A STUDY TO ASSESS THE EFFECTIVENESS OF VIDEO ASSISTED TEACHING ON KNOWLEDGE REGARDING PREVENTION OF HOME ACCIDENTS AMONG THE MOTHERS OF UNDER FIVE CHILDREN SELECTED HOSPITAL AT DINDIGUL

Reg.No : 301418203

A DISSERTATION SUBMITTED TO THE TAMILNADU DR. M.G.R MEDICAL UNIVERSITY, CHENNAI, IN PARTIAL FULFILMENT OF THE REQUIREMENT FOR THE AWARD OF THE DEGREE OF MASTER SCIENCE IN NURSING.

OCTOBER – 2016

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EXTERNAL EXAMINER **INTERNAL EXAMINER**

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APPROVED BY DISSERTATION COMMITTEE ON:

PROFESSOR IN NURSING

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A DISSERTATION SUBMITTED TO THE TAMILNADU DR. M. G. R MEDICAL UNIVERSITY, CHENNAI, IN PARTIAL FULFILMENT OF THE REQUIREMENT FOR THE AWARD OF THE DEGREE OF MASTER SCIENCE IN NURSING

OCTOBER - 2016

CERTIFICATE

This is the bonafide work of **Mrs.P. PANDI MEENA, M.Sc., Nursing** II[nd] Year student from Jainee college of Nursing, Dindigul, submitted in partial fulfillment for the degree of Master of science in Nursing, under the Tamilnadu **Dr. M.G.R medical university, Chennai.**

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Place:

Date :

ABSTRACT

Title: Effectiveness of video assisted teaching on knowledge regarding effects of home accidents and its preventive measures among mother's of under five children at selected hospital dindigul. **Objectives:** To assess the level of knowledge regarding effects of home accidents and its preventive measures among mother's of under five children at selected hospital dindigul. To Evaluate the effectiveness of video assisted teaching on knowledge regarding effects of home accidents and its preventive measures among mother's of under five children at selected hospital dindigul. To associate the level of knowledge regarding effects of home accidents and its preventive measures among mother's of under five children with their selected socio demographic variables.

Hypothesis: There is a significant difference between pre test and post test level of knowledge regarding effects of home accidents and its preventive measures among the mother's of under five children at selected hospital dindigul. There is a significant association between the level of knowledge regarding effects of home accidents and its preventive measures among the mother's of under children with their selected socio demographic variable.

Conceptual Framework: Modified Kennys open system model.

Methodology: Quantitative approach True Experimental - pretest posttest control group design was used. 60 subjects were selected by simple random sampling., Pretest was conducted by using a self structured questionnaire to both group. The video assisted teaching on effects of home accidents and its preventive measures shown in various aspects to children of experimental group about 20 minutes for 5 consecutive days. Children of control group were not received the intervention. The post test was conducted on7th day for both group.

Results: The findings revealed that there was a significant increase in knowledge level after intervention, There was a significant association between the posttest knowledge scores and selected socio demographic variable such as age,(($\chi 2$=0.923) type of family (($\chi 2$=0.833), number of siblings(($\chi 2$=5.045), Most preferable programme home accidents

(((χ2=2.82) and there is no significant association between the posttest level of knowledge and other socio demographic variables such as Residence, educational status of father, educational status of mother, occupation of father, occupation of mother, income of the family.

Conclusion: The study concluded that video assisted teaching was effective on increasing the knowledge level among mothers of under five children.

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INTRODUCTION

CHAPTER – I

INTRODUCTION

"CHILDREN ARE THE WEALTH OF TOMORROW TAKE CARE OF THEM"

- Pandit Jawaharlal Nehru

Today's Children are the citizens of tomorrow. They deserve to inherit a safer, fairer and healthier world. There is no task more important than safe guarding their environment.

In today's world, in the developed as well as developing countries, danger prevails not only on the roads but it also exists in the home and playgrounds. Every year thousands of children die or permanently disabled as a result of accidental injuries. In many developing countries, injuries are one of the major causes of death in children in the age group of 1-5 years.

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.

World Health Organization defines accident as an unexpected and an unintended event causing physical and mental injuries. Children being less aware of danger are one of the most vulnerable groups, which can be explicated with the ongoing development of neuromotor, cognitive, physical, social, psychological and sensory skills.

Children's are prone to get various minor and major health problems. About ¾th of the children are considered as unhealthily and surviving with impairment of physical and intellectual functions due to poor health status. Early detection and anticipation of the problem many prevent impairment.

Children are at an increased risk of accidents and drowning and positing because of their inherent curiosity, careless attitude and innocence, during their process of learning the child is at increased risk of hurt himself. The common pediatric emergencies are drowning, accidents, foreign body aspiration, poisoning, bits and stings etc.

An accident can be defined as an unexpected, unplanned occurrence of an event which usually produces unintended injury, death or property damage. Accidents are an important health problem throughout the world and are a major cause for morbidity and mortality in children. In today's world, in the developed as well as the developing countries, danger prevails not only on the roads, but it also exists in the home and playgrounds. Accidental death in children particularly occurs during playing, while flying kites, fall from the terrace, injury from sharp objects, and injury from fire crackers particularly during the festive seasons, improper use of electrically operated toys, sharp toys, scissors, knives and blades.

Home accidents rank highly among all accidents and occur in or around the house. The home is the place where children spend most of their time. Most home injuries occurs especially among children of 4-5 years because they are not aware of the hazards and are more susceptible to environmental risks and are curious and desire to master new s kills.

Injury in home is extremely common, accounting for approximately 1/3 rd of all injuries in the united states and children under the age of 5 years are in the highest risk groups for home injuries. As home accident becoming important cause of death in children world over ,it can be minimized or prevented through measures that can be taken by parents at home so Parents should control and supervise the environmental conditions, elimination of hazardous condition from the areas where children play and live which can minimize the frequency of home accidents. So training should be given to parents especially mothers on risk factors and ways to prevent home accidents so as to protect the 0-6 age group children from accidents.

As home accident becoming important cause of death in children world over ,it can be minimized or prevented through measures that can be taken by parents at home so Parents should control and supervise the environmental conditions,

elimination of hazardous condition from the areas where children play and live which can minimize the frequency of home accidents. So training should be given to parents especially mothers on risk factors and ways to prevent home accidents so as to protect the 0-6 age group children from accidents.

Worldwide surveys have shown about the pediatric emergency varies from country to country. The 5 million children died from injuries with a global mortality rate of 83.7 per 1,00,000 per annum. A total of 2,83,000 death was reported due to falls. In the year 2004 an estimated 3,76,000 children drowned approximately 97% of drowning deaths occurred in low and middle income countries.

In India is accounts for an estimated of 12,75,000 children are grievously injured. A total of 22,000 deaths was reported due to drowning. In Karnataka at least 30,000 children's are dying annually due to accidents, drowning and poisoning. In developing countries pediatric emergency are shown to be as numerous as in developed countries.

In Tamilnadu the number of neonatal injuries would be much higher as date from those children seen in other hospitals, general practioners managed at home have not been included thus it is estimated that the city of Chennai would witness on an average 250 deaths an early ten thousand children hospitalized every year. In round tamilnadu yearly 22000 death was report annually.

In Dindigul estimated of two lakh five thousand children are grieviously injured. A total of Seven thousand four hundred deaths were occurring annually due to accidents, poisoning and drowning.

1.1 NEED FOR THE STUDY:

In the developed world, accidents have become a relatively more important child health problem. In developing countries accidents are show to be as numerous as in developed countries.

Accidents are the leading cause of death of children of any age after the newborn period and infancy. Children 2 and 3 years and 5 and 6 years of age have the greatest number of accidental injuries of all children below 10-12 years of age. Younger children are most frequently injured in or around their own homes. Many accidents can be prevented by parents who are aware that young children want to explore every nook and cranny in their rapidly expanding world.

According to 2013 Worldwide surveys have shown about the pediatric emergency varies from country to country. The 5 million children died from injuries with a global mortality rate of 83.7 per 1,00,000 per annum. A total of 2,83,000 death was reported due to falls. In the year 2004 an estimated 3,76,000 children drowned approximately 97% of drowning deaths occurred in low and middle income countries.

According to 2012 in India is accounts for an estimated of 12,75,000 children are grievously injured. A total of 22,000 deaths was reported due to drowning. In Karnataka at least 30,000 children's are dying annually due to accidents, drowning and poisoning. In developing countries pediatric emergency are shown to be as numerous as in developed countries.

According to 2009 WHO report says that in the age group of 1-4 years, the second year is the period when the young child runs the highest risk of dying. In the developing countries, death in the second year of life commonly accounts for 50% of all deaths between 1-4 years of age.

According to 2002 UNICEF report says that globally average of under five mortality in 2002 was 82 per 1000 live births in the developing world it was 90 per 1000 live births.

Childhood accidents are the leading causes of childhood injuries such as drowning, falls, burns, foreign object aspirations, poisoning. Because under five

children spend much time at home than any other place, they may be exposed to numerous hazards, which usually take place in kitchens, living rooms and bathrooms.

The mother should know about the home safety needs of under five children because mothers are usually the caregivers and who will be at home with the child. A study was conducted to assess mother's knowledge and practice towards home accidents among children under 6 years. The above study revealed that the incidence of home accidents was (50.3%) and shows highly statistical difference between mother's knowledge and age and between mother's knowledge and education. About three-quarters (74.5%) of mothers had incomplete knowledge regarding home accidents among their children.

Accidents all over the world are one of the leading health problems. Therefore various programs have been developed to prevent accidents. The most important way to protect against accidents in the primary prevention is to educate society, especially parents is to be educated about prevention of accidents and first aid to reduce accidents. Researchers identified that the parents had inadequate knowledge about home environment inters of accidents were found to be unsafe. Education that prepared for protection from accidents are carried out mostly by nurses. It was found that education about accidents given by public health nurses was successful and parents increased their security measures after the stated education.

This review makes the researcher to do the present study to assess the knowledge of the mothers regarding prevention of home accidents among preschool children by giving this educational programmers.

1.2 STATEMENT OF THE PROBLEM

"A STUDY TO EVALUATE THE EFFECTIVENESS OF VIDEO ASSISTED TEACHING ON KNOWLEDGE REGARDING PREVENTION OF HOME ACCIDENT AMONG MOTHER'S OF UNDER FIVE CHILDREN.

1.3 OBJECTIVES OF THE STUDY

1. To asses the level of knowledge regarding effects of home accident and its among mother's of under five children in both experimental and control selected hospital dindigul.

2. To evaluate the effectiveness of video assisted teaching on knowledge regarding effects of home accident among the mother's of under five children at selected hospital dindigul.
3. To associate the level of knowledge regarding prevention of home accidents of home accident and its preventive measures among mother's of under five children with their selected socio demographic variables.

1.4 HYPOTHESIS

H1 - There is a significant difference between pre test and post test level of knowledge regarding prevention of home accidents of home accident and its preventive measures among the mother's under five children at selected hospital dindigul.

H2- There is a significant association between the level of knowledge regarding prevention of home accidents home accident and its preventive measures among mother's of under five children with their selected socio demographic variable.

1.5 OPERATIONAL DEFINITIONS

EFFECTIVENES

In this study effectiveness refers to significant of gaining knowledge regarding prevention of home accidents of home accident and its preventive measures among mother of under five children.

VIDEO ASSISTED TEACHING

In this study video assisted teaching refers to audio and video method of information that is arranged and designed on knowledge regarding advantages of home accident and the effects home accident and how to prevent effects of among the mother's of under five children. video assisted teaching was given 20 minutes daily in the afternoon for six consecutive days.

KNOWLEDGE

In this study knowledge refers to awareness regarding prevention of home accidents of home accident and its preventive measures among the mother's of under five children which is measured by self administered knowledge questionnaire.

PREVENTION OF HOME ACCIDENTS OF HOME ACCIDENT

In this study prevention of home accidents of home accident refers to disturbance in academic performance, obesity, sleep, attention, eye strain, lack of physical activity, and urinary tract infection etc.

PREVENTIVE MEASURES

In this study preventive measures refers to action taken to control the effects of home accident and by 1+15 beneficial programme such as debate, Quize, news, avoid medicine on the floor on more than two hours, avoid to play road side.

SELECTED HOSPITAL

In this study hospital refers to mothers among under five children dindigul.

1.6 ASSUMPTIONS:

High school children may have varying level of knowledge regarding prevention of home accidents and its preventive measures.

Among the mother's of under five children shows interest to see video assisted teaching.

1.7 DELIMITATIONS:

- The study is limited among the mother's
- Study is limited to 4-6 weeks of data collection.
- Study is limited to 60 samples.

1.8 PROJECTED OUTCOME:

This study helps to improve the level of knowledge regarding prevention of home accidents of home accident and its preventive measures among the mother's of under five children.

REVIEW OF LITERATURE

CHAPTER II

REVIEW OF LITERATURE

Literature review is standard requisition of scientific research. It means reading and writing the pertinent information of the attempt in research topic. It also support and explain why the proposed topic is taken for research and avoids unnecessary duplication explore the feasibility and illuminate the way of new research.

Review of literature is a key step in research process. Nursing research may be considered as a continuing process in which knowledge gained from earlier studies is an integral part of research in general. In review of literature a researcher analysis existing knowledge before delivering into a new study and when making judgment about application of a new knowledge in nursing practice. The literature is an extensive, systemic and critical review of the most important published scholarly literature on particular topic.

Part I –Review of literature

Part II -Conceptual frame work

Part I -Review of Literature

1. Literature related to knowledge and prevalence of home accident among under five children.
2. Literature related to prevention of home accidents of home accident.
3. Literature related to preventive measures effects of home accident.
4. Literature related to effectiveness of video assisted teaching programme.

1. LITRATURE RELATED TO KNOWLEDGE AND PREVALANCE OF HOME ACCIDENT

Dr. R. Amutha., (2013) Conducted a Descriptive study to find out the variables home accident Commercials that influence the dietary habits, buying behaviour, food choices and health problems of children aged 51-40.. The respondents were children selected randomly from selected districts - dindigul, Tirunelveli and Tuticorin of South Tamil Nadu. data were collected during 2010 -2011 with the help of a questionnaire for the interview schedule. All mother's were found to spend 2 to 3 hours in studying and doing their homework and they spend only less than 30 minutes

in playing It is found that 15% of the mother's spend 2 to 4 hours and remaining 85% spend3 to 6 hours viewing television All mother's spend 2 to 3 hours in their children, 1 to 2 hours playing, and more than 6 hours viewing video during holiday From the study, it clearly shows that the study time and play time has drastically reduced now-a-days and majority of the time is spent for viewing television and computer games.. Thus the study concludes that "Television Food Advertisements" strongly influence on the 'Health Issues' of Children.

Angeliana. S. Jennifer Peterson., (2013) conducted a controlled experimental study on the immediate impact of different types of among preschool aged children executive function an 60 children 4year olds were randomly assigned to watch a fast paced cartoon or an educational cartoon .They were then given 4 tasks tapping executive function, including the classic delay of gratification and tower of Hanoi tasks. Parents completed surveys regarding television viewing and child's attention. The results showed that children who watched the fast-paced cartoon performed significantly worse on the executive function tasks than children in the other 2 groups ,when controlling for child attention, age, and television exposure. They concluded that just 9 minutes of viewing a fast-paced television cartoon had immediate negative effects on 4yr olds executive function, parents should be aware that fast-paced television shows could at least temporarily impair young children's executive function.

Muhammad Nawaz Mahsud, Bakht rawan.,(2012) An experimental study was conducted to assess the effects of home accident to work on the aggressive behaviour of school going children, Data were collected from 192 (96boys and 96 girls) school going children.

The study showed that children spend more time on and acquiring much information not only about type of cartoon characters but also they are familiar with the action ,dress and name of almost all major cartoon characters, it was also observed from the empirical findings that cartoons on the been has tramendesouly increased aggressive behaviour among children liked fighting more than female children.

I. Information Related to Incidence of Home Accidents among mothers of under five children.

Dr.Birate Strucinkiene (2011) conducted a Prospective Epidemiological study to assess the frequency and type of domestic accidents in Punjab, India. Study involved 2825 individuals. Frequency of domestic accidents was studied in the participants and study shows incidence rate about 106.2 per thousand people. In which more accidents occurred in females (173) as compared to males (127). There 53.2 % Trivial, 27.3% Minor & 11.7% serious accidents and No Fatal accident was reported. Study concluded that 44.3% of accident was reported to be fall at level and fall from height and Maximum (53.3%) accidents occurred in the courtyard.

Bablog (2011) conducted a study to describe the epidemiology and trends of traumatic deaths among children and adolescents in Manipal, Southern India. Study involved Analysis of all trauma deaths in children and adolescents aged between 1 and 19 years, information collected based on autopsy records, information furnished by the police, and chemical analysis report. Study shows Road traffic injuries were responsible for maximum mortalities (38.4%), followed by burns (24.9%) and poisoning (15.9%). Males predominantly died of traffic injuries (45.2%), whereas females as a result of burns (37.4%). The Study implies that among children and adolescents, traffic injuries and burns are responsible for maximum injury-related mortalities and more injury reducing measures are required for effective reduction in traumatic deaths.

II. Information Regarding Knowledge about Home Accidents among mothers of under five children.

Dr. Dinesh sethi (2011) A study conducted to assess mothers' knowledge and practice toward home accidents among children under six years in Assiut Governorate. The study included 200 mothers from Alwan village and 400 mothers from El-Masra village who had children under six years.

The information was collected by interviewing schedule. Study revealed that the incidence of home accidents was (50.3%) and 74.5% of mothers had incomplete knowledge regarding home accidents, 93.2% mothers would go to health facilities in case of animal bites. Study concluded that health classes about causes of home accidents, first aid, prevention and safe housing condition should be provided for mothers.

Paul Hawker ETD (2011) A descriptive study conducted to investigate parents' knowledge and practice of preventive measures concerning children's home accidents, as well as the factors affecting adherence in Greece. Study involved 900 parents of children aged 0–6 years. Study found that half of the parents had inadequate adherence to the application of preventive measures for children's accidents at home, while nearly half claimed an information deficit. Higher adherence had fathers of low educational level, as well as families who had a child with chronic illness. Study revealed that Parental adherence is of primary importance for decreasing home-accident incidence. Parental education and the adherence gap needs further investigation so as to improve parental application of preventive measures.

III. Studies Related to Prevention of Home Accidents among mothers of under five children.

Anne C.Gill, Nancy, R.Kelly (2010) A cross-sectional study was conducted to identify the pattern of household unsafe behavior in different socioeconomic strata, in Pune city, India. Study included 200 randomly selected households .study found that Nearly 28% of the households did not have a separate kitchen, 37.5% cooked at the ground level, 33.5% used a kerosene pressure stove, 12% used unprotected open fire as a source of warmth in winter, and 34.5% stored inflammable substances at home. Ninety one percent of the households reported storing poisonous chemicals in places that could not be locked. In 35.5% of the households, children used streets as playgrounds. Socioeconomic status was strongly associated with the unsafe behaviors related to burns, drowning, and road traffic injuries. Study implies that socio-cultural and behavioral factors leading to unsafe behaviors, placing individuals at risk of unintentional injuries, which can be used as a first step toward prevention.

Ammy Damashek (2010) A study conducted to develop a scale for identification of safety measures against home accidents for mothers who have a child at 0-6 age group and to evaluate the efficiency of the education given to these mothers on preventing their children against home accidents in Turkey. The study involved 600 mothers and Instructions were given twice to the mothers about the prevention of children from home accidents with a 10-day interval and were delivered a “Guide Booklet for Mothers to Prevent 0-6 Year Children from Home Accidents". Study

found that following education, accident rates showed a dramatic decrease from 63.3% to 28.3% .Study concluded that mothers who were trained and given a guide booklet tended to increase in house safety measures and their children were subject to fewer accidents.

Community health nurse with update knowledge of preventive concepts has a major role in reducing the home accidents and prevent death of under five children. Being a member of health team, main responsibility of community health nurse is to encourage and educate individual family and the community to participate in the health education programmed which will increase the knowledge and adopting standard life styles that contributes the reduction in incidence of home accidents and its complication.

Mock (2009-2010) conducted a study on childhood injury prevention practices by parents in Mexico. The objective is scientifically based injury prevention efforts have not been widely implemented in Latin America. It concluded that considerable differences in the knowledge and especially the practice of childhood safety exist among parents in different socio-economic levels in Mexico.

A study on Parent's adherence to children's home-accident preventive measures. A sample of 900 parents of children aged 0-6 years, who were guests of kindergartens and day nurseries of the Prefecture of Attica, Greece, and that were randomized geographically by region. Data were collected with an anonymous questionnaire between September 2006 and July 2007. Half of the parents had inadequate adherence to the application of preventive measures for children's accidents at home, while nearly half claimed an information deficit. Accident incidence was 36% lower than when parents claimed to adhere to preventive measures. Higher adherence had fathers of low educational level , families who had < or =2 bedroom residences ,families who remained in block of flats as well as families who had a child with chronic illness .

The study concerns an urban population and does not include parents who lack a sufficient knowledge of the Greek language. Parental adherence is of primary importance for decreasing home-accident incidence. Parental education and the

adherence gap needs further investigation so as to improve parental application of preventive measures.

Winte mute (2010) An experimental study was conducted to enhance anticipatory guidance for injury prevention in selected as experimental group and control group. A quasi experimental design was used in collecting data results recommended that frequency and impact of pediatric counseling on anticipatory guidance can be enhanced because low income families face many barriers to carryout recommended safety practice.

A study was conducted to an evaluation of the effectiveness of a baby walker safety standard to prevent stair fall injuries annually 25,000 children are treated in Emergency Department about 80% resulted from falls down stairs. A multivariate negative bionomical regression model was used to estimate the effectiveness of the stair fall requirements in reducing the injury rate.

Neelam verma., (2010) An experimental study was conducted to assess the perceived impact of cartoon films on children to study the perception of the parents about the same on their children. The sample size contained 120 individuals- 60 children 30 male 60 females parents selected randomly from the population of Indore. The findings stated that the children had favourable perception towards cartoon films (thinking, feeling) while non-favourable towards cartoon films (behaviour). The perception of males and females children did not differ but perception of male children was significantly higher than that of female children towards behaviour. Parents had favourable perception towards cartoon films (thinking, feeling) and non favourable towards behaviour.

Sheetal paliwal., (2009) An experimental study was conducted to assess the effect of home accidentn on social behaviour of school children in Bangalore. The sample size of research was containing 300 individuals, which included 100 school children and their 100 father and 100 mothers. The research was survey in nature. The data was collected by a questionnaire. The findings stated that there was significant on the social behaviour of school children with respect to their perception and the perception of their parents and there was no significant difference between the mean

perception score of male and female school children and their parents with respect to impact of their teenagers' social behaviour.

SJ Marshall , SJH Biddle et al., (2009) A meta analysis study was conducted on Relationship between media use ,body fatness and physical activity in children , and youth aged 2 – 18 years .Based on data from 52 independent samples , the mean sample –weighted effect size between viewing and body fatness was 0.066 (95% CI= 0.056 -0.078;total N=44 707).The sample weighted fully corrected effect size was 0.084.Based on data from six independent samples, the mean sample weighted effect size between video / computer game use and body fatness was 0.070(95% CI=-0.48 to 0.188;total N=1722).A statistically significant relationship exists between and body fatness among children and youth. While the total amount of time per day engaged in sedentary behavior is inevitably prohibitive of physical activity, media based inactivity may be unfairly implicated in recent epidemiologic trends of overweight and obesity among mothers

Patric K, Norman GJ et al., (2009)A cross sectional study was conducted on Diet , physical activity ,and sedentary behaviors as risk factors for overweight in adolescence to examine how diet ,physical activity, and sedentary behaviors relate to overweight status in adolescents. Base line data from the Patient- Centered Assessment and Counseling for Exercise plus Nutrition Project , a randomized controlled trial of adolescents to determine the effects of a clinic – based intervention on physical activity and dietary behaviors. A total of 878 adolescents aged 11 to 15 years, 42% of whom were minority backgrounds. Centers for Disease Control and Prevention on physical body mass index – for – percentiles divided into 2 categories :normal weight (<85th percentile) and at risk for overweight (AR+O)(> or =85th percentile).Overall , 45.7% of the sample was classified as AR+O with a body mass index for age at the 85th percentile or higher .7 dietary and physical activity variables examined in this cross – sectional study , insufficient vigorous physical activity was the only risk factor for higher body mass index for adolescent boys and girls.

Joyce Giammattei , Dr.PH et al.,(2008)A experimental study was conducted on Television watching and soft drink consumption to determine the prevalence of obesity among sixth and seventh grade students in a school based setting .Three schools participated in a school based screening study ,and 319 completed a short

questionnaire. Overall, 35.3% of students had a body mass index at or above the 85thpercentile , and these students (17.4%) had a BMI at or above the 95th percentile. Rates were higher among Latino and lower among Asian than non Hispanic white students .

The mean (SE) BMI z score for those watching less than 2 hours per night (0.34[0.09]) was lower than for those watching 2 or more hours per night (0.82[0.08].Time spent n and the number of soft drinks consumed were significantly associated with obesity.

Journal of applied developmental psychology.,(2008) An experimental study was conducted to find out the effectiveness of interactive programmes among children from 2-5years of age with the objective to analyze the interactive content of mother like poisiong sharp instruments out the effectiveness of these programs among children from 2-5years of age. Children whileplaying, do they discuss the programme after watching, are they enjoy and also parents of 2-5years old children's, teachers of primary school or class and experts in child psychology is been interviewed. The children were showed pre-recorded interactive programme from these channels, the researcher also conducted in depth interview from parents, teachers, and experts in the field related to mother find the need for interactive programme content in mother.

DR.BALAJI ARUMUGAM., (2013) study was done as a cross sectional study among school going adolescent population from different randomly selected schools in Chennai. After getting the permission from school personnel, 316 children were randomly selected. data collection was done using the preformed predetermined questionnaire by personal interview, The results total of were studied in which the mean age of the study population was 14.6, majority 200 (63.3%) of them were males and mean duration of usage was 8 years, whereas the mean hours of usage was 4.8 hours per day. Addictive behaviors like, searching the device in between sleep 103 (32.6%), needs others guidance for keeping away from the devices 116 (36.7%), accepting that unable to survive without device 151 (47.7%), use of more than one device at same time 158 (50%) and acceptance of over usage 136 (43%). The over usage of electronic devices led to academic hindrance and health problems like headache, sleep disturbances, numbness and fatigue of the fingers, etc.

Tanya Batra.,(2012) A cohort study was conducted to assess the effect of home accident among 100 mothers age 41-50 years and their parents in Chandigarh, India. The researcher found that a prevalence of overweight (70%) as well as obesity (74.5%) in effluent school children and 60% of children will eat their meals by home accident. The researcher concludes that an presence of association between time on mothers behavior, thus with same parental guidance and interaction, children can be use an to make better choice.

Robinson TN.,(2010)A longidutional study was conducted to assess the effects of reducing home accident on changes in adiposity, physical activity and dietary intake on a sample 188 among mothers of under five children with their parental consent to participate at Sanjose, California. The researcher found that a statistically relative decrease in body mass index and increased physical activities. A researcher concludes that reducing and other mass media use may be a promising, population based approach to prevent childhood obesity.

Dana D Winiewioz, et al., (2009) A experimental study was conducted to assess the effects of reducing television viewing on children's body mass index as a risk factor for development of overweight on 70 school children aged 4 to 7 years. The researcher found that a great reductions in targeted sedentary behaviors (P< .001), and total BMI (P< .05) and energy intake (P< .05) compared with the monitoring control group. The researcher concludes that the reducing television viewing may have an important role in preventing obesity and in lowering body mass index in school children.

Degnan, Donald A, Gold mann et al., (2009) A cross sectional study was conducted on 240 parents of children's ages 2-6 years to assess the knowledge of parents regarding their children's television viewing is associated with a consumption of fast foods by structured questionnaire.

The research reveals that 22% of the parents reported their child eat at fast food restaurants at least once per week and for each one hour increases of television watched per day, the odds ratio for consuming fast food >= 1 time per week was 1.60(95% confidence interval, 1.03 to 2.49). The researchers concludes that television viewing was correlated with fast food consumption among the children's.

J.S. Panwar, Milan., (2008) A cohort study was conducted to assess the knowledge of cognitive processing of advertising messages on 250 children aged between 7-12 years from the 5 major towns of the western state of Gujarat, India .The result shows that children's ability to decode and process advertising messages and to understand their cognitive abilities but also by their social and personal environments. The researcher concludes that the study would contribute towards better understanding of children's processing abilities and designing of effective communication strategies.

Villani S.,(2008)A experimental study was conducted to assess the effectiveness on knowledge regarding harmful effects of watching television and its preventive measures among high school children in selected school at Bangalore. Pre experimental one group pretest posttest design was used in this study. 60 samples were selected using simple random technique. A structured questionnaire was used to collect the data from subjects. Pretest was conducted on first day. Video teaching was shown after conducting pretest. Posttest was done on the 7^{th} day after intervention. The study findings showed that there was significant association found like age ($\chi 2$=4.32* table value = 3.84 with df at 0.05 level of significance), religion ($\chi 2$=3.95* table value = 3.84 with df at 0.05 level of significance), type of family ($\chi 2$=5.48* table value = 3.84 with df at 0.05 level of significance). Other variables like gender, educational and occupational status of parents, food habits were not associated with level of knowledge.

3. LITRATURE RELATED TO PREVENTIVE MEASURES

Jstor logo, and Ithaka.,(2010)A experimental study was conducted to assess the effectiveness and attitude of mother regarding prevention of home accident among the mother's of under five children. A study was carried out an Ninety-three preschool children, enrolled in a nine week nursery school session, were shown one of three types of television programs each day during the middle four weeks of the session.

The programs were aggressive cartoons ("Batman" and "Superman"), prosocial programs ("Misterogers Neighbourhood"), and neutral films. Observations

of aggressive and prosocial interpersonal behaviour, and self-regulation in free play were carried out during the entire nursery school session.

The effects of the programs were assessed by the changes that occurred from the baseline period to the periods during and after exposure to the programs. Those mother, the group who saw the aggressive programs showed more interpersonal aggression than those who saw the neutral programs.

Weker H .,(2009)A cross sectional study was conducted on simple obesity in children to examine the effectiveness of dietary treatment in children with simple obesity on the basis of thorough analysis of their state of nutrition ,method of nutrition and eating habits and the impact of other environmental factors. The research concerned 236 children living in the Mazowsze region with diagnosed simple obesity (relative body mass index rel BMI =20%) ,directed to Gastroenterological and Endo- crinological Unit of the Institute of Mother and Child , after the children and / or their mothers / parents had accepted participating in a ten week long research programme. The main risk factors for simple obesity in examined children (n=236) aged 3-15 years were familial and environmental conditions. A significant correlation was found between the children's obesity expressed by a normalized body mass index BMI z-score, unrelated to age , sex, and mother's level of education and father's obesity.(Chi(2) test , $p<0.05$).

4. LITRATURE RELATED TO EFFECTIVENESS OF VIDEO ASSISTED TEACHING PROGRAME

Sarjeet Sanga.,(2011))Conducted a quasi experimental study to evaluate the effectiveness of video assisted teaching on knowledge regarding harmful effects of home accident among the mother's of under five children at selected hospital dindigul. 200 selected by simple random sampling technique. quasi experimental one group pre test ,post test design was used. self structured questionnaire was used for data collection. Pre test conducted on first day, same day video teaching given for six consecutive days and seventh day post test conducted. The result showed that in pre test 80% had poor knowledge, In post test 70%

T.Gangadhara.,(2009) Conducted a quasi experimental study to assess the effectiveness of structured teaching programme on knowledge of parents regarding

effects home accident among mother of under five children at hospital dindigul. experimental one group pre test and post test design was used.60 parents of school children selected by purposive sampling technique.

Structured questionnaire on knowledge was used for data collection. Result showed that Parents of school children had inadequate knowledge on effects of home accident after structured teaching programme parents of school children knowledge improved and no one had less adequate knowledge.

Umesh Mishra., (2008) An experimental study to assess the effectiveness of video spots in the terms of sensitizing the teenagers**,** With the objectives to produce a video spot on obesity and poly packs and compare the mean sensitivity scores of the experimental group with that of the control group towards obesity and poly packs taking pretest as covariate and measuring its effectiveness in terms of sensitizing the teenagers. A sample group of 50 students of seventh and eighth standard of University Innovative School was selected. The tool used in this research was AVRC sensitivity scale. This researcher used ANCOVA analysis. The major finding of this research was that home accident has profound impact on the kids and they are aware of topics related to their body and appearance. But on the topics concerning society, science and environment the teenagers need to be propagated.

T.H.Chan.,S(2008) The Planet Health trial used middle school classroom lessons to encourage less activity, and improvements in diet; compared to the control group, students assigned to receive the lessons cut back on their time, and had lower rates of obesity in girls. Another trial found that third- and fourth-graders who received an 18-lesson "home accident" curriculum cut back on time and on meals eaten while home accident, compared with children in the control group, and they had a relative decrease in BMI and other measures of body fatness. accident "allowance" devices, which restrict home accident to a set number of hours per week, may help to limit children's screen time, and in turn, help with weight control.

2.4 CONCEPTUAL FRAMEWORK

A framework is a brief explanation of theory or those portions of a theory which are to be tested in a quantitative study. A conceptual framework is one that presents logically constructed concepts to provide general explanation of relationship between the concepts of the research study; they are usually constructed by using researcher's own experiences, previous research findings, or concepts of several theories or models. Conceptual framework facilitates communication and provides for a systemic approach to nursing research, education, administration and practice.

The conceptual framework selected for this research study was based on J.W Kenny's Open System Model. All living organisms are open that, there is a continual exchange of matter, energy and information. Open system has varying degrees of interaction with environment, from which the system receives the input and gives feed back output in the form of matter, energy and information. Conceptual framework provides the investigator the guidelines to proceed in attending the objectives of the study based on theory. It is a scientific representation of the steps, activities and outcome of the study the main concepts of the Open System Model are input, throughput, output and feedback. The Open System theory input refers to energy, matter and information, throughput refers to processing, where the system transforms the energy, matter and information and output refers to the energy, matter and information that are processed. Feedback refers to the environmental responses to the system output used by the system. This study is aimed at evaluate the level of knowledge regarding prevention of home accidents of home accident and its preventive measures.

- **Input**
- **Through put**
- **Out put**

Input

According to the theorist, input refers to the type of information, energy and material that enters the systems from environment through its boundaries.

In this study the input includes demographic variables such as age, residence, type of family, educational status of father, educational status of mother, occupation of father, occupation of mother, income of the family, most preferable programme and also pre assessment of knowledge by administering self structured questionnaire regarding prevention of home accidents watching television and its preventive measures among high school children.

Throughput

According to theorist through put refers to any information of knowledge transfers through preferred materials.

In this study the investigator preferred video assisted teaching that includes audio and video method of information that is arranged and designed on knowledge regarding good of effects of home accident on such as eye strain, head ache, obesity, sleep disturbances etc, preventive measurers of home accident includes hours of home accident, at what distance should be maintained while home accident etc.

Output

According to theorist is the information that leave the system, enters the environment through the system.

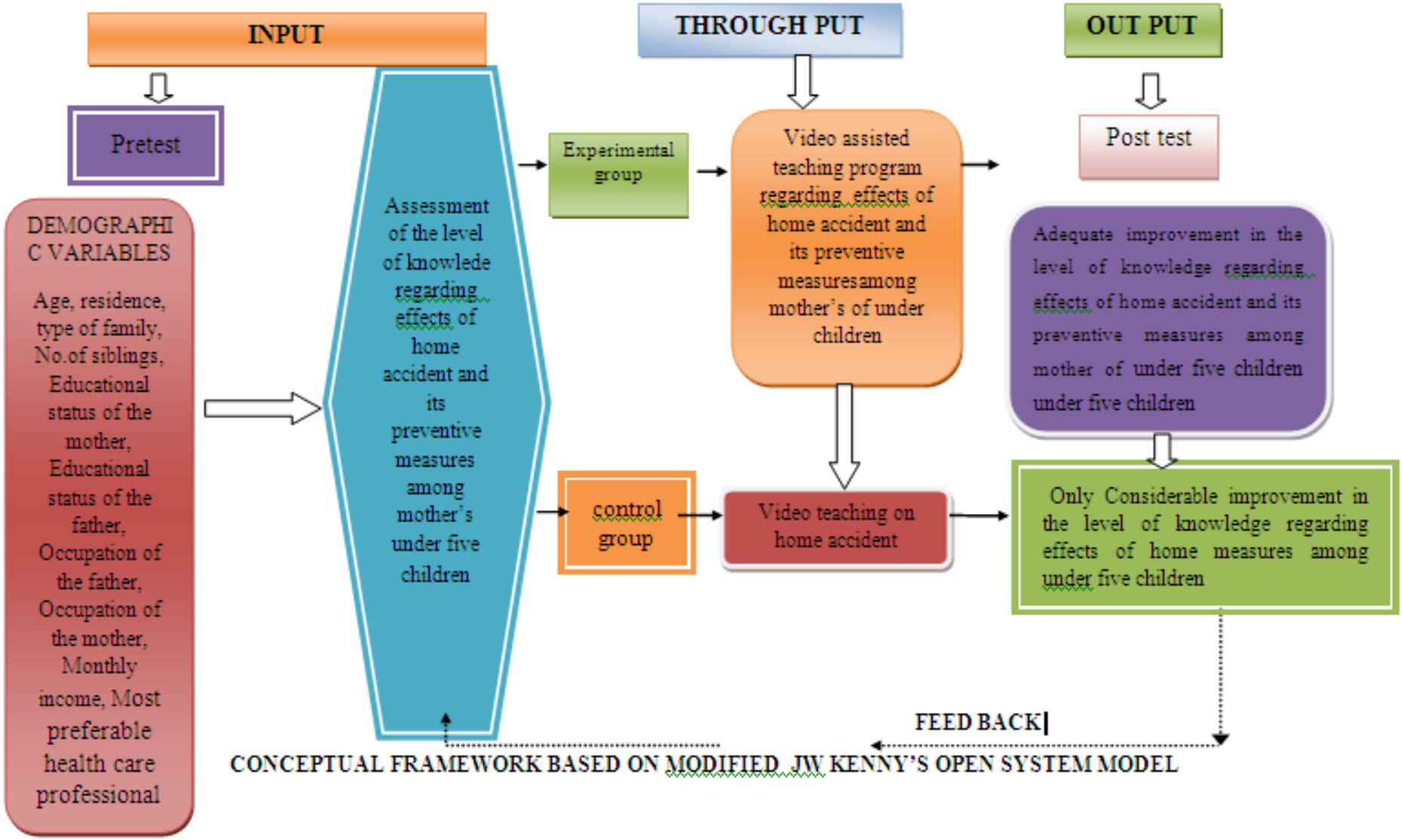
In this study it refers to improve the knowledge regarding effects of home accident and its preventive measures. In this study, output is measured with amount of knowledge gained by mothers with self structured questionnaire.

FEED BACK

Differences in the pre test and post test score will observed from the level of knowledge score of the samples. The feedback is the environment responses to the system. Feedback may be positive or negative or neutral.

In the present study the feed back will consider as a process of maintaining the effectiveness of video assisted teaching programme in which the comparison of pretest and post test score by “t” test.

In this study input regarding assessment of knowledge by administering self structured questionnaires regarding effects of home accident and its preventive measures. Through put process was the activity phase were video assisted teaching program, was good and bad effects of home accident and preventive measures of effects of home accident Output was the change in knowledge regarding prevention of home accidents of home accident and its preventive measures through video teaching program which was measured by using a self structural questionnaire . Feedback emphasized to strengthen the input and throughput. It is necessary if the result showed any inadequate knowledge regarding effects of home accident and its preventive measures.



CONCEPTUAL FRAMEWORK BASED ON MODIFIED JW KENNY'S OPEN SYSTEM MODEL

METHODOLOGY

CHAPTER-III

RESEARCH METHODOLOGY

Research methodology provides a brief description of the method adopted by the investigator in present study. The methodology of research refers to the principles and ideas on which the researchers base their procedure and strategies.

It is the systematic way of doing a research to solve a problem. It comprises of the research approach, research design, statistical methods used for analyzing the data and the logic behind it. **(Kothari CR, 2003).** On the whole it gives a general pattern of gathering and processing the research data.

3.1 RESEARCH APPROCH

A Research approach tells the researcher about the collection of data that is, what to collect, how to collect, and how to analyze. It also helps the researcher with suggestion of possible conclusions to be drawn from the data.

Quantitative Approach was adopted in the present study as the investigation is aimed at evaluating the effectiveness of video assisted teaching

3.2 RESEARCH DESIGN

The research design is the plan, structure and strategy of investigations of answering the research question. It is the over all plan or the blue print the researcher select to carry out the study true experimental research design with pre test and post test, control group design was used.

Randomization	Group	Pre test	Intervention	Post test
R	Exp group	O_1	X	O_2
R	Control group	O_1	—	O_2

Key:

R – Randomization

O1 – Pre -test level of knowledge regarding effects of home accident and its preventive measures.

X – Intervention [Video Assisted Teaching 20minutes for 6 consecutive days at afternoon)

O2 – Post –test level of knowledge regarding effects of home accident and its preventive measures.

3.3 RESEARCH VARIABLES

INDEPENDENT VARIABLE

The Independent variable in this study is Video assisted teaching on knowledge regarding prevention of home accidents of home accident and its preventive measures.

DEPENDENT VARIABLE

The dependent variable in this study is level of knowledge regarding prevention of home accidents of home accident and its preventive measures of among the mother's of under five children.

DEMOGRAPHIC VARIABLES

This section deals with demographic data of the clients. Demographic variables including age, residence, type of family, number of siblings, educational status of the mother, educational status of the father, occupation of father, occupation of mother, monthly income of the family, most preferable programme home accident.

3.4 SETTING OF THE STUDY

The setting was selected based on acquaintance of the investigator with the institution, feasibility of conducting the study, availability of the sample, permission and proximity of the setting for investigation

The study was conducted at karthick nursing home at dindigul. On an average patient's were admitted in this hospital In that the researcher have selected 60 samples.

3.5 POPULATION

TARGET POPULATION

The target population of this study was mother's of under five children.

ACCESSIBLE POPULATION

The accessible population of this study was among the mother's of under five children at selected hospital dindigul.

3.6 SAMPLE

Sample in this study was at selected hospital, dindigul and those who met inclusion criteria

3.7 SAMPLE SIZE

Sample size was 60.(30 Experimental group,30Control group)

3.8 SAMPLING TECHNIQUE

Probability sampling method-(Simple random sampling-Lottery Method) was used. In lottery method all the sampling in the sampling frame are numbered and the numbers written in equal square and rolled, each bearing only one number. Rolled slips are put in a global container and thoroughly shuffled. Desired number of slips is taken from the container one after another. Each time before drawing the slip container is mixed thoroughly. The bearing the number of slips drawn constitute the random sample.

3.9 SAMPLING CRITERIA

The study sample was selected by the following inclusion and exclusion criteria.

INCLUSION CRITEREIA

- Mother's of under five children
- Mother's of under five children who can understand Tamil language.
- Those who are willing to participate

EXCLUSION CRITERIA

- Who have participated in the pilot study.
- Who were not available at the time data collection.

3.10 DESCRIPTION OF TOOL AND TECHNIQUE

- The tool used for the study was Self administered questionnaire.

The tool consists of two sections.

Section A: Deals with socio demographic data of the samples

Section B: Consist of Self administered questionnaire.

Section A:

This section deals with socio demographic data of the samples. Demographic variables including age, residence, type of family, number of siblings, educational status of the mother, educational status of the father, occupation of father, occupation of mother, monthly income of the family, most preferable programe home accident.

Section B:

Consist of 25 self administered questionnaire regarding effects of home accident and its preventive measures.

SCORING PROCEDURE:

Section –A: There was no score given for socio demographic variables.

Section-B:In the knowledge assessment questionnaire, each correct answer carries one mark and no mark for wrong answer.

LEVEL OF KNOWLEDGE	SCORE
Very low	0-20%
Low	21-40%
Average	41-60%
High	61-80%
Very High	81-100%

TESTING OF THE TOOL

CONTENT VALIDITY:

Content Validity refers to the degree to which an instrument measures what it is supposed to measure. The content validity of the present tool along with the evaluation criteria checklist was submitted to 5 experts in the field of Child Health Nursing, for the opinion on the items in the tool. There was 100% agreement by experts and minimal modifications were made in clinical and socio demographic variable based on the given suggestion

3.12 RELIABILITY

The reliability of the tool was using interrater method. Reliability correlation and coefficient value is r= 0.84. This correlation and coefficient is very high and it is good for assessing the effectiveness of video assisted teaching on effects of home accident and its preventive measures among the mother's of under five children.

3.13 PILOT STUDY:

A pilot study is a small scale version or a trial run for the major study. The function of this pilot study was to obtain information for improving the project or for assessing its feasibility.

Pilot study generally involves a sample of subjects drawn from the same populations as those from which the study sample will be drawn. The pilot study was conducted at selected hospital. dindigul for the period of one week. Formal permission was obtained from of the hospital. The pilot study was conducted on 1.06.16to7.06.16. Ten samples those who fulfilled the inclusion criteria were chosen by using Probability simple Random sampling technique. Informed consent was obtained from the high school children and mothers of the sample and data was collected. The setting was found reliable and feasible for proceeding with the main study. The other opinion and suggestion were incorporated in the main study to accomplish the objectives of the study.

ETHICAL CONSIDERATION

This study was conducted after the approval from the ethical committee dindigul. respondents were carefully informed about the purpose of the study and their part during the study and how the privacy was guarded. Ensured confidentiality of the study result. Thus the investigator followed the ethical guidelines which were issued by the research committee. Written permission was obtained from all participants.

3.14 DATA COLLECTION PROCDURES:

After obtaining permission from dissertation committee and principal of Jainee college of nursing, to conduct the study. The investigator introduced herself to the mother's and explained the purpose of the study and ascertained the willingness of the participants. The respondent will be assured anonymity and confidentiality. Through lottery method samples were collected. Period of study was 4-6 weeks. Total sample size was 60. Thirty considered as experimental group and other Thirty considered as a control group. The researcher divided the samples into five groups in both the group, each group consists of six samples. On first day pre-test were conducted for both the group by self administered questionnaire, on the same day video assisted teaching regarding effects of home accident and its preventive measures was given 20minutes to the experimental group at afternoon for six consecutive days and post test was done on seventh day for both the groups with same self administered questionnaire. The same procedure were followed to remaining groups respectively. The investigator started the study among mother's of under children in the hospital9 03.06.2016 to 13.07.2016).

3.15 PLAN FOR DATA ANALYSIS

The data were planned to be analyzed in terms of the objectives of the study using descriptive and inferential statistics.

DESCRIPTIVE STATISTICS

1. Frequency and percentage distribution used to analyze the socio demographic variables.

2. Mean and standard deviation used to analyze the level of knowledge among the mother's of under five children. CO**NFERENTIAL STATISTICS**
3. Paired t-test ,Unpaired "t" test was used to find out the effectiveness of video assisted teaching on knowledge regarding effects of home accident and its preventive measures among the mother's of under five children.
4. Chi-square test was used to determine the association between the level of knowledge and selected socio demographic variables among the mother's of under five children at selected hospital dindigul.

3.16 PROTECTION OF HUMAN RIGHTS:

Research proposal was approved by the dissertation committee, prior to the pilot study and the main study permission was obtained from the principal college of Nursing, HOD college of Nursing, Director institute of child Health and Research centre, Chief Educational officer dindigu, private hospital dindigul. An oral and written consent of each study samples was obtained before starting the data collection. Positive benefits was explained to all the study subjects. They were explained that they may withdraw from the study at any time without any penalty. Assurance was given to all the subjects that confidentiality would be maintained throughout the study. Debriefing of the study results will be done after the approval of dissertations

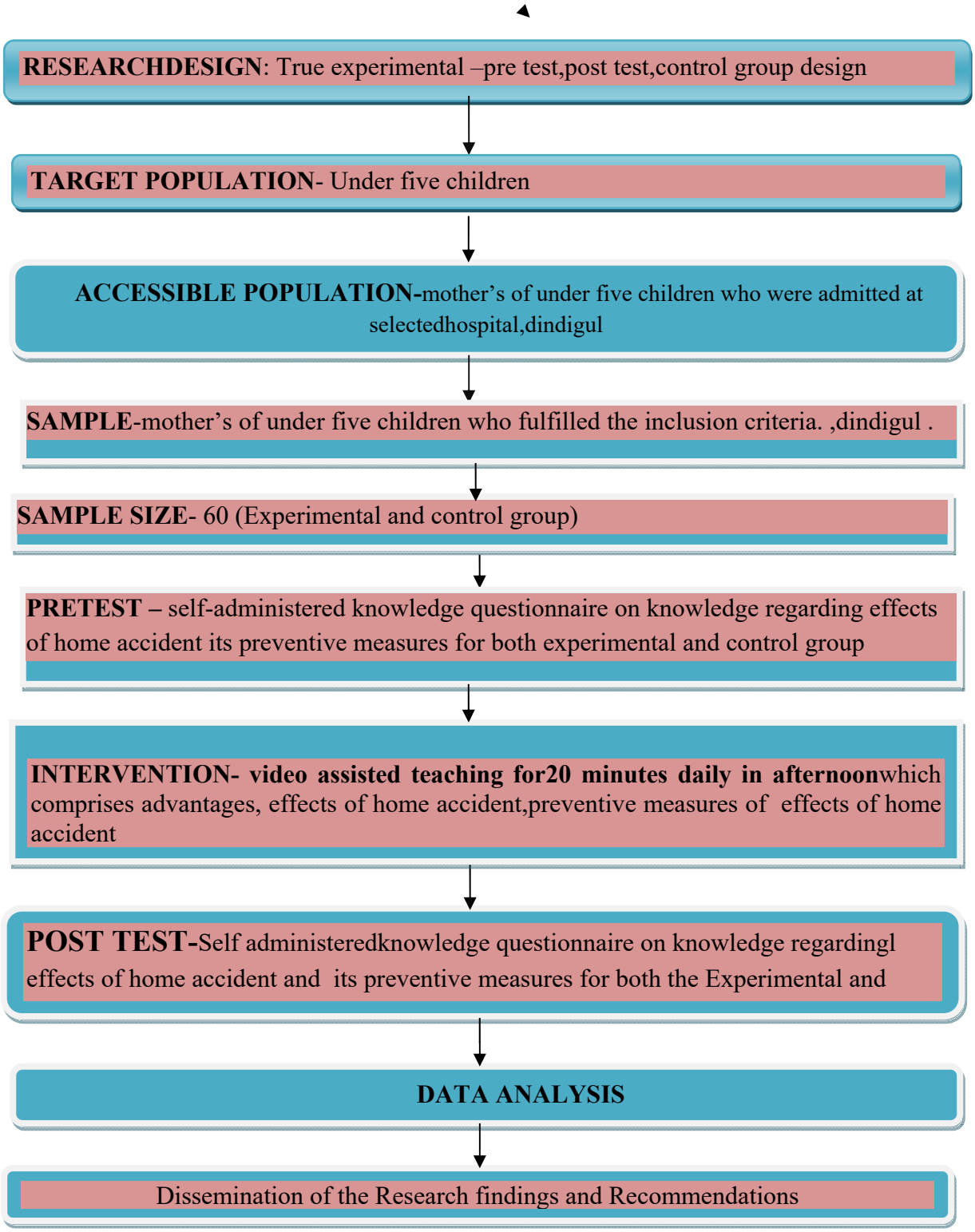
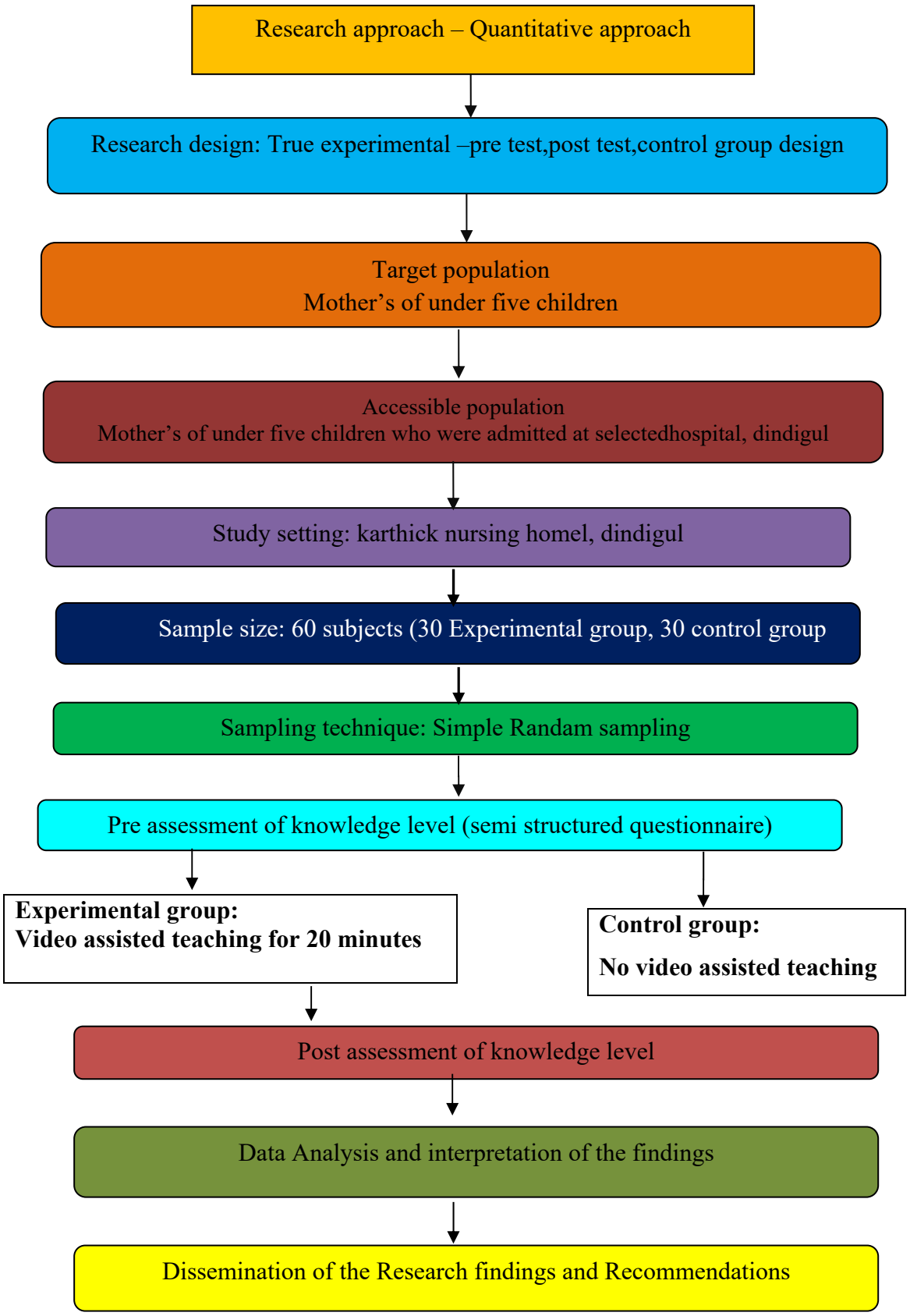


FIGURE-2 :OVER VIEW OF STUDY - METHODOLOGY

SCHEMATIC REPRESENTATIION OF RESEARCH METHODOLOGY



DATA ANALYSIS AND INTERPRETATION

CHAPTER IV

DATA ANALYSIS AND INTERPRETATION

This chapter explains the statistical analysis performed on the collected data and to evaluate the effectiveness of puppet show on knowledge regarding effects of home accident and its preventive measures among mother's of under five children at selected hospital dindigul. Analysis is a method for reading quantitative data meaningful and intelligible information, so that the research problem can be studied and tested, including relationships between the socio demographic variables.

The data was collected from 60 samples, assembled, analyzed and tested for their significance. The findings based on the statistical analysis are presented in this chapter. Descriptive statistics was used for analyzing data in the light of objective of the study.

Organization of data : The study findings of the samples are presented in the following sections

Section-I: Description of socio demographic variables of among mother's of under five children.

Section-II: Distribution of Pre test level of knowledge regarding effects of home accident and its preventive measures.

Section-III: Effectiveness of video assisted teaching on knowledge regarding effects of home accident and its preventive measures in experimental group

Section-V: Description an association between the posttest level of knowledge regarding effects of home accident and its preventive measures among mother's of under five children with their selected socio demographic variable

SECTION-I

DISTRIBUTION AMONG MOTHER'S OF UNDER FIVECHILDREN, WITH THEIR SOCIO DEMOGRAPHIC VARIABLES

Table - 1

Frequency and percentage distribution of socio demographic variables among mother's of under five children

n=60

SOCIO DEMOGRAPHIC VARIABLES	EXPERIMENTAL GROUP		CONTROL GROUP	
	f	%	f	%
AGE				
a) 41-50Years	2	6.7	3	10.
b) 31-40 Years	26	86.6	27	90
c) 21-30 years and above	2	6.7	-	-
RESIDENCE				
a) Urban	20	66.7	20	66.7
b) Rural	10	33.3	10	33.3
c) Sub urban	-	-	-	-
TYPE OF FAMILY				
a) Nuclear	24	80.0	19	63.3
b) Joint	6	20.0	11	36.7
c) Extended	-	-	-	-
NUMBER OF SIBLINGS				
a) No siblings	3	10.0	5	16.7
b) One	22	73.3	18	60.0
c) Two	5	16.7	7	23.3

EDUCATION OF FATHER				
a) No formal education	-	-	-	-
b) Primary	9	30.0	17	56.7
c)Middle	-	-	-	-
c) High	9	30.0	6	20.0
d) Degree and above	12	40.0	7	23.3
EDUCATION OF MOTHER				
a) No formal education	-	-	-	-
b) Primary	13	43.3	10	33.3
c) Middle	-	-	-	-
d) High	11	36.7	12	40.0
e) Degree	6	20.0	8	26.7
OCCUPATION OF FATHER				
a) Cooly	24	80.0	21	70.0
b) Private employee	6	20.0	9	30.0
c) Government employee	-	-	-	-
OCCUPATION OF MOTHER			17	
a) Home maker	20	66.7	13	56.7
b) cooly	10	33.3	-	43.3
c) Private	-	-	-	-
d) Government employee	-	-		-
FAMILY MONTHLY INCOME				
a) <3000	18	60.0	22	73.3
b) Rs.3001-5000	7	23.3	4	13.3
c) Rs.5001-8000	5	16.7	4	13.3
d) >8000	-	-	-	-
MOST PREFERABLE PROGRAME SOURCE OF KNOWLEDGE				
1) Health leave professional	11	36.7	14	46.7
2) media	17	56.7	13	43.3
3) Neighbour	2	6.7	3	10.0

- **In the aspect of age**, most of the subjects 26 (86.6%) were belongs to the age of 41-50 years; the least were 2 (6.7%) belongs to the age of 31-40 years and21-30 years and above in experimental group and in the control group 27(90.0%) were in 41-50 years and 3(10%) subjects between 31-40 years of age group.

- **In regards to Residence, most of the** subjects 20(66.7%) residing in urban area,10 subjects(33.3%)were residing at rural area in experimental group, in control group 20 subjects(66.7%)living in urban and10 subjects(33.3%)living in rural area.

- **Regarding the type of family**, most of the subjects 24 (80%) were from nuclear family and remaining 6(20%) were from joint family in experimental group. Similarly in control group, most of the subjects 19(63.3%) were from nuclear family and remaining 11(36.7%) were from joint family

- **Related to the number of children**, most of the families had two children both in experimental and control group.

- **Based on educational status of father**, 12 (40%) were had degree education, 9(30%) had primary education, Higher secondary education, none of them (0%) were no formal education in experimental group. In control group, 17(56.7%) of the fathers had primary education, 6 (20.0%) had secondary education, 7(23.3%) were studied up to degree education.

- **Related to mother's education**, none of them were had no formal education, and 13(43.3.%) had primary education,11(36.7%) had secondary education,6(20%)had degree education in experimental group, and control group 10(33.3%) were studied up to primary education and 12(40%) were completed secondary education.

- **Based on father occupation**, most of the father, 24 (80.0%) were cooly, 6(20%) working in private sector, none of them had government employee, in experimental group In control group 21(70.0%) were cooly, and 9(30.0%) were working in private sector respectively.

- **According to mother occupation 20**(66.7) were home maker,10(33.3%)working as a cooly in experimental group, in control group 17(56.7%)were home maker and 13(43.3%)were cooly.

- **About family income of the subjects**, most of their salary in experimental group 18(60%) fall below Rs. 3000 and 7(23.3%) earned above Rs.5000,5(16.7%) earned above Rs. 8000 In experimental group, 22 (73.37%) families were earning Rs. 3000 - in control group, 4 (13.3%) families were earning between Rs.3000-Rs.5000 and 4(13.3%) were earning Rs.8000 per month.

- **In regard to Most preferable source of home accident** most of them in experimental 17(56.7%) a health care professional and 11 (36.7%),2(6.7%) media programme in experimental group. In control group 14(46.7%) were neighbour and 13(43.3%) viewing health care professional ,3(10%)medial.

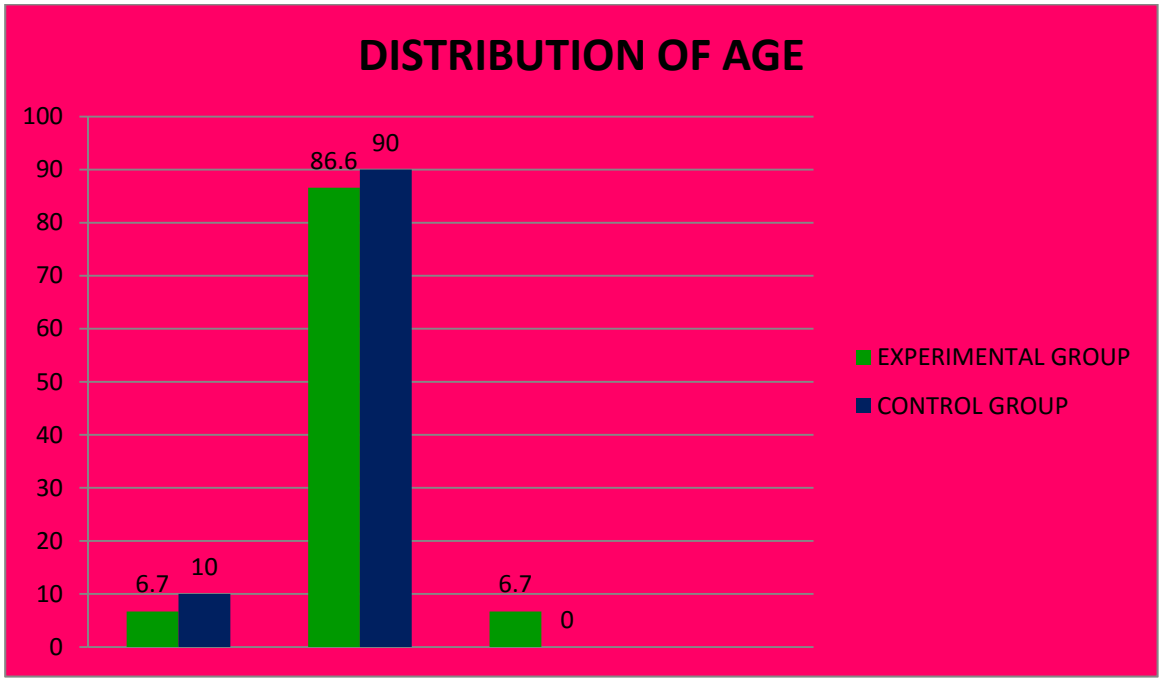


Figure 1: Percentagewise distribution according to their age in years both in experimental and control group

The above bar diagram shows that in experimental group the higher percentage of subjects 26(86.6%) was in between 31-40 years of age group and 2(6.7%) was in the age of 41-50 years,2(6.7%) between the age of21-30 years and above,in control group most of the subjects 27(90%)was in between 31-40 years of age group,3 subjects(10%)in between age group of 21-30 years.no subjects falls between the age group of41-50years and above.

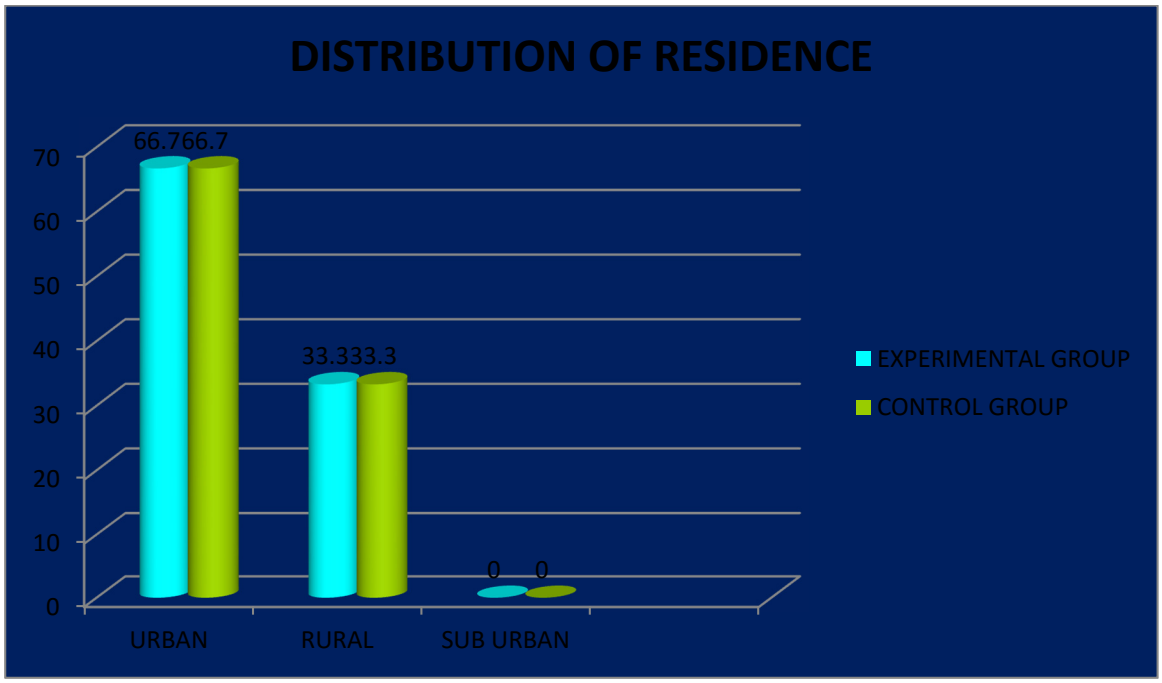


Figure 2: Percentagewise distribution according to their Residence both in experimental and control group

- The above cylindrical bar diagram shows that in experimental group most of the subjects 20(66.7%)residing in urban area,10 subjects(33.3%)were residing at rural area,in control group 20 subjects(66.7%)living in urban and10 subjects(33.3%)living in rural area.none of the subjects residing in sub urban area.

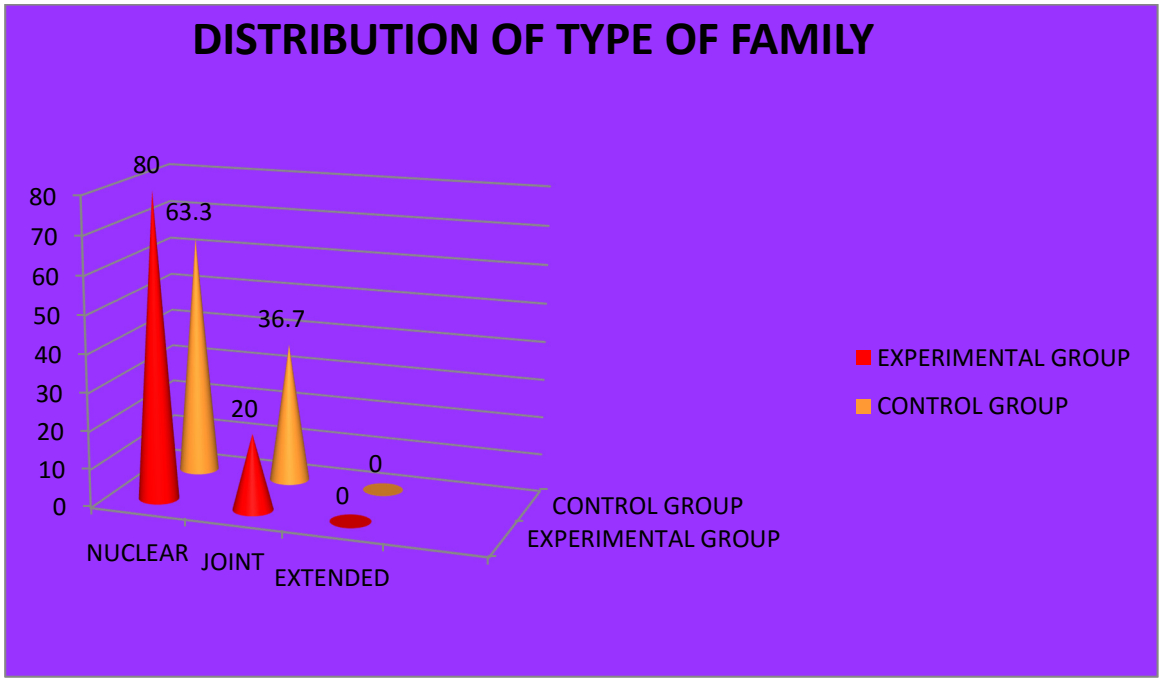


Figure 3: Percentagewise distribution based on family type both in experimental and control group

The above cone diagram illustrates that most of the subjects24 (80%) belongs to nuclear family and6 (20%) were belongs to jointfamily in experimental group and in control group19 (63.3%)belongs to nuclear family and11 (36.7%)belongs to joint family,none of the family belongs to extended family.

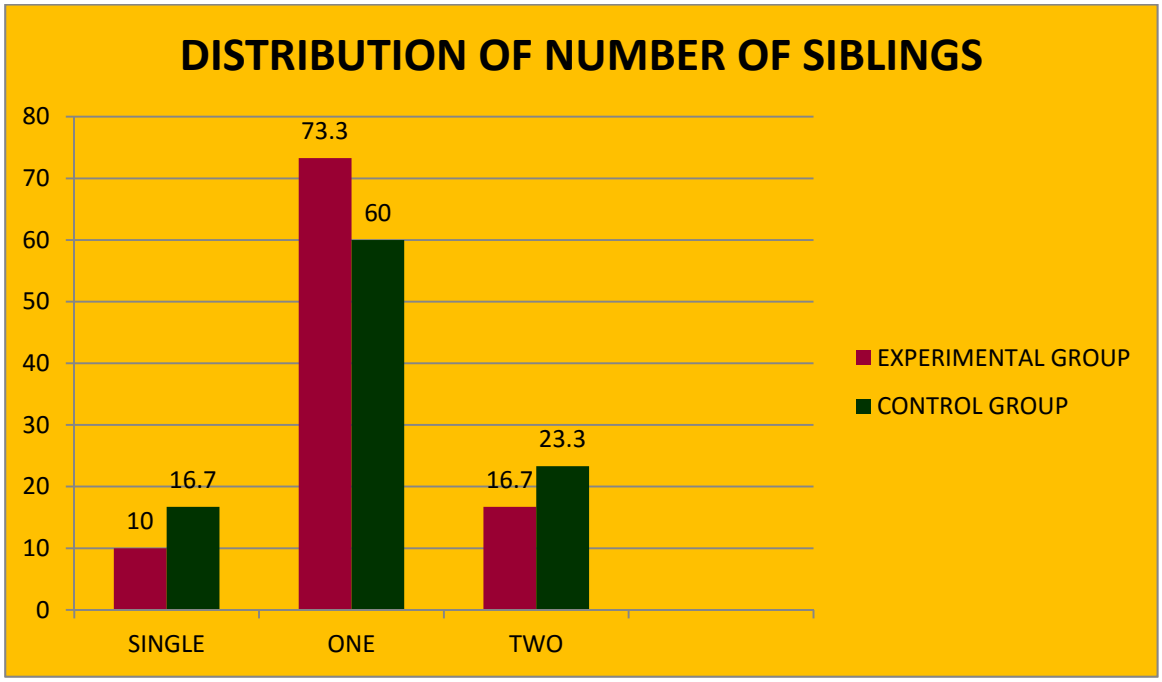


Figure 4: Percentagewise distribution based on number of siblings both in experimental and control group

The above bar diagram illustrates that in experimental group most of the children 22(73%) have one siblings,5(16.7%)have two siblings,3subjects(10%)have no siblingsand in control group most of the subjects18(60%)have one siblings,7 subjects(23.3%) have two siblings,5 subjects(16.7%)have no siblings.

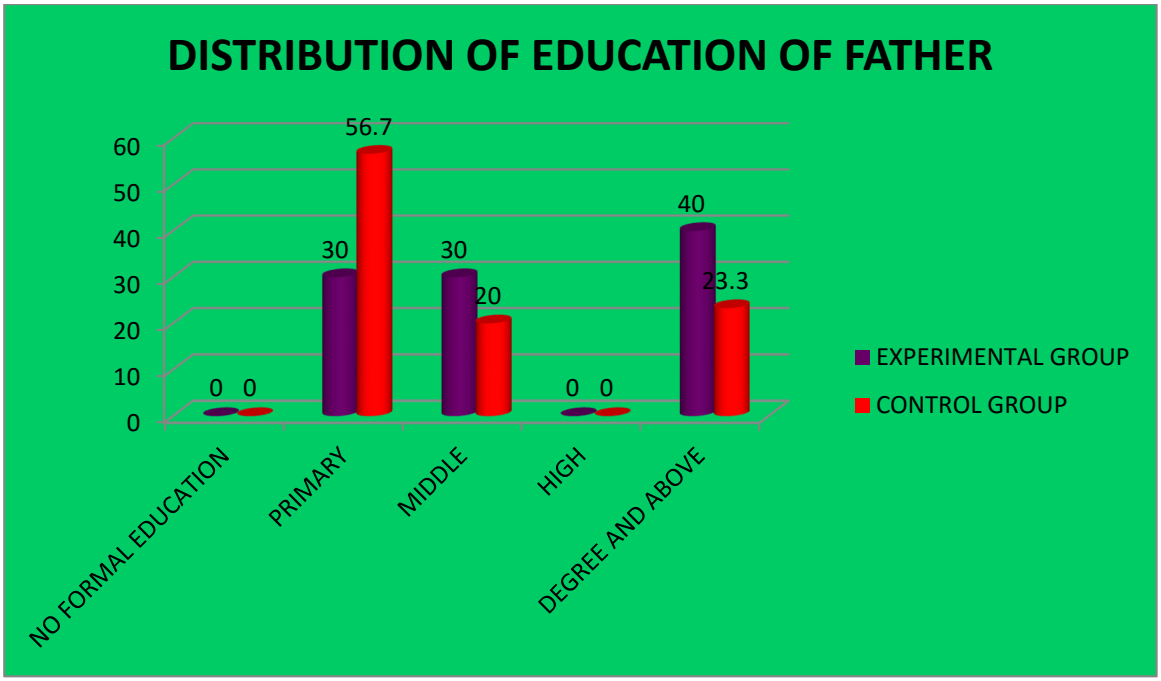


Figure 5: Percentagewise distribution based on education status of father both in experimental and control group

The above cylindrical bar diagram shows that most of the subject's father in experimental group12 (40%) were studied up to degree,9(30%) had primary and 9(30%) had secondary education respectively.In control group17 (56.7%) had primary education,6(20%)had secondary education,7(23.3%)were had degree.

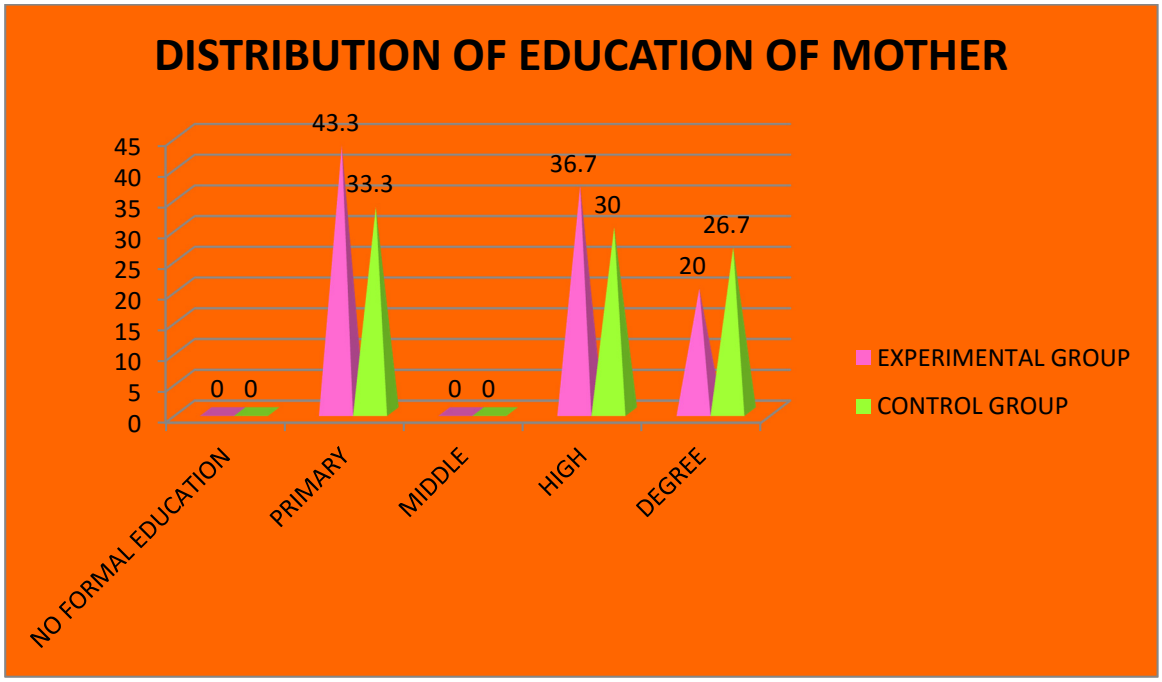


Figure 6: Percentagewise distribution based on education status of mother both in experimental and control group

The above cone diagram shows that most of the mothers in experimental group (43.3%) had primary school education; 36.7%% were studied up to secondary education and (20%) were studied degree education, In control group, most of the mothers (40%) were had secondary school education,(33.3%)had primary education.

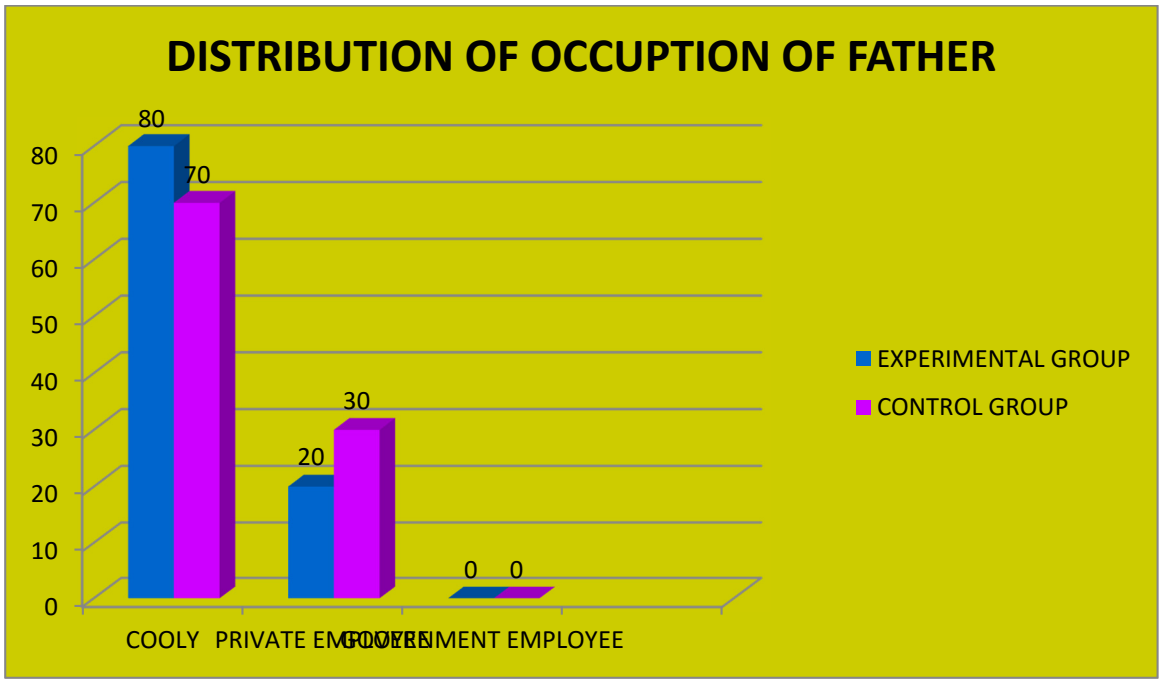


Figure 7:Percentagewise distribution based on occupation of father both in experimental and control group

The above bar diagram shows that in experimental group24(80%) of father were cooly,6(20%)were working as a private employ, in control group 21(70%)of father were cooly,9(30%)were working in private employ, none of them had government employ both in experimental and control group.

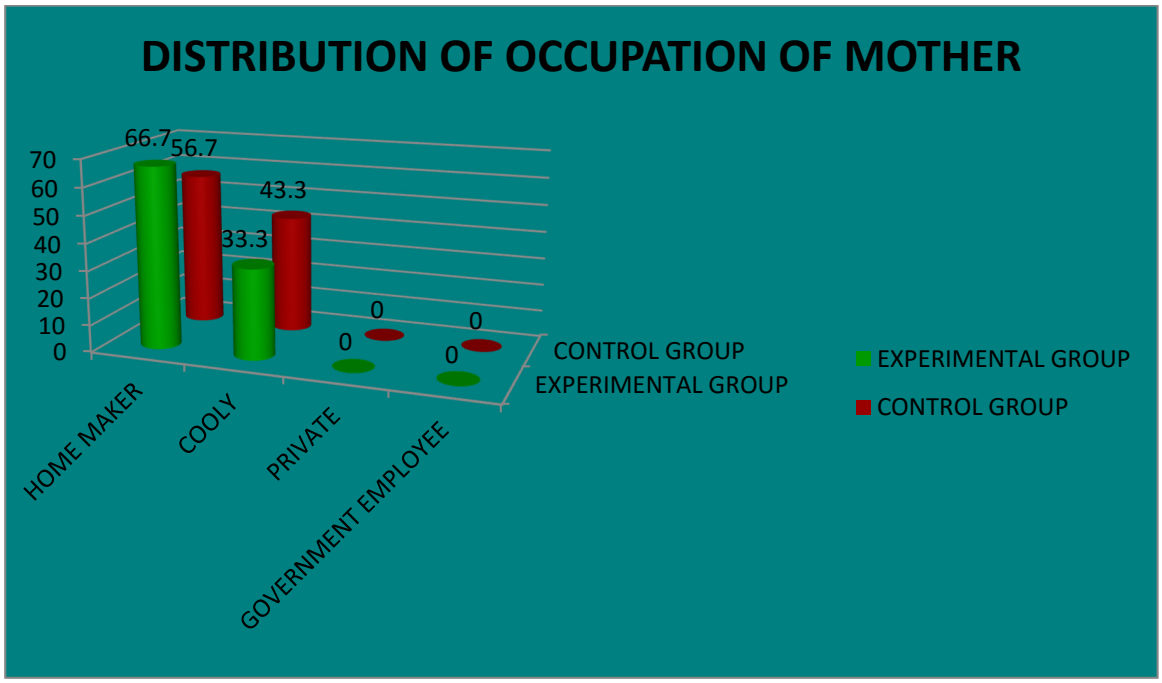


Figure 8::Percentagewise distribution based on occupation of mother both in experimental and control group

The above cylindrical bar diagram shows that in experimental group most of the mother 20(66.7%) were home maker, 10(33.3%) were cooly, in control group 17(56.7%) were home maker and 13(43.3%) were cooly, none of them had private and government employee both in experimental and control group.

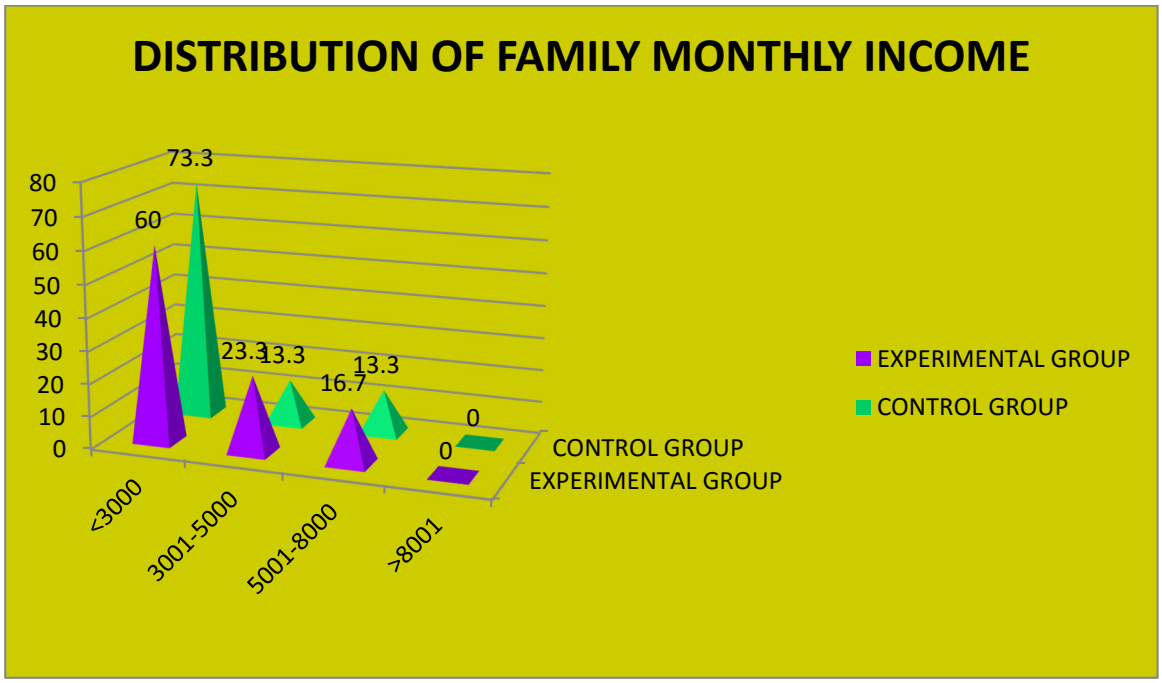


Figure 9: Percentagewise distribution based on family income both in experimental and control group

The above cone diagram shows that most of the family income in experimental group 18(60%) falls below Rs. 3000,7(23.3%) falls between 3001-5000, 5(16.7%) falls between 5001-8000, and in control groups most of the family income 22(73.3) below the range of Rs3000, 4(13.3%)falls between Rs 3001-5000, 4(13.3%)between Rs 5001-8000. Also none of them was getting more than Rs. 8000 both in experimental and control group.

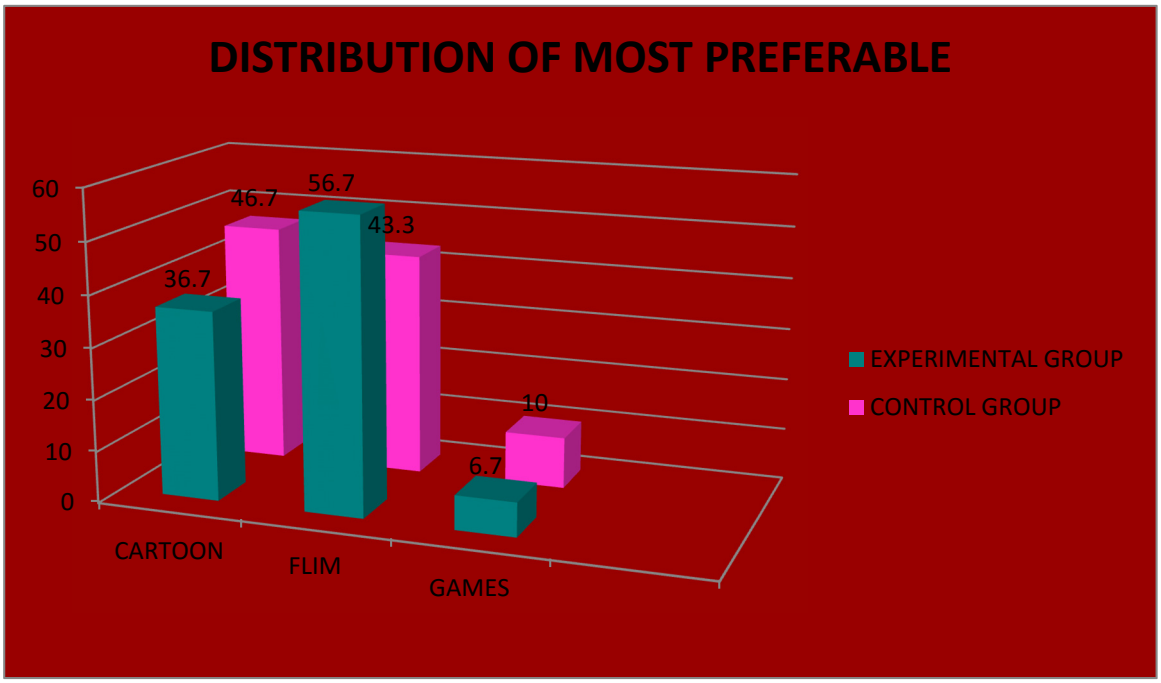


Figure 10: Percentagewise distribution based on most preferable illustrates that most of the subjects 17(56.7%) watching film and 11(36.7%) watching cartoon, 2(6.7%) viewing games in experimental group, in control group 14subjects (46.7%) viewing cartoon, 13(43.3%) watching filim,3(10%)viewing games.

SECTION- II

DISTRIBUTION OF PRE TEST LEVEL OF KNOWLEDGE REGARDING EFFECTS OF HOME ACCIDENT AND ITS PREVENTIVE MEASURES BOTH EXPERIMENTAL AND CONTROL GROUP

Table-2

Pretest level of knowledge among mother's of under five children in experimental and control group.

n=60

S.NO	RANGE	EXPERIMENTAL GROUP		CONTROL GROUP	
		f	%	f	%
1	VERY LOW	4	13.3	8	26.7
2	LOW	18	60	18	60
3	AVERAGE	8	26.7	4	13.3
4	HIGH	-	-	-	-
5	VERY HIGH	-	-	-	-

The above table shows the distribution of pre test level of knowledge regarding effects of home accident and its preventive measures, in experimental group majority of the subjects 18(60%) had low level of knowledge,8(26.7%)had average level of knowledge,4subjects(13.3%)had very low level of knowledge, In control group most of the subjects18 (60%) had low level of knowledge,8(26.7%)had very low level of knowledge,4subjects(13.3%)had average level of knowledge. Hence no one had high and very high level of knowledge in pretest both in experimental and control group.

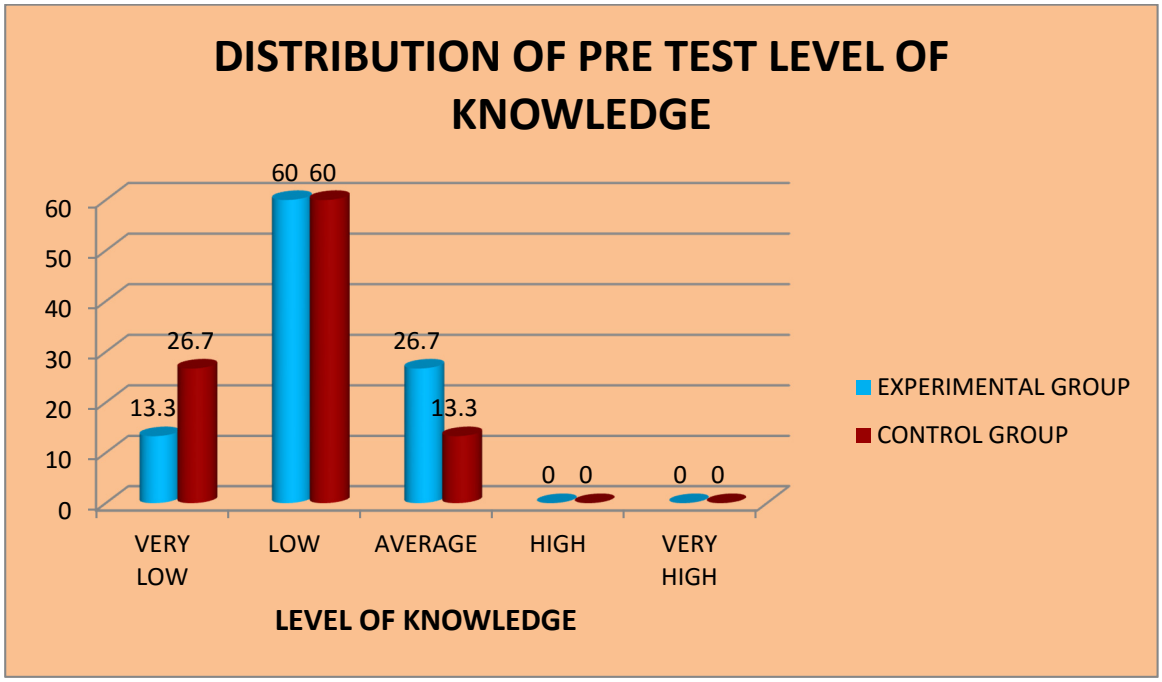


Figure-11:Percentagewise distribution according to pretest level of knowledge

The above cylindrical diagram shows that out of 30 subjects in experimental group18 (60%) had low level of knowledge, 4(13.3%) had very low level of knowledge and 8(26.7%) had average level of knowledge, in control group most of the subjects 18(60%) had low level of knowledge, 8(26.7%) had very low level of knowledge, 4(13.3%) had average level of knowledge, none of the subjects both in experimental and in control group had high and very high knowledge.

DISTRIBUTION OF POST TEST LEVEL OF KNOWLEDGE REGARDING EFFECTS OF HOME ACCIDENT AND ITS PREVENTIVE MEASURES BOTH IN EXPERIMENTAL AND CONTROL GROUP

Table-3

Frequency and percentage distribution of Posttest level of knowledge among mother's of under five children both Experimental and control group

n=60

S.NO	RANGE	EXPERIMENTAL GROUP		CONTROL GROUP	
		F	%	F	%
1	VERY LOW	-	-	6	20.0
2	LOW	-	-	19	63.3
3	AVERAGE	3	10	5	16.7
4	HIGH	2	6.7	-	-
5	VERY HIGH	25	83.3	-	-

The above table shows the post test level of knowledge regarding effects of home accident and its preventive measures, in experimental group majority of the subjects 25 (83.3%) had very high level of knowledge on effects of home accident and its preventive measures 2(6.7%) had high level of knowledge, 3(10%) scored average level of knowledge, In control group 19(3.3%)scored low level of knowledge, 5(16.7%) scored average level of knowledge, 6(20%) had very low level of knowledge. Hence no one had very low and low level of knowledge in experimental group, in control group none of the subjects had high and very high level of knowledge.

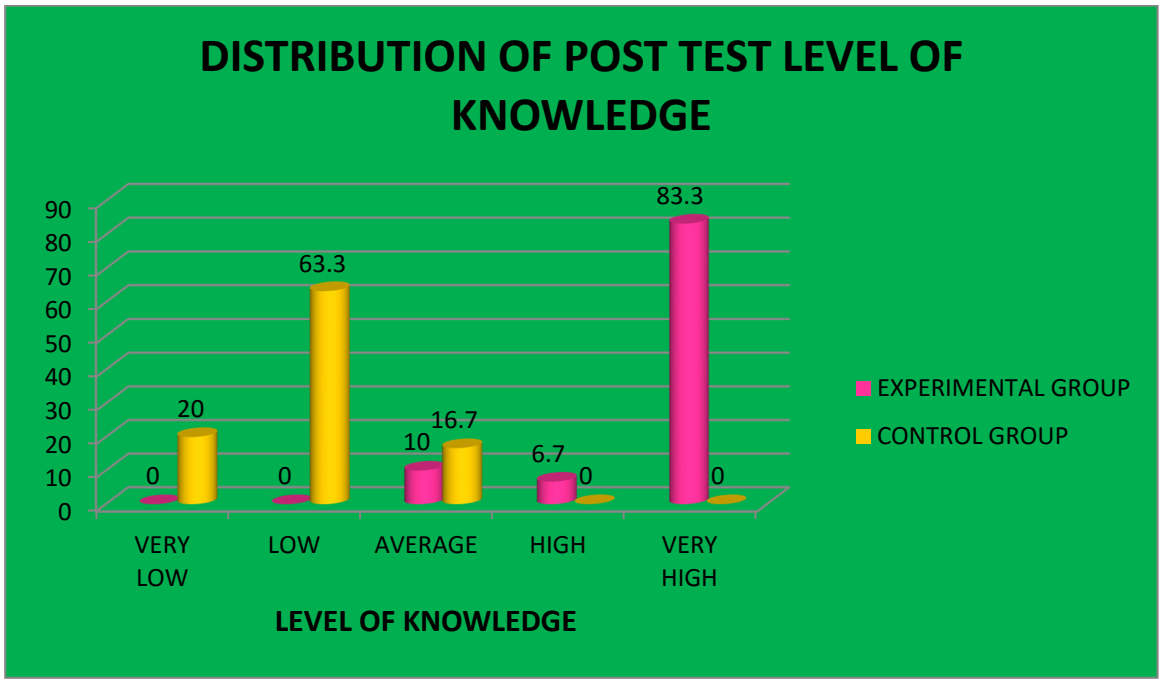


Figure-12: Percentagewise distribution according to posttest level of knowledge

The above cylindrical bar diagram showed that out of 30 children (10%) had average knowledge and (6.7%) had high knowledge and (83.3%)had very high knowledge in posttest among experimental group. In control group, most of the subjects (63.3%) had low knowledge in posttest.

SECTION – III

Table-4

EFFECTIVENESS OF VIDEO ASSISTED TEACHING REGARDING EFFECTS OF HOME ACCIDENT AND ITS PREVENTIVE MEASURES T-TEST TO ASSESS THE EFFECTIVENESS OF VIDEO ASSISTED TEACHING

GROUP	Experimental group			Control group			Student independent t t-test value
	Mean	Standard deviation	Student dependent t-test value	Mean	Standard deviation	Student dependence t-test value	
PRE TEST	32.27	10.96	15.01 P<0.001	29.17	9.11	0.244	1.19 P>O.05
POST TEST	83.91	12.33		29.74	10.98		17.96 P<0.001

The above table reveals that significant level of knowledge increased at 0.005 level (t=17.96) among experimental group after intervention. Hence Video assisted teaching was effective in improving the level of knowledge among the mothers of under five children. Control group had no significant changes in the level of knowledge.

SECTION-IV

Table-5

COMPARISION OF PRE AND POSTTEST LEVEL OF KNOWLEDGE REGARDING PREVENTION OF HOME ACCIDENTS OF HOME ACCIDENT AND ITS PREVENTIVE MEASURES

S.NO	ASPECTS	EXPERIMENTAL GROUPMEAN		ONTROL GROUP MEAN	
		PRE TEST	POST TEST	PRETEST	POST TEST
1	PREVENTION OF HOME ACCIDENTS	32.05	82.82	33.07	33.65
2	PREVENTIVE MEASURES	32.50	85.00	25.27	25.83

The above table shows that in experimental group mean score was increased in effects of home accident from 32.05 to 82.82, in preventive measures mean score was increased from 32.50 to 85.00 . This indicates that video assisted teaching was increased the level of knowledge regarding prevention of home accidents of home accident and its preventive measures.

SECTION – V

Table - 6

ASSOCIATE THE POSTTEST LEVEL OF KNOWLEDGE REGARDING EFFECTS OF HOME ACCIDENT AND ITS PREVENTIVE MEASURES WITH THEIR SELECTED SOCIO DEMOGRAPHIC VARIABLES IN EXPERIMENTAL GROUP

n=60

S. no	Demographic variables	Knowledge level								Very high		Chi square	p value
		Very low		Low		Average		High					
		f	%	f	%	f	%	f	%	f	%		
1	Age												
	41-50 years	0	0	0	0	0	0	0	0	2	6.7		
	31-40 years	0	0	0	0	3	10	2	6.7	21	69.9	0.923 df=4	**0.921***
	21-30 years and above	0	0	0	0	0	0	0	0	2	6.7		
2	Residence												
	Urban	0	0	0	0	2	6.7	1	3.3	17	56.7		
	Rural	0	0	0	0	1	3.3	1	3.3	8	26.7	0.270 df=4	0.874
	Sub Urban	0	0	0	0	0	0	0	0	0	0		
3	Type of Family												
	Nuclear	0	0	0	0	2	6.7	2	6.7	20	66.6		
	Joint	0	0	0	0	1	3.3	0	0	5	16.7	0.833 df=8	**0.659***
	Extended	0	0	0	0	0	0	0	0	0	0		
4	Number of siblings												
	Single	0	0	0	0	0	0	1	3.3	2	6.7	5.045 df=8	**0.283***
	One	0	0	0	0	3	10	1	3.3	18	60		
	Two	0	0	0	0	0	0	0	0	5	16.7		

5	Education of Father											0.79 df=16	0.435
	No formal Education	0	0	0	0	0	0	0	0	0	0		
	Primary	0	0	0	0	2	6.7	1	3.3	6	20		
	Middle	0	0	0	0	0	0	0	0	0	0		
	High	0	0	0	0	0	0	0	0	9	30		
	Degree and above	0	0	0	0	1	3.3	1	3.3	10	33.4		
6	Education of Mother											1.771 df=16	0.244
	No formal Education	0	0	0	0	0	0	0	0	0	0		
	Primary	0	0	0	0	2	6.7	1	3.3	10	33.4s		
	Middle	0	0	0	0	0	0	0	0	0	0		
	High	0	0	0	0	1	3.3	1	3.3	9	30		
	Degree and above	0	0	0	0	0	0	0	0	6	20		
7	Occupation of Father											0.653 df =8	0.659
	Cooly	0	0	0	0	2	6.7	2	6.7	20	66.6		
	Private Employee	0	0	0	0	1	3.3	0	0	5	16.7		
	Government Employee	0	0	0	0	0	0	0	0	0	0		
8	Occupation of Mother											0.830 df=16	0.401
	Home maker	0	0	0	0	3	10	1	3.3	16	53.3		
	Cooly	0	0	0	0	0	0	1	3.3	9	30		
	Private Employee	0	0	0	0	0	0	0	0	0	0		
	Government Employee	0	0	0	0	0	0	0	0	0	0		
	Degree and above	0	0	0	0	0	0	0	0	0	0		

9	Family monthly Income											2.496 df=12	0.645
	<3000	0	0	0	0	2	6.7	1	3.3	15	50.1		
	3001-5000	0	0	0	0	1	3.3	0	0	6	20		
	5001-8000	0	0	0	0	0	0	1	3.3	4	13.3		
	>8000	0	0	0	0	0	0	0	0	0	0		
10	Most preferable source of knowledge											2.826 df=8	**0.587***
	Health leave professional	0	0	0	0	2	6.7	0	0	9	30		
	Media	0	0	0	0	1	3.3	2	6.7	14	46.6		
	Neighbour	0	0	0	0	0	0	0	0	2	6.7		

(*P<0.05 Significant,p<0.01 and***p<0.001 Highly Significant)**

The above table reveals that there is significant association between the posttest knowledge scores and selected socio demographic variable such as age, type of family, number of siblings, Most preferable programme home accident. And there is no significant association between the posttest level of knowledge and other socio demographic variables such as Residence, , educational status of father, educational status of mother, occupation of father, occupation of mother, income,.

DISCUSSION

CHAPTER – V

DISCUSSION

Based on the objectives of the study and hypothesis, this chapter deals with the detailed discussion of the results of the data interpreted from the statistical analysis. The purpose of the study was to evaluate the effectiveness of video assisted teaching on knowledge regarding effects of home accident and its preventive measures, among the mother's of under five children, at selected hospital. Education based on life experiences should begin during the very earliest years of life. Such experiences play a critical role in shaping lifelong attitudes, values and patterns of behavior toward development.

When teaching mother more creative methods should be adopted to stimulate their interest towards achievement.

The sample consists of 60 children selected by simple random technique. Pretest was conducted using a semi structured questionnaire including the socio demographic variables and knowledge questionnaire regarding effects of home accident and its preventive measures. The children were given teaching regarding effects of home accident and its preventive measures. The post test was administered using the same questionnaire. The collected data were interpreted using frequency and percentage distribution, mean, standard deviation and paired 't' test. The results were discussed based on the objectives.

DISCUSSION OF SOCIO DEMOGRPHIC VARIABLES

In the aspect of age, most of the subjects 26 (86.6%) were belongs to the age of 41-50 years he least were 2 (6.7%) belongs to the age of 31-40 years and 21-30 years and above in experimental group and in the control group 27(90.0%) were in 41-50 years and 3(10%) subjects between 31-40 years of age group.

In regards to Residence, most of the subjects 20(66.7%) residing in urban area, 10 subjects (33.3%)were residing at rural area in experimental group, in control group 20 subjects (66.7%) living in urban and10 subjects(33.3%) living in rural area.

Regarding the type of family, most of the subjects 24 (80%) were from nuclear family and remaining 6(20%) were from joint family in experimental group. Similarly in control group, most of the subjects 19(63.3%) were from nuclear family and remaining 11(36.7%) were from joint family

Related to the number of children, most of the families had two children both in experimental and control group.

Based on educational status of father, 12 (40%) were had degree education, 9(30%) had primary education, Higher secondary education, none of them (0%) were no formal education in experimental group. In control group, 17(56.7%) of the fathers had primary education, 6 (20.0%) had secondary education, 7(23.3%) were studied up to degree education.

Related to mother's education, none of them were had no formal education, and13(43.3.%) had primary education,11(36.7%) had secondary education,6(20%)had degree education in experimental group, and control group 10(33.3%) were studied up to primary education and 12(40%) were completed secondary education.

Based on father occupation, most of the father, 24 (80.0%) were cooly, 6(20%)working in private sector, none of them had government employee, in experimental group In control group 21(70.0%) were cooly, and 9(30.0%) were working in private sector respectively.

According to mother occupation 20(66.7) were home maker, 10(33.3%)working as a cooly in experimental group, in control group 17(56.7%)were home maker and 13(43.3%)were cooly.

About family income of the subjects, most of their salary in experimental group 18(60%) fall below Rs. 3000 and 7(23.3%) earned above Rs.5000,5(16.7%) earned above Rs. 8000 In experimental group, 22 (73.37%) families were earning Rs. 3000 - in control group, 4 (13.3%) families were earning between Rs.3000-Rs.5000 and 4(13.3%) were earning Rs.8000 per month.. **In regard to Most preferable programme home accident**, most of them in experimental 17(56.7%)

viewing film and 11 (36.7%) watching cartoon,2(6.7%) watching games programme in experimental group. In control group 14(46.7%) were viewing cartoon and 13(43.3%) viewing filim,3(10%)watching games channel.

5.2 DISCUSSION OF THE STUDY BASED ON ITS OBJECTIVES:

The first objective is to assess the level of knowledge regarding prevention of home accidents of home accident and its preventive measures among the mother's of under five children selected hospital. present study reveals that, in pretest 18(60%) had low level of knowledge, 8(26.7%)had average level of knowledge, 4 subjects(13.3%)had very low level of knowledge and none of the subjects had high, and very high knowledge in pretest among experimental group regarding effects of home accident and its preventive measures.

This study was consistent with the descriptive study conducted by Robert Hancox (2011) (2009) to assess the knowledge on harmful effects of home accident and its preventive measures among children aged 10-14 years in Dunedin, New zeland. 60 children were selected by using purposive sampling technique. The study instrument was a pretest structured interview questionnaire which includes various aspects of effects of home accident and its preventive measures.. The study results revealed that majority of the respondents (66%) had low score and 24% had very low score on knowledge regarding effects of home accident and its preventive measures

This study was also supported by the quasi experimental study conducted by T.Gangadhara(2009), on knowledge regarding effects of home accident in Tumkur, Mangalore. The participants for the study were 210. Subjects were selected by using purposive sampling technique. Data were collected by means of structured questionnaire which consisted of questions related to l effects of home accident. The study revealed that most of the children (67%) had inadequate knowledge and (23%) had moderate knowledge about prevention of home accidents of home accident.

An descriptive survey study conducted Patel Dharamkumar (2009) to assess the knowledge regarding television viewing habits and their effects among high school children at selected high school of Bagalkot. A descriptive survey design

was.100 high school children selected by Stratified Random sampling technique. A printed learning materials of information guide sheet used as a teaching aid to improve the knowledge on home accident viewing habits and their effects. Structured questionnaire was used for data collection. after intervention the knowledge score was improved.

The second objective is to evaluate the effectiveness of video assisted teaching on knowledge regarding effects home accident and its preventive measures among mother's of under five children at selected hospital dindigul.

The present study reveals that, in pretest 18(60%) had low level of knowledge, 8 (26.7%) had average level of knowledge,4subjects(13.3%)had very low level of knowledge and none of the subjects had high, and very high knowledge in pretest among experimental group. the post test in experimental group most of the subjects 25 (83.3%) had very high knowledge; 2(6.7%) high level of knowledge,3(10%) scored average level of knowledge. Hence none of the subjects in experimental group had very low and low level of knowledge

The Mean of the Pretest and Posttest was 32.27 and 83.91. Respectively and Standard Deviation of the Pretest and Posttest was 10.96 and 12.33 respectively. The Mean difference was 29.29.The student paired 't' test was done to find out the difference between the pretest and post test score, 't' value 17.96 was greater than the table value which was significant at 0.001 level and indicated that video assisted teaching was effective in improving the knowledge regarding effects of home accident and its preventive measures.

The study was consistent with a quasi-experimental study conducted by Sarjeet Sanga(2011) to evaluate the effectiveness of video assisted teaching on knowledge regarding harmful effects of home accident. by simple random sampling technique. quasi experimental one group pre test, post test design was used. self structured questionnaire was used for data collection. Pre test conducted on first day, same day Video teaching given for six consecutive days and seventh day post test conducted. The result showed that in pre test 80% had poor knowledge, In post test

70% had adequate knowledge, 30%had moderate knowledge and no one had poor knowledge.

Hence the stated hypotheses H_1 "There is a significant difference between the pretest and posttest level of knowledge regarding effects of home accident and its preventive measures among mother's of under five children was accepted.

The third objective is to associate the level of knowledge regarding effects of home accident and its preventive measures among the mother's of under five children with their selected socio demographic variables.

Statistical significance was calculated by using Chi square test. The study reveals that there is significant association was found between the level of knowledge with such as age, type of family, number of siblings, Most preferable source home accident. And there is no significant association between the posttest level of knowledge and other socio demographic variables such as Residence, educational status of father, educational status of mother, occupation of father, occupation of mother, income,.

There is significant association between the posttest knowledge scores and selected socio demographic variable such as age, ($\chi 2$=0.923) type of family ($\chi 2$=0.833), number of siblings ($\chi 2$=5.045), Most preferable source of home accident ($\chi 2$=2.82). And there is no significant association between the posttest level of knowledge and other socio demographic variables such as Residence, educational status of father, educational status of mother, occupation of father, occupation of mother, income of the family. This indicates that video assisted teaching was increased the level of knowledge regarding effects of home accident and its preventive measures.

This study was consistent with the study conducted by villani.S, (20O9), to assess the effectiveness on knowledge regarding harmful effects of home accident and its preventive measures among the mothers of under five children in selected hospital at dindigul. Pre experimental one group pretest posttest design was used in

this study. 60 samples were selected using simple random technique. A structured questionnaire was used to collect the data from subjects. Pretest was conducted on first day. Video teaching was shown after conducting pretest. Posttest was done on the 7th day after intervention. The study findings showed that there was significant association found like age ($\chi 2$=4.32* table value = 3.84 with df at 0.05 level of significance), religion ($\chi 2$=3.95* table value = 3.84 with df at 0.05 level of significance), type of family ($\chi 2$=5.48* table value = 3.84 with df at 0.05 level of significance). Other variables like gender, educational and occupational status of parents, food habits were not associated with level of knowledge.

Hence, hypothesis 2 –"There is a significant association between the level of knowledge regarding effects of home accident and its preventive measures among the mother's of under five children with their selected socio demographic variables" was accepted.

SUMMARY AND CONCLUSION

CHAPTER-VI

SUMMARY, CONCLUSION, IMPLICATIONS AND RECOMMENDATIONS

This chapter presents the summary of the study and conclusion drawn, clarifies the limitation of the study, the implications and the recommendations, different areas like nursing practice, nursing education, nursing administration and nursing research.

6.1 SUMMARY OF THE STUDY

STATEMENT OF THE PROBLEM

A study to evaluate the effectiveness of video assisted teaching on knowledge regarding effects of home accident and its preventive measures among the mother's of under five children selected hospital, Dindigul"

OBJECTIVE OF THE STUDY WERE

- To assess the level of knowledge regarding of home accident and its preventive measures among the mother's of under five children at selected hospital, Dindigul
- To Evaluate the effectiveness of video assisted teaching on knowledge regarding effects of home accident and its preventive measures among the mother's of under five children at selected hospital dindigul.
- To associate the level of knowledge regarding effects of home accident and its preventive measures among the mother's of under five children with their selected socio demographic variables.

THE FOLOWING HYPOTHESES WERE TESTED

H-1 :There is a significant difference between pre test and post test level of knowledge regarding effects of home accident and its preventive measures among the mother's of under five children selected hospital, Dindigul.

H-2 : There is a significant association between the level of knowledge regarding effects of home accident ion and its preventive measures among the mother's of under five children with their selected socio demographic variable.

THE STUDY ASSUMPTIONS WERE

- The high school children may have varying level of knowledge regarding l effects of home accident and its preventive measures.
- Among the mother's of under five children shows interest to see video assisted teaching

The conceptual model of this study was based on Modifiedkennys open system model. The study was conducted by using true experimental - pretest posttest control group design. The population of the study was among the mothers of under five children admitted in selected hospital simple random sampling technique was used to select the sample. The study consists of 60 mothers. A Pilot study was conducted among 10 of subjects at selected hospital, to find out the feasibility and practicability for conducting the study. After testing the validity and reliability, the tool was used for data collection. The participants of the pilot study were excluded from the main study. Data gathered were analyzed by using both descriptive and inferential atistics.

6.2 MAJOR FINDINGS OF THE STUDY WERE

- **In the aspect of age**, most of the subjects 26 (86.6%) were belongs to the age of 41-50 years; the least were 2 (6.7%) belongs to the age of 31-40 years and21-30ears and above in experimental group and in the control group 27(90.0%) were in 41-50 years and 3(10%) subjects between 31-40years of age group.
- **In regards to Residence, most of the** subjects 20(66.7%)residing in urban area,10 subjects(33.3%)were residing at rural area in experimental group, in control group 20 subjects(66.7%)living in urban and10 subjects(33.3%)living in rural area.
- **Regarding the type of family**, most of the subjects 24 (80%) were from nuclear family and remaining 6(20%) were from joint family in experimental group. Similarly in control group, most of the subjects 19(63.3%) were from nuclear family and remaining 11(36.7%) were from joint family
- **Related to the number of children**, most of the families had two children both in experimental and control group.

- **Based on educational status of father**, 12 (40%) were had degree education, 9(30%) had primary education, Higher secondary education , none of them (0%) were no formal education in experimental group. In control group, 17(56.7%) of the fathers had primary education, 6 (20.0%) had secondary education, 7(23.3%) were studied up to degree education.
- **Related to mother's education**, none of them were had no formal education, and 13(43.3.%) had primary education,11(36.7%) had secondary education,6(20%)had degree education in experimental group, and control group 10(33.3%) were studied up to primary education and 12(40%) were completed secondary education. Among s
- **Based on father occupation**, most of the father, 24 (80.0%) were cooly, 6(20%)working in private sector, none of them had government employee, in experimental group In control group 21(70.0%) were cooly, and 9(30.0%) were working in private sector respectively.
- **According to mother occupation 20**(66.7)were home maker, 10(33.3%) working as a cooly in experimental group, in control group 17(56.7%)were home maker and 13(43.3%)were cooly.
- **About family income of the subjects**, most of their salary in experimental group 18(60%) fall below Rs. 3000 and 7(23.3%) earned above Rs.5000,5(16.7%) earned above Rs. 8000 In experimental group, 22 (73.37%) families were earning Rs. 3000 - in control group, 4 (13.3%) families were earning between Rs.3000-Rs.5000 and 4(13.3%) were earning Rs.8000 per month.
- **In regard to Most preferable source of home accident** of them in experimental 17(56.7%) viewing media and 11 (36.7%) source of knowledge, 2(6.7%) media programme in experimental group. In control group 14(46.7%) were viewing health leave professional and 13(43.3%) viewing media ,3(10%)neighbor.

The present study reveals that, in pretest , in experimental group most of the subjects 18(60%) had low level of knowledge, 8(26.7%) had average level of knowledge, 4subjects (13.3%)had very low level of knowledge, In control group most of the subjects 18 (60%) had low level of knowledge, 8(26.7%) had very low level of

knowledge, 4subjects (13.3%) had average level of knowledge. Hence none of the subjects had high and very high level of knowledge in pretest both in experimental and control group.

After intervention, , in experimental group most of the subjects25 (83.3%) had very high knowledge; 2(6.7%) high level of knowledge,3(10%) scored average level of knowledge , In control group19(63.3%)scored low level of knowledge,5(16.7%) scored average level of knowledge,6(20%) had very low level of knowledge. Hence none of the subjects in experimental group had very low and low level of knowledge, in control group none of the subjects had high and very high level of knowledge.

There was a highly significant difference in mean score was increased in effects of home accident from 32.05 to 82.82, in preventive measures of effects of home accident from 32.50 to 85.00 .

There was a highly significant difference in the mean scores between pretest and post test in experimental group. The Mean of the Post test score 65.51 was significantly higher than the Pretest score of 36.22, this difference in mean is a true difference by the intervention not by chance.

There is significant association between the posttest knowledge scores and selected socio demographic variable such as age, ($\chi 2$=0.923) type of family ($\chi 2$=0.833), number of siblings ($\chi 2$=5.045),Most preferable programme watching in Television ($\chi 2$=2.82). And there is no significant association between the posttest level of knowledge and other socio demographic variables such as Residence, educational status of father, educational status of mother, occupation of father, occupation of mother, income of the family. This indicates that video assisted teaching was increased the level of knowledge regarding effects of home accident and its preventive measures.

6.3 CONCLUSION

This study attempted to find out the effectiveness of video assisted teaching on knowledge regarding effects of home accident and its preventive measures. After administration of video teaching there was a significant improvement on knowledge regarding effects of home accident and its preventive measures. video teaching was found to be effective in improving the knowledge regarding effects of home accident and its preventive measures.

It indicate video assisted teaching can be used to all age groups in terms of improving their knowledge. so video assisted teaching interventions are cost effective, on invasive, non-pharmacological, free from side effects and highly feasible. The researcher concluded that it can be use as an effective intervention to improve the level of knowledge.

6.4 IMPLICATIONS

The findings of the study have several implications on nursing practice, nursing administration, nursing education and nursing research that can be used in the following areas of profession.

NURSING PRACTICE:

- The nurses need adequate knowledge regarding effects of home accident and its preventive measures.
- Nurses are the key persons of the Health team, who play a major role in health promotion and maintenance. The main focus of nursing practice is to reduce the morbidity and mortality rate and to improve the quality of life.
- Different methods of teaching can be used to impart knowledge.

The child health nurses can plan teaching programme like mass education on various aspects of l effects of home accident and its preventive measures.

NURSING EDUCATION

- Nurse educators need to lay emphasis on effects of home accident and its preventive measures, its importance and help the children to recognize the impact of effects of home accident creating awareness various aspects of prevention of home accidents of watching television and its preventive measures should be the part of curriculum in teaching students.
- Nurse educators help to conduct educational programs among children because effects of home accident and its preventive measures practices can serve the children from eye strain, sleeping disorder, obeysity, etc.. So training the hours of home accident and type of programmes could also save child from physical activities, social activities.
- Nursing curriculum should provide opportunity to plan, develop and administration of innovative method for health teaching in various setting along with other audio visual aids.

NURSING RESEARCH

- A nurse researcher should conduct extensive and intensive research in the area of effects of home accident and its preventive measures, so that strategies for educating children can be promoted. A research study can make remarkable changes in their knowledge, attitude, potentials and thereby improving the quality of nursing programme.
- From this the investigator felt the need for nursing research in the areas of audiovisual aids as an alternative for health education to improve knowledge of children on various aspects and to increase their interest in learning.

NURSING ADMINISTRATION

- Nurse administrators are the back bone to provide facilities to improve knowledge regarding effects of home accident and its preventive measures among the mothers of under five children.
- The nurse administrator should encourage nurses to develop varieties of educational materials.
- Nurse administrator should take initiative to organize continuous education for children on prevention of home accidents of watching television and its preventive measures.

- Appropriate teaching/learning materials need to be prepared and made available for children.
- Training and implementation of different strategies needs separate allocation of resources.
- Separate budgets should be allocated for innovative educational aids.

6.5 RECOMMENDATIONS

- Keeping in view the findings of the present study the following recommendations are made.
- A similar study can be conducted on a large sample to generalize the study findings.
- A comparative study can also be done to compare the effect of video assisted teaching with other methods like book let, child to child approach, etc.
- A comparative study can be conducted between children males and females.

6.6 LIMITATIONS

- The researcher found it difficult to organize all the children at the same time. So the investigator divided them into five groups and the intervention was given. No other difficulties were faced by the researcher.

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APPENDICES

APPENDIX-I

LETTER SEEKING PERMISSION FOR CONTENT VALIDITY

FROM

301418203
II Year Msc Nursing
Jainee college of Nursing,
Aathupatti Pirivu,
Dindigul.

TO

THROUGH

The Principal,
Jainee college of Nursing,
Aathupatti Pirivu,
Dindigul.

Respected Madam,

SUB: Letter requesting consent to validate the tool.

I am 301418203, IInd year M.sc nursing student of Jainee college of Nursing Dindigul, under the Dr. M.G.R Medical university, Chennai.

As a partial fulfillment of M.sc Nursing programme, I am conducting **"EFFECTIVENESS OF VIDEO ASSISTED TEACHING ON KNOWLEDGE REGARDING PREVENTION OF HOME ACCIDENTS AMONG THE MOTHERS OF UNDER FIVE CHILDREN SELECTED HOSPITAL AT DINDIGUL".**

Here I am sending the tool for content validity for your expert opinion. I humbly request yourself to spare a little of your valuable time for me which I remain ever grateful to you. I would be very kind of you to return the same undersigned at the earliest.

Thanking You

Place: Yours Sincerely

Date: (301418203)

APPENDIX–II

PERMISSION LETTER

FROM

301418203 (P.PANDI MEENA)
Msc Nursing IInd year,
Jainee College of Nursing,
Veerakkal , Dindigul.

TO

Director of Hospital,
Dindigul.

THROUGH

The Principal,
Jainee College of Nursing,
Dindigul.

Respected madam / Sir

I am P. PANDI MEENA (301418203) IInd year M.sc nursing student of Jainee college of nursing Veerakkal, under the Tamil Nadu Dr.M.G.R Medical University, Chennai. As a partial fulfillment of university requirement for a award of Master of Science in Nursing degree, I am conducting research on the following topic. "Effectiveness of Video assisted teaching on knowledge regarding prevention of home accidents among the mothers of under five children selected Hospital at Dindigul". I would like to conduct the research in your esteemed nursing home. Please grant permission to the same.

Thanking You

Place: Yours sincerely

Date: (301418203)

APPENDIX III

CONTENT VALIDATED CERTIFICATE

I here by certify that I have validated the tool of 301418203 M.sc Nursing II year, who is undertaking , **"Effectiveness of Video assisted teaching on knowledge regarding prevention of home accidents among the mothers of under five children selected Hospital at Dindigul".**

Place: Signature of the Expert,

Date:

Designation.

APPENDIX - IV

CERTIFICATE FOR ENGLISH EDITING

TO WHOM SOEVER IT MAY CONCERN

This is to certify that the dissertation work **"Effectiveness of Video assisted teaching on knowledge regarding prevention of home accidents among the mothers of under five children selected Hospital at Dindigul"** done by **Mrs. P.PANDI MEENA,** II Year M.Sc(N) Nursing student of Jainee College of Nursing, Dindigul is edited for English Language appropriateness by **Mr.Manimozhiselvan.**

SIGNATURE

APPENDIX - V

CERTIFICATE FOR TAMIL EDITING

TO WHOM SOEVER IT MAY CONCERN

This is to certify that the dissertation work **"Effectiveness of Video assisted teaching on knowledge regarding prevention of home accidents among the mothers of under five children selected Hospital at Dindigul"** done by **Mrs. P.PANDI MEENA,** II Year M.Sc(N) Nursing student of Jainee College of Nursing, Dindigul is edited for Tamil Language appropriateness by **Mrs.Dhanalakshmi.**

APPENDIX – VI

TOOLS

1. What precautionary measures you will adopt to prevent cuts and laceration?

a) Supervise the child by not touching the sharp objects. ☐

b) Keep breakable utensils near to the child. ☐

c) None ☐

2. What precautionary measures should be taken to prevent dangerous falls of child at home?

a) Do not keep the floor clean and dry. ☐

b) Allow the child to play in an area where the floor is slippery. ☐

c) Provide rails. ☐

3. How will you prevent the toddlers from bums at home?

a) Keep machine , lamp near to the child ☐

b) Avoid throwing cigarette stubs (or) burnt match sticks on flammable ones. ☐

c) None ☐

4. What precaution measures would you take to prevent scalds at home?

a) Don't give hot fluids to drink. ☐

b) Leave children unattended in bathrooms/kitchens. ☐

c) None of the above. ☐

5. How do you prevent the hazards of drowning among toddlers?

a) Under no circumstance should a child be thrown into water and made to struggle. ☐

b) Keep more water in front of the child. ☐

c) Leave the child alone. ☐

6. What precautions will you take to reduce chances of poisoning in toddlers?

a) Avoid keep poisonous substances along with consumables. ☐

b) Store toxic substances in food container like milk bottle or soda bottl ☐

c) Both. ☐

7. How will you prevent motor vehiele injury in toddlers?

a) Permit child play in the street. ☐

b) Do not allow the child to run behind the ball or kit in the road. ☐

c) Allow child to play behind the parked car. ☐

8. What methods will you follow to prevent the foreign body aspiration?

a) Let the child to play with damaged balloon. ☐

b) Remove all small objects from the tloor before the child can pic ☐

c) Allow child to play with small objects like coins, buttons. ☐

9. How will you prevent electrical hazards in children at home?

a) Allow child to play with electrical appliance, wires and lighters. ☐

b) Electrical switches, wires and fuse box and gas outlets ☐

Should be out of reach of children.

c) None of the above. ☐

10. What protection would you take when there is an insect bite?

a) Don't allow child to sit on uncovered grass. ☐

b) Allow child to child to sit on uncovered grass. ☐

c) Both ☐

11. What immediate care should be taken if there are falls?

a) Keep the child comfortably and provide first aid care. ☐

b) Do not pick up the child from the floor. ☐

c) Leave the child as it is. ☐

12. What immediate care would you take if the child has consumed poisonous substances?

a) Make the child to vomit ☐

b) Clean mouth and lips by giving sip of water. ☐

c) As an immediate step seek for medical attention ☐

d) All the above. ☐

13. What would you do when the child has swallowed any foreign objects?

a) Check for breathing for the child. ☐

b) Seek for medical attention immediately. ☐

c) Check for the type of foreign bodies. ☐

d) All the above. ☐

14. Do you keep sharp and pointed objects near to the child? ☐

a) Always ☐

b) Never ☐

c) Sometimes ☐

15. Do you keep the stove, gas at a high place at kitchens?

a) Keep the stove, gas away from the child. ☐

b) Keep reachable to child. ☐

c) Make the child to play stove and gas. ☐

16. Do you permit your child to play nearby water sources?

a) Allow the child to play with water. ☐

b) Don't allow the child to play with water. ☐

c) Make the child to play near to water tank ☐

17. Where will you keep medications. ☐

1. Shelf ☐

2. Reachable to children. ☐

3. Floor. ☐

18. Will you allow the children to play on the road side (street) ☐

1. Allow to play alone. ☐

2. Along with friends. ☐

3. Never allow the children to play. ☐

19. What is poisonous substances ☐

1. Bleaching powder ☐

2. Phenol ☐

3. Alcohol ☐

4. All the above ☐

20. How will you give first and (cuts) Bleeding at home

1. Nervous ☐
2. Step bleeding by tie up ☐
3. Call neighbor ☐
4. Allow the tie down ☐

21. One of the person for getting accident at home ☐

1. Leaving alone ☐
2. Neglecting ☐
3. Due to heavy works ☐
4. All the above ☐

22. Will you allow the children to stay alone at home after schooling

1. yes ☐
2. No ☐

23. Children of prolonged exposure to violence ☐

1. Aggressive with pears ☐
2. Poor memory ☐
3. Good academic performance ☐

24. Immediate treatment for dog bite ☐

1. Washing & taking to hospital ☐
2. wipe & leave ☐
3. Follow taboo ☐

25. Will you allow the children to wide bicycle alone on the street (or) road side.

1. some times ☐
2. Never alone ☐

பகுதி–அ

தாய் பற்றிய விவரங்கள்

சொந்த குறிப்பு பற்றிய பொது விவரம்

தாயின் பெயர்

1. தாயின் வயது (வருடங்களில்)
   - அ) 41 –50 ☐
   - ஆ) 31–40 ☐
   - இ) 21–40 ☐
   - ஈ) 20 க்கும் கீழ் ☐

2. கல்வித்தகுதி
   - அ) முதன்மைக்கல்வி ☐
   - ஆ) உயர்கல்வி ☐
   - இ) மேல்நிலைக்கல்வி ☐
   - ஈ) கல்லூரிக்கல்வி ☐

3. தொழில்
   - அ) கூலி ☐
   - ஆ) வியாபாராம் ☐
   - இ) மதம் தனியார் தொழில் ☐
   - ஈ) அரசுப்பணி ☐
   - உ) இல்லத்தரசி ☐

4. குடும்ப வைக
   - அ) தனிக்குடும்பம் ☐
   - ஆ) கூட்டுக்குடும்பம் ☐

5. மதம்
   - அ) இந்து ☐
   - ஆ) முஸ்லிம் ☐
   - இ) கிறிஸ்தவர் ☐
   - ஈ) மற்றவை ☐

6. குடும்ப மாத வருமானம்

அ) ரூ. 5000க்கும் மேல் ☐

ஆ) ரூ. 4001–5000 ☐

இ) ரூ. 3001–4000 ☐

ஈ) ரூ. 3000க்கும் கீழ் ☐

7. குழந்தைகளின் எண்ணிக்கை

அ) ஒன்று ☐

ஆ) இரண்டு ☐

இ) இரண்டுக்கு மேல் ☐

8. எந்த பகுதியில் வசிக்கிறீர்கள் ?

அ) நகரம் ☐

ஆ) கிராமம் ☐

9. வீடுகளில் ஏற்படும் விபத்திகளைப் பற்றி தகவல்களைப் பெற்றீர்கள் ?

அ) நலப்பணியாளர்கள் ☐

ஆ) மீடியா ☐

இ) அண்டை வீட்டார் மூலம் ☐

ஈ) மேலே உள்ள அனைத்தும் ☐

பகுதி–ஆ

1. வெட்டுக்காயம் மற்றும் புண் ஏற்படுவதை தடுக்க நீங்கள் எடுத்துக் கொள்ளும் முன்னெச்சரிக்கை நடவடிக்கைகள் என்ன ?

அ) குழந்தைகளை கூர்மையான பொருட்களை தொடவிடாமல் கண்காணித்தல்.

ஆ) கூர்மையான விளையாட்டுப் பொருட்களை குழந்தைகளுக்கு அருகில் வைத்தல்.

இ) ஒன்றுமில்லை.

2. வீட்டில் குழந்தைகள் கீழே விழாமல் தடுக்க நீங்கள் எடுத்துக் கொள்ளும் முன்னெச்சரிக்கை நடவடிக்கைகள் என்ன ?

அ) தரையை ஈரப்பதமுடனும் சுத்தமில்லாமலும் வைத்தல்.

ஆ) வழுக்கும் நிலையில் உள்ள தரையில் குழந்தைகளை விளையாட விடாமல் தடுத்தல்.

இ) உயரமான கட்டிலில் குழந்தைகள் தூங்கும் போது கட்டிலில் இருபுறமும் தடுப்புகளை பயன்படுத்தாதிருத்தல்.

3. குழந்தைகளுக்கு வீட்டில் தீக்காயம் ஏற்படுவதை எப்படி தடுப்பீர்கள் ?

அ) இயந்திரங்கள், வெப்பம் உண்டாக்கும் கருவிகள், விளக்குகள் முதலியவற்றை குழந்தைகளுக்கு எட்டும் தூரத்தில் வைத்தல்.

ஆ) சிகரெட் தண்டுகள், எரிகின்ற தீக்குச்சிகள் போன்றவற்றை எளிதில் தீப்பற்றக்கூடிய பொருட்களை மேல் எரிவதை தவித்தல்.

இ) தெரியவில்லை.

4. வெந்நீர் காயங்கள் ஏற்படாமல் தடுக்க நீங்கள் எடுத்துக் கொள்ளும் முன்னெச்சரிக்கை நடவடிக்கைகள் என்ன ?

அ) சூடான திரவங்களை குழந்தைகளுக்கு குடிக்க கொடுக்கக் கூடாது.

ஆ) குழந்தைகளை குளியலறையில், சமையலறையில் கவனிப்பாரின்றி தனியாக விடுதல்.

இ) சூடான திரவங்களை குழந்தைகளுக்கு எட்டாத இடத்தில் வைத்தல்.

5. குழந்தைகள் நீரில் மூழ்குவதை தடுக்க என்ன நடவடிக்கை மேற்கொள்வீர்கள் ?

அ) எந்த நேரத்திலும் குழந்தை நீருள்ள இடத்தில் விடாமலிருத்தல்.

ஆ) நீர் அதிகமுள்ள இடத்தில் குழந்தையை விளையாட அனுமதித்தல்.

இ) குழந்தையை தனியாக விடுதல்.

6. விஷம் நிறைந்த பொருட்களை எடுக்காமலிருக்க என்ன நடவடிக்கை மேற்கொள்வீர்கள் ?

அ) விஷம் நிறைந்த பொருட்களை குழந்தைகளுக்கு எட்டாத இடத்தில் வைத்தல்.

ஆ) விஷம் நிறைந்த பொருட்களை பால் பாட்டில் மற்றும் சோடாபாட்டிலில் வைத்தல்.

இ) இரண்டும்.

7. குழந்தைகளுக்கு மோட்டார் வாகன விபத்து ஏற்படாமல் தடுக்க நீங்கள் எடுத்து கொள்ளும் முன்னெச்சரிக்கை நடவடிக்கைகள் என்ன ?

அ) குழந்தைகளை சாலைகளில் விளையாட அனுமதித்தல்.

ஆ) நிறுத்தப்பட்ட காருக்குப் பின்னால் குழந்தைகளை விளையாட அனுமதிக்கக்கூடாது.

8. குழந்தைகளுக்கு மூச்சுக்குழாயில் பொருட்கள் புரையேறுதலை தடுக்க என்ன நடவடிக்கைகள் எடுக்க வேண்டும் ?

அ) உடைந்த காற்று போலூங்களுடன் குழந்தைகளை விளையாட அனுமதித்தல்.

ஆ) தரையில் கிடக்கும் சிறிய பொருட்களை குழந்தை எடுக்கும் முன் அப்புறத்தல்.

இ) நாணயங்கள், பித்தாங்கள் ஆகியவற்றுடன் குழந்தைகளை விளையாட அனுமதித்தல்.

9. வீட்டில் குழந்தைகளுக்கு மின்சாரத்தால் ஏற்படும் பாதிப்புகளை தடுக்க என்ன செய்ய வேண்டும் ?

அ) மின்சாதனங்கள் கம்பிகள் மற்றும் மின்விளக்குகளுடன் குழந்தைகளை விளையாட அனுமதித்தல்.

ஆ) மின்விசைப்பலகை மின்கம்பிகள் மின்சாதனப்பெட்டி மற்றும் வாயு வெளியீடு சாதனம் முதலியவற்றை குழந்தைகளுக்கு எட்டாத உயரத்தில் வைத்தல்.

இ) தெரியவில்லை.

10. வளர்ப்பு பிராணிகள் மற்றும் பூச்சிகளின் கடியிலிருந்து குழந்தைகளை பாதுகாக்க என்ன செய்ய வேண்டும் ?

அ) பராமரிக்கப்படாத திறந்தவெளி புல்வெளிகளில் குழந்தைகளை உட்கார விடாமல் தவிர்த்தல்.
ஆ) குழந்தைகளை விட்டு விலங்குகளுடன் சண்டை போடவிடாமல் தடுத்தல்.

இ) பராமரிக்கப்படாத திறந்தவெளி புல்வெளிகளில் குழந்தைகளை உட்கார அனுமதித்தல்.

11. குழந்தைகள் கீழே விழுந்து விட்டால் என்ன செய்ய வேண்டும் ?

அ) குழந்தையை வசதியாக படுக்க வைத்துவிட்டு முதலுதவி செய்ய வேண்டும்.

ஆ) குழந்தையை தரையிலிருந்து தூக்குதல் கூடாது.

இ) குழந்தையை அப்படியே விட்டு விடுதல்.

12. வெந்நீரால் காயம் ஏற்பட்டால் என்ன செய்ய வேண்டும் ?

அ) காயமேற்பட்ட இடத்தை ஊசியாலே கூர்மையான பொருட்களாலோ திறக்க முயற்சித்தல்.

ஆ) காயமேற்பட்ட இடத்தில் ஒட்டியுள்ள எந்தவொரு பொருளையும் அகற்றமாட்டேன்.

13. குழந்தை நச்சுத்தன்மையுள்ள பொருட்களை உண்டுவிட்டால் உடனடியாக என்ன செய்வீர்கள் ?

அ) மூச்சுத்திறனை பரிசோதித்தல்.

ஆ) உடனடியாக மருத்துவமனையை அணுகுதல்.

இ) எந்த விதமான நச்சுத்தன்மை என்று பரிசோதித்தல்

ஈ) அனைத்தும்.

14. நீங்கள் கத்திகள் மற்றும் கத்திரிக்கோல் போன்ற பொருட்களை குழந்தைகளுக்கு அருகில் வைப்பீர்களா ?

அ) எப்பொழுதும்

ஆ) சில நேரங்களில்

இ) எப்பொழுதும் இல்லை

15. விறகடுப்பு மற்றும் கேஸ் அடுப்பு முதலியவற்றை சமையல் அறையில் உயரமான இடத்தில் வைத்திருக்கிறீர்களா ?

அ) விறகடுப்பு மற்றும் கேஸ் அடுப்பு குழந்தைகளுக்கு எட்டாத இடத்தில் வைத்தல்.

ஆ) குழந்தைகளுக்கு எட்டும் இடத்திர் வைத்தல்.

இ) விறகடுப்பு மற்றும் கேஸ் அடுப்புடன் குழந்தைகளை விளையாட அனுமதித்தல்.

16. நீங்கள் உங்கள் குழந்தைகளை நீர் நிலைகளுக்கு அருகில் விளையாட அனுமதிப்பீர்களா ?

அ) குழந்தைகளை நீரில் விளையாட அனுமதித்தல்.

ஆ) குழந்தைகளை நீரில் விளையாட அனுமதிக்க மாட்டேன்.

இ) குழந்தைகளை நீர் நிலைகளுக்கு அனுமதிக்கமாட்டேன். விளையாட அனுமதித்தல்.

APPENDIX – VII

LESSON PLAN ON
PREVENTION OF HOME ACCIDENT AMONG THE MOTHER'S OF UNDER FIVE CHILDREN

Topic : **Lesson plan on ill effects of home accident its preventive measurers.**

Group : **Mother of under five children**

Venue : **Karthick Nursing Home**

Duration : **20 minutes**

Name of the student teacher: Register No

I. Method of Teaching:

Video Assisted Teaching.

II. General Objective:

On completion of the section the mothers acquire knowledge regarding ill methods of home accident & its preventive measures.

Specific Objective:

At the end of the teaching session the group will be able to.

1. Definition of accident.
2. List of incident of home accident.
3. Explain the factors Influencing home accident.
4. Discuss the health and general consequences of home accident.
5. Describe the preventing aspect of ill methods of home accident.

III. Introduction:

In this developing country there are many health consequences occur in each & every houses especially, for under the children due to violence unawareness, left alone at home can you success the topic. Yes It's ill effects of home accident & its preventive measurers.

1. Definition/meaning of accident:

"Quality is never an accident. It is always the result of intelligent effort. Read more at"

Unfortunately your home is the place where accidents are most likely to occur. Everyone should be aware of the dangers in the home so that accidents can be avoided. The purpose of this information sheet is to raise awareness of the type of accidents that may occur in the home and what steps you can take to prevent them.

2. List the incident of ill effects of home accident

1. Infants	-	30	-	50%
2. To toddlers	-	50	-	70%
3. Preschool	-	50	-	70%
4. School age	-	60	-	70%
5. Adolescent	-	65	-	75%

3. Cause of home accident:

1. Ignorance
2. Unawareness
3. Alone at home
4. Over crowding
5. Low socio Economic Status.

4. List of home accident

1. Burns, Scales, 2. Drowning, 3. Foreign body aspiration, 4. Fracture,
6. Asscessive Behavior etc.....

5. Explain the factors influencing home accident:

1. Personal factors:

Working parents, Ethninicity, Socio demographic factors of mother.

2. Social causes:

Parental Behaviour

Low socio economic status.

6. Health consequences of home accident:

Drowning

Foreign body aspiration.

Burns

Fracture / death.....

Describe the preventive aspects of ill effects of home accidents Preventive aspect:

There are various methods are there to prevent home accident....

1. Advice mother do not leave children alone at home.
2. Keep medicine out of reach of children.
3. Place gas (or) stove on not touchable to children.
4. Keep electrical accessories awareness from children.
5. Do not alone the children near to water.

CONCLUSION:

Today's children's are tomorrow pillars. /It is the responsibility of mother to near the children safely. Hope this video teaching helped you to follow the status methods of veering children's & teach to your neighbors also.

பாடத்திட்டம்

தலைப்பு : வீட்டில் ஏற்படும் விபத்துகளும் அதனை தடுக்கும் முறைகளும்.

பிரிவு : ஐந்து வயதற்குள் இருக்கும் குழந்தைகள் தாய்மார்கள்

இடம் :

கால அளவு : 20 நிமிடம்

கற்பிக்கும் முறை : விடியே உதவியுடன் கற்பித்தல்.

முன்னுரை

வளர்ந்து வரும் இந்தியாவில் அதிகமான விபத்துகள் குழந்தைகளுக்கு வீட்டில் ஏற்படுகிறது. இது குழந்தைகளின் உடல் நலத்தை பாதுக்கிறது. விபத்துகள் குழந்தைகளின் மற்றும் அதனை தடுக்கும் முறைகள் பற்றி இந்த வீடியோ தொகுப்பின் மூலம் காணலாம்.

1. விபத்தின் வரையரை :

விபத்து என்பது தற்காலிகமாவும் அல்லது நிரந்தரமாகவும் உடல் உறுப்புகளை பாதிக்கும் பொருட்டு ஏற்படுகிறது.

2. வீட்டில் குழந்தைகளுக்கு ஏற்படும் விபத்துகளின் விகிதம் :-

1.	0-1	வயது	–	50	–	60%
2.	1-3	வயது	–	60	–	70%
3.	4-7	வயது	–	60	–	70%
4.	7-12	வயது	–	65	–	70%
5.	12-15	வயது	–	65	–	75%

விபத்துக்கள் ஏற்படக் காரணங்கள் !

1. கவனிக்கப்படாமை
2. விழிப்புணர்வு இல்லாமை
3. வீட்டில் தனியாக விடுதல்
4. நெரிசல்
5. பொருளாதாரத்தில் பின் தங்கிய நிலை.

விபத்துகளின் வகைகள்.

1. தீ விபத்து
2. நீரில் மூழ்குதல்
3. எலும்பு முறிவு

விபத்து ஏற்படத் தூண்டும் காரணிகள் சுயக்காரணிகள்

1. வேலைக்குச் செல்லும் பெற்றோர்

சமூகப் பொருளாதாரக் காரணகிள்

1. பெற்றோரின் பழக்க வழக்கங்கள்
2. பொருளாார பின்னடைவு.

விபத்தினால் ஏற்படும் உடல் நலக் கோளாறு.

1. நீரில் மூழ்குதல்
2. தீ விபத்து
3. எலும்பு முறிவு

வீட்டில் ஏற்படும் விபத்தினைத் தடுக்கும் முறைகள்

1. தாய்மார்களுக்கு விழிப்புணர்வு ஏற்படுத்துதல்.
2. குழந்தை தனியாக வீட்டில் விடுவதை தவிர்த்தல்.
3. மருந்துகளை குழந்தைகளுக்கு எட்டாத தூரத்தில் வைத்தல்
4. மின்சார சாதனங்கள் குழந்தைகளுக்கு எட்டாத தூரத்தில் வைத்தல்
5. எரிவாய் சாதனங்கள் குழந்தைகளுக்கு எட்டாத தூரத்தில் வைத்தல்
6. நீருக்கருகில் குழந்தை தனியாக விடாதிருத்தல்.

முடிவுரை

குழந்தைகள் நாளை இந்தியாவின் தூண்கள். தாய்மார்களாகிய நீங்கள் குழந்தைகளை பாதுகாப்பான முறையில் வளர்ப்பதை பற்றியும், விபத்து ஏற்பட்டால் அதனை தடுக்கும் முறைகள் பற்றியும் இந்த வீடியோ தொகுப்பின் மூலம் நன்கு புரிந்திருப்பீர்கள்.

APPENDIX – VIII

PHOTOGRAPHS