The aim of this study was to assess the knowledge of mothers regarding safety needs of children with a view to develop an information booklet. A non-experimental descriptive survey design was adopted. 100 mothers having children aged 0 to 6 years were selected by using Non probability purposive sampling technique. The data collected using demographic proforma and a structured knowledge questionnaire on safety needs of children from a selected rural community area. The study revealed that 9% of mothers had average knowledge and 91% had poor knowledge on safety needs of children. The mean percentage of knowledge on safety needs of children was 31% with a standard deviation of 3.18. There was a significant association found between the knowledge score and the selected demographic variables. Based on the study findings the information booklet was developed and handed over to the samples.

Introduction

The children of today are the adults of tomorrow. They deserve to be brought up in a safe, fairer and healthier world. Every child has the right to grow up in a healthy home, school and community. (Vimala 2012) Children, because of their age, activities and curiosity are at risk for injury and accidents due to falls, poisoning, drowning etc. (Glory 2012) It is shown that accidents are the leading cause of death in children aged 5 to 14 years, followed by drowning, burns and firearms. Motor vehicle accidents contribute significantly to morbidity figures for the school child. A variety of injuries can occur specific to contact sports. (Marlow 2007). It is seen that a large proportion of injuries are caused by falls, burns, animal related injuries, poisoning, drowning, road traffic accidents and etc (Nordberg 2007). About 90% of all accidents are preventable by safety measures. Most frequently young children are injured at home and older children are injured outside the home (Parul 2009). Injuries are a significant cause of morbidity and mortality in preschool age children, with the majority of these injuries occurring in the home environment. (Nag et al.2005)

Most accidents to children between 0-3 years old occur in the home (Swedish Rescue Services Agency, 2007). In a survey made in southern Sweden, scalding was found to be the most common cause of burn injuries among young children (Frecocero et al, 2000). In a recently published study from Turkey (Balseven-Odabasi et al, 2009) scalding was also found to be the cause of 77.7% of the burns among children. In a descriptive study by Carlsson et al (2006a) it was shown that boys aged 1-2 years were those who most frequently suffered from burn and scald injuries, related mostly to cooking or eating. Most often the accidents occurred when an adult was close by and were due either to a lapse of parental supervision or a lack of precaution (Reis et al, 2009; Carlsson et al, 2006b; Drago, 2005). For immature children the pain and trauma of treatment, hospitalisation and emotional adjustment, plus long-term rehabilitation and the cosmetic disfigurement makes burn and scalding injury prevention an important matter (Ramakrishnan et al, 2007; Mukerji et al, 2001).

A study done on unintentional injury prevention survey also reported that most common injuries encountered were poisoning (90%), falls(80.7%), burns and scalds(62.5%), and near drowning(42%) (Mathew 2000). A study reported that out of 220 houses surveyed that maximum (62.6%) injuries took place in home. Majority of injuries were self sustained (60%) and while playing (60.5%). It was found that in (22.4%) included local wound treatments like washing the wound with water, application of turmeric, mustard oil and facial creams( Tiagic et al,2000)

Young children, because of their intense activity, their insatiable curiosity, and their immaturity pose risk for accidents, such as scalds and falls, and poisonings from medications or household solutions than adults. Lead poisoning from ingestion of lead paint occurs more commonly in toddler because of their desire to bite on hard surfaces such as painted crib rails. Prevention and control of home accidents among children has been recently a target and very important area for health promotion (Abd El Wahed, et al., 2000). Mother’s knowledge and good practice on safety needs can prevent many accidents among children. There is a need to impart the knowledge and provide proper guidance on practice of preventive measures to prevent accidents among children. The researchers in their day to day clinical practice both in the hospital and community have come across the children with accidents and injury. Also in media lot of such cases reported. Many a times if people are careful, cautious and knowledgeable this problem can be prevented. Thus the researchers planned to assess the knowledge of mothers regarding safety needs of children, develop an information booklet on meaning, causes, prevention, first aid and management of accidents and injury in children so that the children will be protected and their safety will be ensured.

Objectives of the study
1. To assess the knowledge of mothers regarding safety needs of children.
2. To find association between knowledge regarding safety needs of children and the selected demographic variables.
3. To develop an information booklet on safety needs of children.

Materials and methods
To accomplish the objectives of the problem under study, a non-experimental descriptive survey design was adopted for the study. A sample of 100 mothers having children aged 0 to 6 years were selected by using Non probability purposive sampling technique. The setting of the study was selected ru-
eral community area, Mangalore. Demographic proforma and a structured knowledge questionnaire on safety needs of children was used to assess the knowledge of the mothers. Demographic proforma of mothers consisted of age, education, occupation, number of children, type of family, source of information regarding safety needs of children and the structured knowledge questionnaire on safety needs of children consist 30 items. The scoring of the knowledge level was described as score of 0-10 as poor, 11-20 as average and 21-30 good. Pilot study was done to find the feasibility of the study. Finally to conduct the research study in a selected rural community area, formal written permission was obtained from the concerned authority. The purpose of the study was explained to the sample and their willingness was ascertained by taking informed written consent. The knowledge questionnaire was administered to the samples and the data was collected. The collected data was analysed using descriptive and inferential statistics.

Results
The study results showed that majority (55%) of the mothers belonged to age group of 21-25 years. 41% of them studied up to secondary school. Majority (71%) of the mothers were housewives. 43% of them having two children. Majority (75%) of the mothers belongs to nuclear family and 78% of the mothers having no information about safety needs of children.

Figure 1: Cylindrical diagram showing age of mothers

![Figure 1: Cylindrical diagram showing age of mothers](image1)

Figure 2: Cylindrical diagram showing educational qualification of mothers

![Figure 2: Cylindrical diagram showing educational qualification of mothers](image2)

Figure 3: Cone diagram showing occupation of mothers

![Figure 3: Cone diagram showing occupation of mothers](image3)

Figure 4: Cylindrical diagram showing the source of information

![Figure 4: Cylindrical diagram showing the source of information](image4)

The study showed that 9% of the mothers had average and 91% of them had poor knowledge regarding the safety needs of children. The table 1 shows the Overall mean, median, SD and mean percentage of knowledge score and table 2 shows area-wise mean, median, SD and mean percentage of knowledge score of mothers.

Table 1: Overall mean, median, SD and mean percentage of knowledge score

<table>
<thead>
<tr>
<th>Max possible score</th>
<th>Range</th>
<th>Mean</th>
<th>Median</th>
<th>SD</th>
<th>Mean %</th>
</tr>
</thead>
<tbody>
<tr>
<td>30</td>
<td>15</td>
<td>9.3</td>
<td>9.5</td>
<td>3.81</td>
<td>31</td>
</tr>
</tbody>
</table>

Table 2: Area-wise mean, median, SD and mean percentage of knowledge score of mothers

<table>
<thead>
<tr>
<th>Sl. No</th>
<th>Knowledge Aspects</th>
<th>No. of items</th>
<th>Max. Scores</th>
<th>Range</th>
<th>Mean</th>
<th>Median</th>
<th>SD</th>
<th>Mean %</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>General</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>1.05</td>
<td>1.0</td>
<td>0.86</td>
<td>11.34</td>
</tr>
<tr>
<td>II</td>
<td>Causes and types</td>
<td>7</td>
<td>6</td>
<td>7</td>
<td>2.29</td>
<td>2</td>
<td>1.45</td>
<td>24.74</td>
</tr>
<tr>
<td>III</td>
<td>Prevention and management</td>
<td>13</td>
<td>13</td>
<td>9</td>
<td>3.78</td>
<td>3.5</td>
<td>2.15</td>
<td>40.82</td>
</tr>
<tr>
<td>IV</td>
<td>First Aid</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>1.79</td>
<td>2</td>
<td>1.27</td>
<td>19.33</td>
</tr>
<tr>
<td>V</td>
<td>Complication</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0.35</td>
<td>0</td>
<td>0.47</td>
<td>3.77</td>
</tr>
</tbody>
</table>

Computed chi square ($\chi^2$) showed that there was a significant association between the knowledge score and the selected demographic variables such as Education and Source of information. On the basis of the findings of the study, information booklet containing information on safety needs of children was prepared and handed over to the samples.

The limitations of the study were, the study was limited to specific geographical area only, only the mothers having children of age group between 0 to 6 years was taken and Structured knowledge questionnaire only was used to assess the knowledge of the mothers to collect the data. The study suggests that as mothers’ knowledge is not adequate, regarding safety needs of children, nurses should organise health education programme in the community, health worker and the nurse can ensure safety measures during their practice to prevent childhood accidents and also there is a need to develop other study materials like pamphlets, structured health education programme regarding safety needs of children.

Conclusion
It is the time to focus on the safety of children. The community health nurse should try to ensure that people know how to prevent accidents. When the nurse does the home visiting, she should identify the hazards and advice should be given to correct them. The dangers to young children should be pointed out.
out and the parents should be made aware of their responsibility to make their home a safe place and to teach their children how to live safely in the environment. Also nurses especially the community health nurses should take the responsibility of preventing injuries in their communities, at homes, schools, and work places.

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REFERENCE