IJCRT.ORG ISSN : 2320-2882

INTERNATIONAL JOURNAL OF CREATIVE RESEARCH THOUGHTS (IJCRT)

An International Open Access, Peer-reviewed, Refereed Journal

Knowledge On First –Aid Measures For Domestic Accidents Among Caretakers Of Under Five Children In Shimla, (H.P)

Nisha Bhimta

Assistant Professor, Department of Child Health Nursing,

Shimla College of Nursing, Shimla, Himachal Pradesh 171006 , India.

Abstract: 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. According to the World Health Organization, in India, unplanned injuries ranks fourth among the leading reason of death of children. Home accidents differ from country to country due to economic and cultural factors. A descriptive comparative research design was used for the present study. A study sample of 60 care takers of under- five children (30 from rural area and 30 from urban area) were selected by using convenient sampling method. Self Structured questionnaire was used to assess the knowledge on first aid measures for selected domestic accidents among caretakers of under five children.The study results revealed that the majority of caretakers of under- five children in rural area (76.7%) had moderate level of knowledge. Majority of caretakers of under- five children in urban area (70%) had moderate level of knowledge. The data reveals that the mean knowledge score and standard deviation of urban area (17.67±4.278) was higher than the mean knowledge score of the rural care takers (15.43±3.980). Using unpaired t-test it was found that there was significant difference between knowledge score of care takers of under five children in rural area and urban area.

Index Terms - Caretakers , Domestic accidents, First –aid measures, Knowledge, Under five children.

I. INTRODUCTION

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. 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. Children bring fragrance and meaning to life, they are a gift of god and we are the gardeners to meet their needs, we provide the best to them by proper care, nourishment, love, attention and good health.[1]

Accidents are one of the fifth leading causes of death in industrialized and developing countries. Accidents are a major cause of morbidity and mortality in children. An accident can be defined as an unexpected, unplanned occurrence of an event which usually produces unintended injury, death or property damage. Accidental death in children particularly during playing, while flying kites, fall from the terrace, injury from sharp objects and fire crackers particularly during the festive seasons, improper use of electrically operating toys, sharp toys, scissors, knives, blades, etc.[2]

The child is most precious possession of mankind, most loved and perfect in its innocence. Today‟s children are citizens of tomorrow and to have a strong shouldered man, a child should be free from the mortality . Children should be cared and protected from environmental hazards. One of the global problems of environmental hazards is the unintentional injuries. Children are at windows of vulnerability for accidents among them, under-five children‟s are always at the doorsteps of accidents. [3].

A child natural curiosity can lead to potentially dangerous situations at home. Because of curious, rambunctious in nature, under-five children does not understand the inherent dangers of their playful and exploring environment .So caretakers should know the importance of first-aid for domestic accidents and injuries[4].

First-Aid training not only provides knowledge and skill to give life support and other emergency care but also it helps to develop safety awareness and habits that promote safety at home, at work, during recreation, and on the streets and highways. In the promotion of safety awareness, it is important to closely relate three terms: cause, effect and prevention[5].

It is estimated that number of deaths from domestic accidents injuries in 2005 would range from 730,000 to 985,000 with projections that deaths from injuries will increase by as much as 25% over the next decade. The injury mortality estimates for the year 2002 suggest that about 9% of all deaths in India, were accounted for by all injuries share similar to the global share of deaths due to injuries. Available evidence from India also shows that much of the mortality from injuries due to accidents, kill more children[6].

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 puberty. Younger children are most frequently injured in or around their own homes; older children are most frequently injure outside the home. 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. If parents were to examine their homes at child level, many of these dangers would become obvious.[7]

According to the World Health Organization, in India, unplanned injuries ranks fourth among the leading reason of death of children . Children lead to the injury because of their impulsiveness, curiosity and desire to use new skill and copy adult behavior from an initial age . Home accidents differ from country to country due to economic and cultural factors. The largest number of accident occurs in the living room, and serious accident in the kitchen. Children suffer with many injuries occurring in and around home .[8]

Home accidents are the main cause of mortality and morbidity in early childhood and a major factor in lost productive life. WHO calls domestic accidents as a priority problem.4 An infant is fragile, helpless and innocent when it enters the world. It is completely dependent on its care-takers. Children are especially at risk

for injury because of their normal curiosity, impulsiveness and desire to master new skills. Also, children try to imitate adult behaviour from an early age.[9]

3.1Population and Sample

The sample of study comprised of 60 care takers of under- five children. The sample consisted of 30 caretakers form rural areas and 30 caretakers from urban areas of District Shimla (H.P).

3.2 Data and Sources of Data

The present study aimed to assess knowledge on first-aid measures for selected domestic accidents among caretakers of under-five children in selected rural and urban areas of District Shimla (HP). Socio-demographic questions were used to collect data. Self- structured knowledge questionnaire was developed to assess knowledge on first-aid measures for selected domestic accidents among caretakers of under-five children. Convenient sampling technique was used to identify the sample and the purpose of the research study was explained to the care takers of under five children. Interview technique was used to collect data regarding sample characteristics and knowledge.

3.3 Theoretical framework

The conceptual framework of this study is applied based on Rosenstock 1974 and Maimans 1975 Health beliefs model. The Health Belief Model is a psychological model that attempts to explain and predict health behaviours. It provides a way of understanding and knows how individuals will perceive the healthy behaviors in daily life and how they will comply with first-aid measures for domestic accidents.

IV. RESULTS AND DISCUSSION

section 1:

findings related to frequency and percentage distribution of demographic characteristics

n=60

SOCIO DEMOGRAPHIC PROFORMA		RURAL(f)	URBAN (f)	RURAL(%)	URBAN (%)
Age in Years	< 20 years	0	0	0.0%	0.0%
	21-30 years	15	14	50.0%	46.7%
	31-40 years	13	13	43.3%	43.3%
	41-50 years	0	1	0.0%	3.3%
	> 50 years	2	2	6.7%	6.7%
Gender	Male	7	13	23.3%	43.3%
	Female	23	17	76.7%	56.7%
Religion	Hindu	29	28	96.7%	93.3%
	Muslim	1	0	3.3%	0.0%
	Christian	0	0	0.0%	0.0%
	Sikh	0	2	0.0%	6.7%
Type of Family	Nuclear family	7	25	23.3%	83.3%
	Joint family	23	5	76.7%	16.7%
Relation with Child	Mother	21	15	70.0%	50.0%
	Father	7	12	23.3%	40.0%
	Grandmother	2	2	6.7%	6.7%
	Grandfather	0	1	0.0%	3.3%
	Servant	0	0	0.0%	0.0%
	Any other	0	0	0.0%	0.0%

Number of Children	one	15	20	50.0%	66.7%
	Two	11	9	36.7%	30.0%
	Three	3	1	10.0%	3.3%
	Above Three	1	0	3.3%	0.0%
Educational Qualification	No Formal Education	1	0	3.3%	0.0%
	Primary /5th class	2	0	6.7%	0.0%
	Middle /8th class	0	4	0.0%	13.3%
	Matric /10th class	2	3	6.7%	10.0%
	Higher secondary /12th class	14	10	46.7%	33.3%
	Graduation and above	11	13	36.7%	43.3%
Family Income	<10,000	1	0	3.3%	0.0%
	10,001-20,000	7	2	23.3%	6.7%
	20,001-30,000	15	14	50.0%	46.7%
	> 30,000	7	14	23.3%	46.7%
Source of Information	Medias	28	30	93.3%	100.0%
	Relatives	0	0	0.0%	0.0%
	Health personnel	2	0	6.7%	0.0%

Section 2:

Findings related to knowledge on first aid measures for selected domestic accidents among care takers of under five children in rural and urban areas.

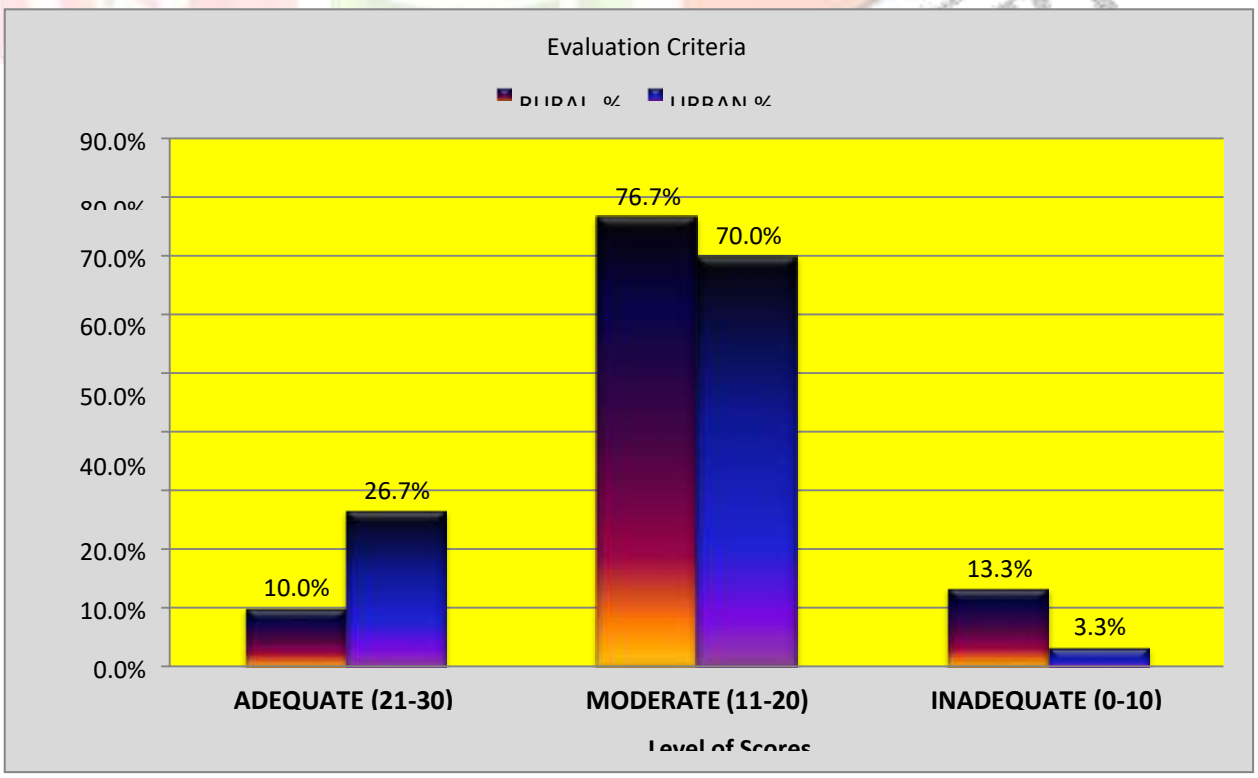

figure 1: bar graph showing knowledge score of caretakers about first aid measures for domestic accidents in under five children in rural and urban area.

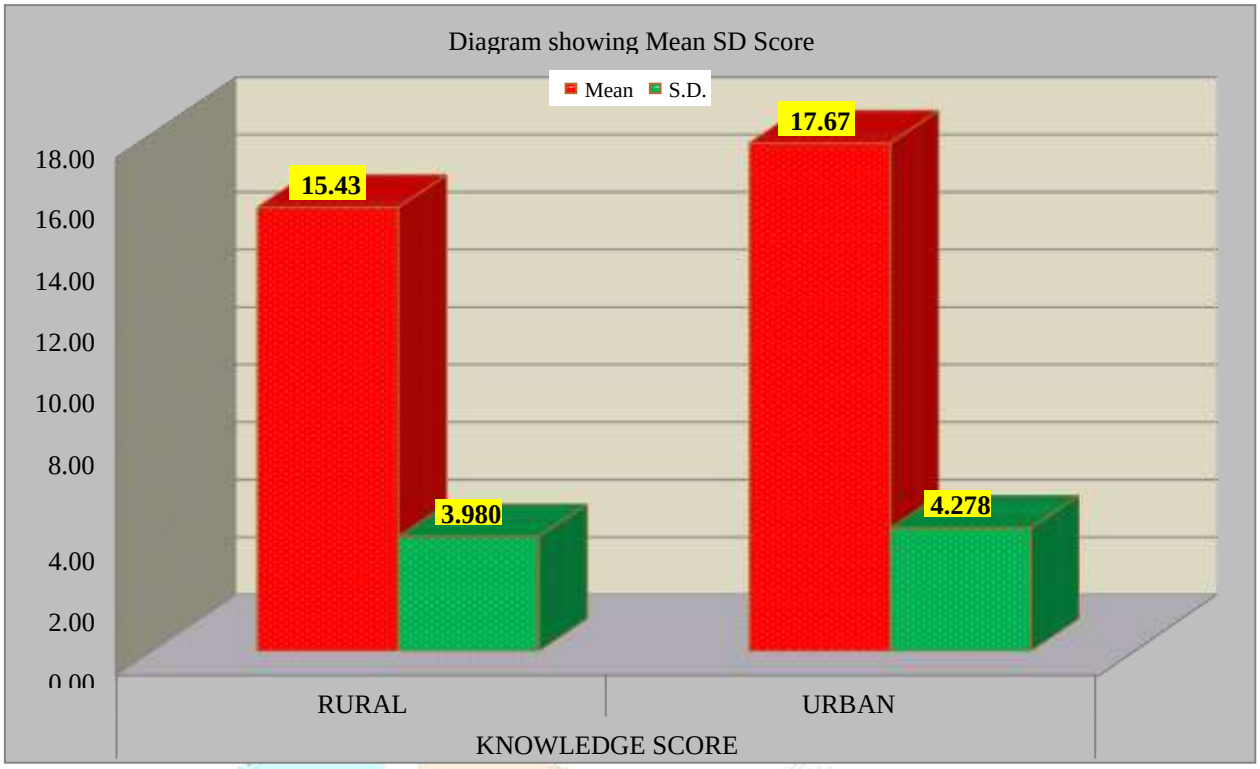

figure 2 : bar graph showing the comparison of knowledge score of caretakers in rural and urban area.

DISCUSSION

In the present study, the researcher attempted to assess the knowledge on first –aid measures for selected domestic accidents among caretakers of under five children. This was a non experimental comparative study and conducted in selected area of Shimla in May 2020. In present study knowledge score was assessed in both rural and urban area. The data reveals that the mean knowledge score and standard deviation of urban area (17.67±4.278) was higher than the mean knowledge score of the rural care takers (15.43±3.980). concluding that the care takers had shown significant difference between knowledge score of care takers of under five children in rural area and urban area.

The finding of the study was consistent with the research work carried out by **Anjali Hazarika Goswami in 2017** who conducted a study to assess the Knowledge and Practices of Urban and Rural Mothers Regarding Prevention of Common Accidents Among Children Under Five Years of Age . In this study the result of the 200 samples revealed that the mean knowledge score and standard deviation of urban area was higher than the mean knowledge score of the rural care takers .

In present study the chi-square test was used to determine the association between the score levels and selected demographic variables. In rural area there is no significance association between the level of scores and other demographic variables. Using Chi square test it was found that in urban area there is significance association between the score level and demographic variables (Educational Qualification and family income), and there is no significance association between the level of scores and other demographic variables (age, gender, religion, type of family, relation with child, number of children). Hence research hypothesis H_2 was rejected showing no significant association between knowledge score with selected demographic variables.

CONCLUSION

The main focus of the study was to assess the knowledge on first-aid measures for selected domestic accidents among caretakers of under-five children in selected rural and urban areas of District Shimla (H.P) . Research hypothesis H_1 was accepted concluding that the care takers had shown significant difference between knowledge score of care takers of under five children in rural area and urban area. Research hypothesis H_2 was rejected showing no significant association between knowledge score with selected demographic variables.

II. ACKNOWLEDGMENT

I would like to express my gratitude to my research guide **Dr. Seema Chauhan, Lecturer ,** Sister Nivedita Government Nursing College, IGMC, Shimla who has supported me throughout my thesis with her patience and knowledge. I would also like to thank my family, husband & friends who supported & encouraged me.

REFERENCES

1. Manciaux M, Romer CJ. Accidents in Childhood and Adolescence – The Role of Research, Geneva. World Health Organization and Institute National de la Santé et de la Recherché Medicale (INSERM); 1991: 1-7.
2. S. Galal**.** Working with families to reduce the risk of home accidents in children. Journal of paediatrics 1999; issue 3: 572-582.
3. Gro Harlem Brundtland. Health environments shape the future life of child. Journal of Health education and promotion 2003; XVIII (4): 6-16.
4. Accident prevention in India (Editorial). Paediatrics Kerala 2007:1-2.
5. First Aid to the injured saint John‟s Ambulance Association, Book published by volunteers of St. John‟s ambulance Bridge: 5-6.
6. G.K. Ingle Chetna malhotra. Integrated management of neonatal and childhood illness. Indian journal of community Medicines 2007; 32(2):108.
7. Dorothy.R, Marlow. Textbook of Paediatric Nursing. 6th edition. W.B. Sounders company ;India: 2002.pg 192,193.
8. Kumari P, Sharma S, Amoldeep. Knowledge of Mothers about the Risk of Domestic Accident among Toddlers: Effectiveness of Strategy for Teaching about Home Safety. Research & Reviews: Journal of Medicine. 2017; 7(3): 1–7p
9. Ashwill JW, Droske SC. "Nursing care of children principal and practice", W.B. Saunders company, Philadelphia; 1997: 256-296.