norway. Home accidents among children pose a serious problem for public health in developed and developing countries. It has been reported 55% of victims are preschool children, the incident of home accidents among children under 5 years is 51/1000. 10% of cases of home accidents are serious enough to require hospitalization and are a major cause of infant death. Five percent (5%) of victims succumb before hospitalization. Home accidents are an important cause of injury and death during the first year because of infant's rapid advances in motor and sensory development. Along with overwhelming, curiosity about their surroundings. Parents

and other caregivers must consistently be alert to the potential dangers that exist in the environment. The common accidents among them are cuts, burns and scalds from boiling water or boiling oil, falls with wound of fractures while climbing or running, poisoning by drinking kerosene, petrol, chemical or from consuming insecticides, Rat poison, Poisonous berries, Pills or tablets and drowning in the tub, well and ponds (WHO, 1988).⁵

NEED FOR THE STUDY

Today's children are the citizens of tomorrow; they deserve to inherit a safer, fairer and healthy world. There is no task more important than safe guarding their environment. The health of the nation can be the health of the society; health of the society can be recognized by the health of the family and the health of the family by the health of the individual from the new born to old age. This means the parents should give much importance to their wellbeing. It is a quite common of getting accidents, because it is an unexpected event. According to WHO "accident is an event, independent of human will, caused by an outside force acting rapidly and resulting in physical or mental injury". About 90% of all accidents are preventable by safety measures.⁶

The future development of our children depends on their enjoying good health today. A house is an exciting place for infants and small children, who love to explore but aren't aware of the potential dangers. Life can't be risk-free, but most household accidents can be prevented by utilizing a household safety list. The incidence of accidental injuries is increasing in India, especially home accidents in children. Hence the knowledge of mothers is essential for undertaking measures to prevent them.⁷

The complex interplay of globalization, lifestyle changes, socioeconomic conditions and greater exposure to the unsafe environment has led to increased deaths and disabilities due to injuries among children in India. The child's community includes several places like homes, playgrounds, gardens, fields, ponds, waste dumps, etc. However, their relative importance depends on a child's way of life. According to World Health Organization (WHO), "an accident is an event independent of human will, caused by an outside force acting rapidly and resulting in bodily or mental

injury" [WHO, 2004]. During the first year of life, accidents are a common source of injury and death because of an infant's rapid motor and sensory development, as well as their insatiable curiosity about their surroundings. The parents and other caregivers must always be on the lookout for potential hazards in the environment. The toddler with the highest curiosity to explore, investigate, and with the ability to run and walk are more prone to a variety of injuries like burns, scalds [Dorothy R. Marlow, et al., 2006]. Accidental death in children, particularly during playing, while flying kites, fall from the terrace, injury from sharp objects, injury from firecrackers particularly during the festive seasons, improper use of electrically operated toys, sharp toys, scissors, knives, blades are not uncommon.⁸

REVIEW OF LITERATURE

A Descriptive study to assess the Knowledge regarding prevention of Home Accidents among Mothers of Under-five Children in Selected Areas of Guru gram, Haryana. Sample consists of 100 mothers of under-five children. Study results revealed that majority of under-five children's mothers (45%) were in the age group of 23-27 years, related to education (49%) of mothers had secondary education, 46% had primary education, 5 % mothers were graduates. As per number of children, maximum (51%) have one child. Older mothers statistically found to have a better level of knowledge than young mothers (p value is 0.05). Higher educated mothers (5%) were statistically associated with a higher level of knowledge in accident prevention (p value is 0.04). Demographic variables like Age and Education showed significance. Therefore there is significant association between age of mothers of under-five children and knowledge score. This study proved that 5% Of mothers had graduation education and has got impact on prevention of home accidents. Hence it is important that the interventional studies can be conducted to prevent home accidents.⁹

Quantitative study to assess the effectiveness of a structured teaching programme (STP) on knowledge regarding child safety and prevention of home accidents among mothers of under-five children in selected areas of Fatehgarh Sahib, Punjab. A quantitative approach using a quasi-experimental pre-test

post-test control group design was employed. Sixty mothers were selected through convenience sampling from two anganwadi centres in Sirhind area. Thirty mothers formed the experimental group, and thirty formed the control group. Pre-tests were conducted for both groups using a self-administered questionnaire. The experimental group received a structured teaching programme for 45 minutes per day on the 3rd and 4th days. Post-tests were conducted on the 4th and 5th days for the experimental and control groups, respectively.¹⁰

A pre-experimental one-group pre-test post-test design was conducted among 60 mothers in an urban area of Waghodia Taluka, Vadodara. Data were collected using a structured knowledge questionnaire validated by experts. Samples were selected by using convenient sampling technique. Data were analysed using descriptive statistics and paired t-test. Objectives of the study were to assess the effectiveness of a planned teaching programme in improving knowledge regarding prevention of home accidents among mothers of under-five year's children. The planned teaching programme was effective in improving mothers' knowledge on prevention of home accidents. Incorporating such programmes into community health initiatives can help reduce preventable injuries in children.¹¹

Quasi-experimental research design with one group pre-test and post -test research design, purposive sampling technique was used on 52 mother of under five children belonging were including the study, each mothers were given structure teaching programmer on knowledge regarding accident prevention. Result- Pre-test knowledge among mother of under-five children, the 21.2% mothers were having inadequate knowledge, 78.8% mothers were having moderate knowledge, and 0% mothers were having adequate knowledge regarding accident prevention. According to post-test level of knowledge, the 0% mothers were having inadequate knowledge, 1.9% mothers were having moderate knowledge, and 98.1% mothers were having adequate knowledge regarding Accident prevention. There was no significant association different in knowledge level of mothers and selected demographic variable.¹²

Pre-experimental one group pre-test & post-test. Effectiveness of structured teaching

programme on road safety measure among 50 primary school children in selected primary school. Cluster random sampling technique, each school was considered as a cluster and children were selected by simple random sampling technique. Quantitative research approach was used. The tool consists of structured questionnaire. The finding of the study revealed that over all outcome of the study out of 50 student 54% (27) had inadequate knowledge and 46%(23) has adequate knowledge in pre-test 0%. (0) had inadequate knowledge and 100%(50) had adequate knowledge in post-test.¹³

Objectives

- To evaluate the knowledge regarding prevention of accidents among mothers of under-five children.
- To evaluate the effectiveness of planned teaching strategies regarding prevention of accidents among mothers of under-five children.
- To find out the association between post-test knowledge score regarding prevention of accidents among mothers of under-five children with selected socio demographic variables.

Operational Definitions

Planned Teaching Strategy: Planned teaching strategies are approaches that teachers use to deliver lesson to mothers regarding prevention of accidents among mothers of under-five children.

Knowledge: Knowledge means information or level of understanding of mother of under-five children.

Prevention: Prevention expresses the concept and intention to completely avoid potential adverse impacts of hazardous events.

Accidents: Refers to involving children are unforeseen occurrences, mainly triggered by external factors that lead to physical or psychological injury to a child. Such incidents are frequently associated with a child's restricted comprehension of dangers, inquisitiveness, and impulsive actions. Typical instances encompass falls, burns, poisoning, drowning, suffocation, and traffic collisions, and they represent a primary cause of mortality and disability among children globally.

Under-five children: Refers to the children who were below the age group of five years.

Hypothesis

H₁: There will be no significant difference between pre-test knowledge regarding prevention of accidents among mothers of under-five children.

H₂: There will be significant association between post-test knowledge regarding prevention of accidents among mothers of under-five children with selected socio demographic variables.

MATERIALS AND METHODS

Research approach: Research approach is most significant part of any research. The research approach adopted for the study is a descriptive research approach.

Research design: For the study research design chosen is quasi experimental research design. That is one group pre-test and post-test.

Group	Pre-Assessment	Intervention	Post-Assessment
Experimental	O ₁	X	O ₂

Key

O₁ = pre assessment of knowledge regarding Protein energy malnutrition.

X = structured teaching programme regarding protein energy malnutrition.

O₂ = post assessment of knowledge regarding protein energy malnutrition.

Dependent Variables: In the study, the dependent variables are knowledge regarding

prevention of accidents among mothers of under-five children.

Independent Variables: In this study independent variables are structured knowledge questionnaire to evaluate the knowledge regarding prevention of accidents among mothers of under-five children.

Research setting: Selected anganwadi at Belagavi.

Population: The population for the present study is the mother of under-five children.

Sampling technique: Purposive sampling technique was used.

Sampling size: Sample size for the present study is 35 mothers of under-five children.

Preparation of tool: The researcher develops the tools from the reviewed literature and those items that were relevant for the study were selected. The tool was developed in the order to attain the objectives of the study. The researcher adopted following steps in the development of the instrument.

Description of tool: The tool was organized into two sections. Section A and Section B.

Section A: Demographic variables of the mothers of under-five children. A demographic variable consists 8 items seeking information about age, religion, educational status, occupation; type of family, family income/month, number of under-five children, and health services availed from.

Section B: Planned teaching strategies on prevention of accidents among mothers of under-five children: It consisted of 30 closed ended multiple choice questions to assess the knowledge of samples regarding prevention of accidents among mothers of under-five children.

To evaluate the level of knowledge regarding prevention of home accidents:

A score of one was allotted to correct answers. The structured questionnaire had 4 alternative responses. The correct response was given a score 'one' and incorrect was scored as 'zero'.

Level of knowledge	Obtained score
Very poor	0-9
Poor	10-14
Average	15-19
Good	20-24
Very good	25-30

Stages of Data Collection: The data was collected in following 2 steps.

Pre-test: Pre-test was conducted among mother of under-five children who are staying in Belagavi, by giving structured questionnaire to evaluate the knowledge on prevention of accidents without intervention.

Post-test: Post-test was conducted after one day among mother of under-five children who are staying in Belagavi, by giving structured questionnaire to evaluate the knowledge on prevention of accidents with intervention.

Plan for statistical analysis: Data was collected and evaluate the level of knowledge of mother of under-five children in Anganwadi, Belagavi. The collected data was summarized and tabulated by utilizing descriptive statistics which include mean percentage, standard deviation and inferential statistics include mothers. T-test. Chi-square test and Pearson coefficient correlation.

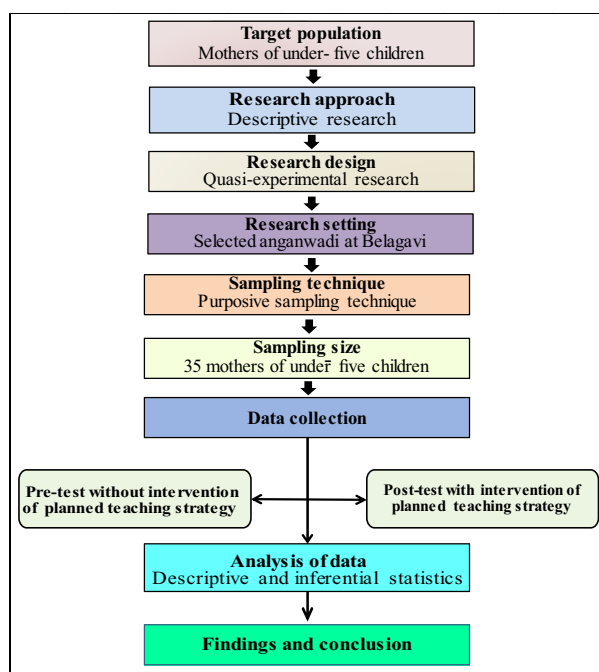


Figure 1: Schematic representation of the research design

Assumptions

- The mothers will have some knowledge regarding prevention of accidents among under-five children.
- The mothers will be cooperative with the investigator and willingly to express their knowledge regarding prevention of accidents among under-five children.
- The planned teaching strategies will enhance the knowledge of mothers regarding prevention accidents among under-five children.

Delimitations: The study is delimited to

- Those who are willing to participate.
- The sample is 35.

- The study is limited to mothers of under-five children.
- The study is limited to mothers who reside at Belagavi.
- Those who were available during data collection.

Theoretical Framework: The conceptual frame work selected for this study is based upon the “General system theory developed by Ludwig Von Bertalanffy” according to general system theory. The process of developed of structured teaching programme includes preparatory phase as input, the implementation phase, as through process and evaluation phase and feedback of the system as the output.

- **Input:** Input is considered as evaluate the knowledge of mothers of under-five children regarding prevention of accidents with selected socio demographical variables.

- **Throughput:** Throughput is process of charge, in the knowledge and understanding about prevention of home accidents, there the investigator implements structured questionnaires on entitled problem statement. Evaluate the effectiveness of structured knowledge questionnaire on knowledge regarding prevention of accidents among mothers of under-five children at selected anganwadi at Belagavi.
- **Output:** Considered as positive outcome on Improve the knowledge of mothers regarding prevention of home accidents among under-five children.
- **Feedback:** Differences in the pre and post score was observed from the knowledge score of the samples. In the present study the feedback was considered as a process of maintaining the effectiveness of flash card teaching. It is assessed by comparing the pre and post test scores thorough the ‘r’ value.

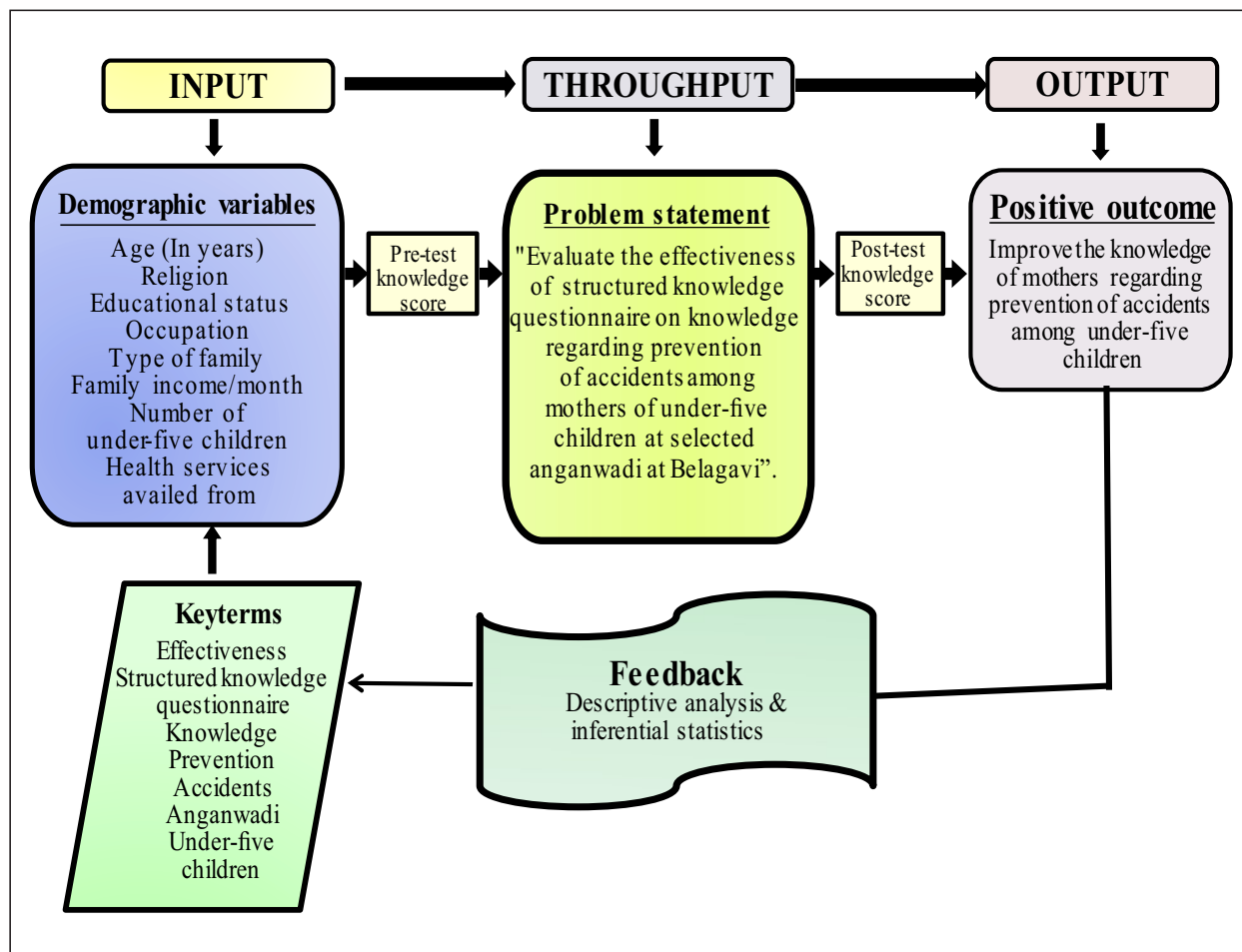


Figure 2: Modified conceptual framework based on “Ludwig Von Bertalanffy” general system theory.

RESULTS

Section-I: Descriptive analysis of demographic variables.

Table 1: Frequency and percentage distribution of mothers of under-five children according to the demographic variables.

N=35

Demographic Variables	Frequency (f)	Percentage (%)
Age		
Less than 25 years	4	11.42
26-30 years	26	74.28
30-40 years	4	11.42
More than 40 years	1	2.85
Religion		
Hindu	16	45.71
Muslim	4	11.42
Christian	5	14.28
Others	10	28.57
Education		
Illiteracy	5	14.28
Primary school	15	42.85
Secondary school	10	28.57
Degree	5	14.28
Occupation		
House wife	16	45.71
Labourers	14	40
Farmer	2	5.71
Private job	3	8.57
Type of family		
Nuclear family	17	48.57
Joint family	13	37.14
Extended family	5	14.28
Others	0	0
Family income/month		
Less than 10000	0	0
15000 to 20000	15	42.85
20000 to 25000	11	31.42
More than 25000	9	25.71
Number of children		
One child	15	42.85
Two children	10	28.57
Three children	5	14.28
Four and above children	5	14.28
Health service availed from		
P H C	20	57.14
Sub centre	5	14.28
Clinics	0	0
District hospital	10	28.57

• **Distribution of age:** In accordance to the age majority of the findings were, 26 (74.28%) of mothers belonged to 26-30 years, 4 (11.42%) of mothers belonged to less than 25 years, 4 (11.42%) of mothers belonged to 30-40 years, and 1 (2.85%) of mothers belonged to more than 40 years.

• **Distribution of religion:** In accordance to the religion majority of the findings were, 16 (45.71%) of mothers belonged to Hindu, 10 (28.57%) of mothers belonged to others, 5 (14.28%) of mothers belonged to Christian, and 4 (11.42%) of mothers belonged to Muslim.

• **Distribution of education:** In accordance to the education majority of the findings were, 15 (42.85) of mothers belonged to primary school, 10 (28.57%) of mothers belonged to secondary school, 5 (14.28%) of mothers belonged to degree, and 5 (14.28%) of mothers belonged to illiteracy.

• **Distribution of occupation:** In accordance to the occupation majority of the findings were, 16 (45.71%) of mothers belonged to housewife, 14 (40%) of mothers belonged to labourers, 3 (8.57%) of mothers belonged to private job, and 2 (5.71%) of mothers belonged to farmers.

• **Distribution of type of family:** In accordance to the type of family majority of the findings were, 17 (48.57%) of mothers belonged to nuclear family, 13 (37.14%) of mothers belonged to joint family, and 5 (14.28%) of mothers belonged to extended family.

• **Distribution of family income/month:** In accordance to the family income/month majority of the findings were, 15 (42.85%) of mothers belonged to 15000 to 20000, 11 (31.42%) of mothers belonged 20000 to 25000, and 9 (25.71%) of mothers belonged to more than 25000.

• **Distribution of number of children:** In accordance to the number of children majority of the findings were, 15 (42.85%) of mothers had one child, 10 (28.57%) of mothers had two children, 5 (14.28%) of mothers had three children, and 5 (14.28%) of mothers had four and above.

• **Distribution of health services availed from:** In accordance to the health services availed from majority of the findings were, 20 (57.14%) of mothers belonged to PHC, 10 (28.57%) of mothers belonged to district hospital, and 5 (14.28%) of mothers belonged to sub centre.

Section-II: Pre-test level of knowledge

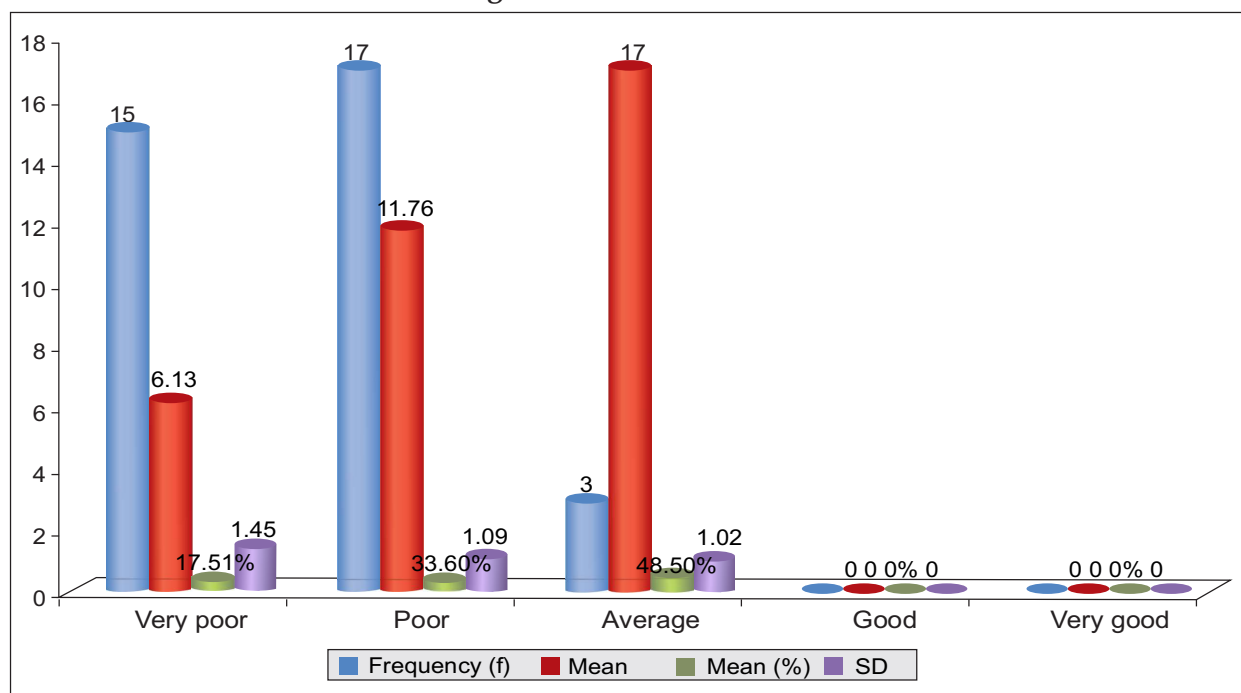


Table 2: Evaluate the knowledge of mothers of under-five children regarding prevention of accidents prior to implementation of planned teaching strategy N= 35

Level of knowledge	Maximum obtained score	Score			
		Frequency (f)	Mean	Mean (%)	SD
Very poor	0-9	15	6.13	17.51%	1.45
Poor	10-14	17	11.76	33.6%	1.09
Average	15-19	3	17	48.5%	1.02
Good	20-24	0	0	0%	0
Very good	25-30	0	0	0%	0
Overall score		35	34.89	100	3.5

*P value is > 0.05 level of significance.

Table 2: Represents the distribution of Mean, Mean percentage, and SD of pre-test knowledge score of mothers of under-five children regarding prevention of accidents, reveals that highest mean score 17 $\pm$ 1.02 which is 48.5%

of mothers perceived average score, more or less similar mean score is 11.76 $\pm$ 1.09 which is 33.6% of mothers perceived poor score, and the lowest mean score is 6.13 $\pm$ 1.45 which is 17.51% of mothers perceived very poor score.

Section-III: Post-test level of knowledge

Table 3: Evaluate the knowledge of mothers of under-five children regarding prevention of accidents after the implementation of planned teaching strategy. N= 35

Level of knowledge	Maximum obtained score	Score			
		Frequency (f)	Mean	Mean (%)	SD
Very poor	0-9	0	0	0%	0
Poor	10-14	0	0	0%	0
Average	15-19	5	15.6	44.50%	0.89
Good	20-24	15	7.06	20.10%	0.83
Very good	25-30	10	12.6	35%	0.44
Overall score		35	35.26	100%	2.16

*P value is < 0.05 level of significance

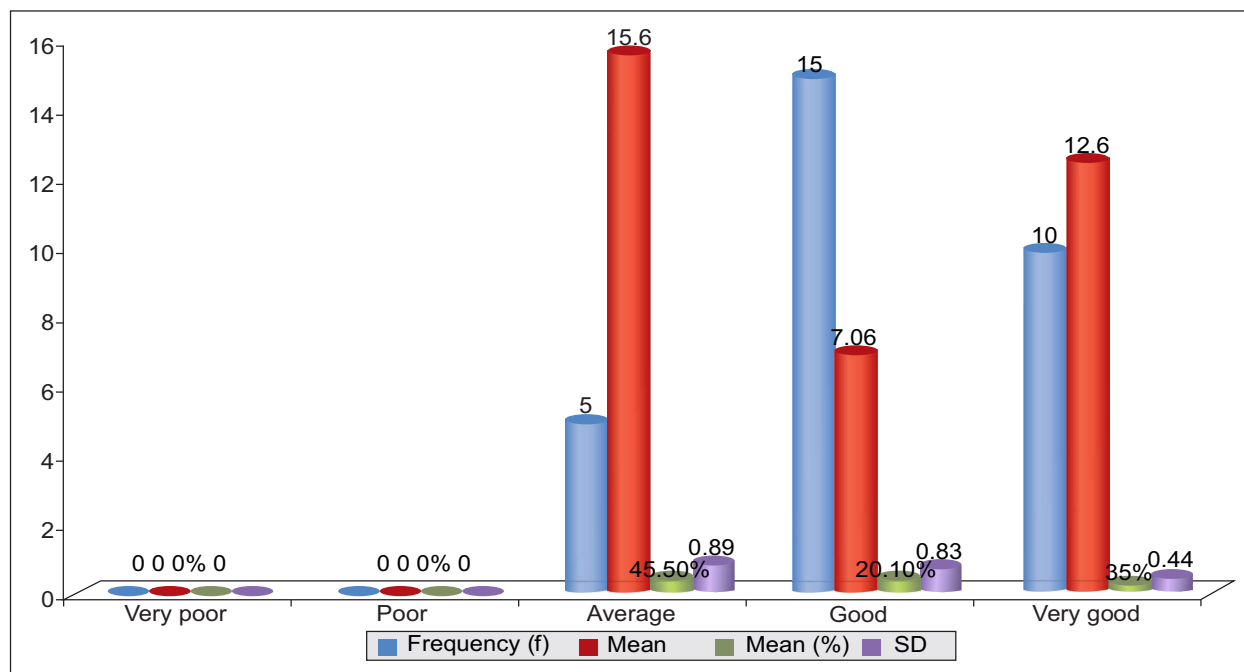


Table 3: Represents the distribution of Mean, Mean percentage, and SD of post-test knowledge score of mothers of under-five children regarding prevention of accidents, reveals that highest mean score 15.6 ± 0.89 which is 44.50% of mothers perceived average score, more or less similar mean score is 7.06 ± 0.83 which is 20.10% of mothers perceived good score, and more or less similar mean score is 12.6 ± 0.44 which is 35% of mothers perceived very good score.

DISCUSSION

In the current study shows that distribution of Mean, Mean percentage, and SD of pre-test knowledge score of mothers of under-five children regarding prevention of accidents, reveals that highest mean score 17 ± 1.02 which is 48.5% of mothers perceived average score, more or less similar mean score is 11.76 ± 1.09 which is 33.6% of mothers perceived poor score, and the lowest mean score is 6.13 ± 1.45 which is 17.51% of mothers perceived very poor score.

In the similar study Shows that distribution of Mean, SD, and Mean percentage of pre-test knowledge score of the mothers of under-five children regarding prevention of protein energy malnutrition shows that the highest Mean score (11.2 ± 0.82) which is 56.6 % of mothers perceived poor knowledge. More or less similar Mean score is (7.6 ± 1.29) which

is 33.3% of mother's perceived very poor knowledge. The lowest mean score (15.3 ± 0.46) which is 10% of mothers average knowledge.

In the current study shows that distribution of Mean, Mean percentage, and SD of post-test knowledge score of mothers of under-five children regarding prevention of accidents, reveals that highest mean score 15.6 ± 0.89 which is 44.50% of mothers perceived average score, more or less similar mean score is 7.06 ± 0.83 which is 20.10% of mothers perceived good score, and more or less similar mean score is 12.6 ± 0.44 which is 35% of mothers perceived very good score.

In the similar study shows that distribution of Mean, SD, and Mean percentage of pre-test knowledge score of the mothers of under-five children regarding prevention of protein energy malnutrition shows that the highest Mean score (12.2 ± 0.86) which is 56.6 % of mothers perceived poor knowledge. More or less similar Mean score is (8.6 ± 2.29) which is 33.3 % of mother's perceived very poor knowledge. The lowest mean score (16.3 ± 0.56) which is 10% of mothers average knowledge score.

CONCLUSION

At end of study the researcher concluded that mother of under-five children had a poor knowledge prior implementing Planned Teaching Strategy, but later on mothers of

under-five children gaining good knowledge after implementing Planned Teaching Strategy about prevention of accidents among under-five children. Hence the Planned Teaching Strategy was effective to improve the level of knowledge.

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