



EFFECTIVENESS OF VIDEO ASSISTED TEACHING PROGRAMME ON KNOWLEDGE REGARDING PREVENTION OF HOUSEHOLD POISONING AMONG MOTHERS OF PREPRIMARY SCHOOL CHILDREN

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ABSTRACT

Introduction: Children are endlessly curious and want to explore, dismantle, and taste everything they find. Common causes of poisoning in children are in daily use in most households. Most often, poisoning in children occurs at age 1 to 2 years.\

Title of study: A pre-experimental study to evaluate the effectiveness of video assisted teaching programme on knowledge regarding prevention of household poisoning among mothers of preprimary school children at selected rural area of Pune.

Material and Methods: the study adopted Quantitative approach with pre experimental, research design. It was carried out on 60 samples. The non-probability purposive sampling technique was used to select samples.

Result: study result showed that the pre test means was 12.46 with the standard deviation of 2.7 and the post test mean was 19.2 with the standard deviation of 2.6. The mean difference of pre and post test is 5.4; standard error is 0.881. the 'T' value is 8.6 is significant at $p < 0.005$ it indicates that the knowledge level of mother of are improved after video assisted teaching programme

Conclusion: study concluded that the knowledge of the mothers improve after the intervention that mean video assisted programme was effective and improve knowledge regarding prevention of house hold poisoning in primary school children

Key words: effectiveness , video assisted teaching programme ,knowledge ,prevention household poisoning ,primary school children

INTRODUCTION :Children are endlessly curious and want to explore, dismantle, and taste everything they find. Common causes of poisoning in children are in daily use in most households. Most often, poisoning in children occurs at age 1 to 2 years.¹ At this age, children are adventurous and can walk, climb, and reach things they couldn't before. Out of reach and out of sight are both necessary for child poisoning prevention.²

Acute poisoning in children is an important pediatric emergency and is a world-wide problem.¹ The type of poisoning is different in developed and developing countries, and it depends upon various factors. Though poisoning in children is largely accidental, it is an important public health issue which has significant costs, both financial and emotional.¹

There are many studies available regarding poisoning in developed countries but in developing countries, data is lacking and due attention has not been given to determine the extent of problem it is creating in the community.³ It is reported that accidental poisoning accounts for 0.3-7 per 1,00,000 deaths in developing countries in children.⁴ Boys are more likely to be involved in accidental poisoning than girls. However, studies regarding accidental household poisoning are scanty in our Indian setup. In a study conducted by Khadka et al, poisoning is responsible for more than 25% of accidental deaths in the 1-15 years age group.⁶ The reasons implicated are easy availability, improper storage and other factors such as social, cultural and demographic characteristics.⁴

Regarding the type of agents involved volatile hydrocarbons (mostly kerosene and turpentine, spirit) accounted for the highest proportion of poisonings, followed by agricultural pesticides like organophosphates, carbamates, and drugs. Household insecticides and rodenticides like pyrethroids, zinc phosphide/rat poison, household cleaning agents e.g. phenyl, detergents, disinfectants, and corrosives like hydrochloric, sulfuric and nitric acids were the other substances implicated.⁸ Among drugs and pharmaceutical agents responsible, the most important ones implicated were acetaminophen and sedatives.⁵

NEED OF THE STUDY

Annually, over 1 million children younger than six years of age are poisoned and more than 13,000 need medical attention. These cases account for over 50% of all poison exposures reported in the US. Although young children are most likely to be poisoned, adults suffer more serious injuries and death from poisonings. Medication errors/mistakes and adverse reactions to medications are common reasons for major effects and fatal outcomes among older adults.⁶

WHO has estimated that 3,45,814 people globally died due to accidental poisoning in 2004, of which 13% were below 20 years. Some 45,000 under 20 years died yearly due to acute poisoning. Worldwide estimates suggest that the rate of poisoning in under 20 years is 1.8 per 100,000 population and for India it ranges like 0.6–11.6%. Data on nonfatal outcomes of childhood poisoning is not readily available at present, although these outcomes are more prevalent and equally worrisome as they may have lifelong burden on the victims considering the young age in which they sustain these injuries.⁷

Kerosene poisoning was the most common accidental poisoning in children. Similar results were obtained in other studies done in urban areas of India. Contrary to this, studies from rural India by Bhat NK et al., in 2011, found that insecticide is the most common cause of poisoning in children. After the successful implementation of the special scheme "Delhi: A kerosene-free city Scheme, 2012" Delhi was declared as the first kerosene-free city in India on June 17, 2014. With this declaration in mind, there is scope for assuming that the availability of kerosene in Delhi might have been reduced and, hence, the spectrum of childhood poisoning may have been changed and a change in preventive strategies may be required.⁸

The Centers for Disease Control and Prevention (CDC) defines a poisoning that occurs by accident as "unintentional poisoning" and a poisoning that results from a conscious, will full decision (such as suicide or homicide) as "intentional poisoning" Unintentional poisoning

includes the use of drugs or chemicals for recreational purposes in excessive amounts, such as an overdose.

More than 90 percent of poisonings in children happen in the home, and most occur when parents or caregivers are present. Doctors at Hassenfeld Children's Hospital at NYU Langone recommend taking steps to ensure that children do not have access to the types of household items that can lead to poisoning, such as medications, pesticides, plants, alcoholic beverages, and illicit substances. They also recommend keeping appliances and carbon monoxide detectors in good working order.⁹

Keep all household cleaners and potentially poisonous substances in locked cabinets or out of the reach of children. Keep products in their original containers. Do not use food containers (such as cups or bottles) to store household cleaners and other chemicals or products.¹⁰

Aim of the Study

The main aim of the study was to evaluate the effectiveness of video assisted teaching programme on knowledge regarding prevention of household poisoning among mothers of primary school children at selected rural area of Pune.

Methodology

In present study pre-experimental research design with one group pre-test post test design. The present study tends to describe the knowledge of mothers regarding the prevention of household poisoning and to evaluate the effectiveness of video assisted teaching programme. The study was conducted among mothers in rural area of pune. The analysis, interpretation and discussion of data collected from 60 mothers and data analysis by descriptive and inferential statistics were adopted for the analysis and interpretation of the data. Validation was received from 20 experts with their valuable suggestions & comments on the study. Total 6 samples were taken for the reliability. Informed consent was taken from the participants. The r value is $r = 0.8$, thus the tool was found reliable for the study. Total 6 samples were selected for pilot study. All 6 Samples were given respiratory muscle training. During the pilot study investigator found difficulty in convincing the samples.

Result

SECTION I: DESCRIPTION OF DEMOGRAPHIC PROFILE

Section I: Analysis of data collected related to demographic variables

Data showed that 60 mothers, the majority (48.7%) were in the age group between 21- 30years. The majority of them (65.7%) were Hindus. Majority of their Father's were graduate (40%) and most of them (58.7%) are private employees. Majority of mother's (38%) had secondary education. occupation of mothers that majority (43%) are housewife's, majority of respondents (50.7%) had previous knowledge from televisions.

Section-II: Findings related to pre test knowledge regarding prevention of household poisoning in primary school children among mother at selected rural area

Table 1

Level of Knowledge	Frequency	Percentage
Inadequate Knowledge	45	75%
Moderate Knowledge	10	16.6%

Adequate Knowledge	5	8.3%
		Mean=12.46 SD=2.78

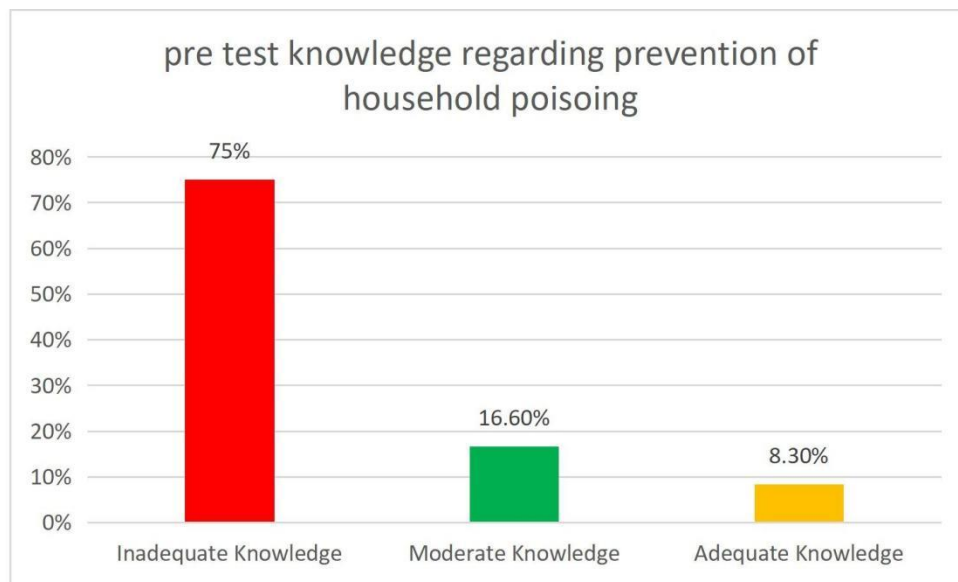


Figure 1: Percentage wise distribution according knowledge regarding prevention of household poisoning in primary school children among mother

Above table Shows that in pre test level of knowledge among 60 samples 45(75%) had inadequate knowledge, 10(16.6%) moderate knowledge and 5(8.30%) adequate knowledge regarding prevention of household poisoning in primary school children among mother.

Section-III: Findings related to post test knowledge regarding prevention of household poisoning in primary school children among mother at selected rural area

Table 2

Level of Knowledge	Frequency	Percentage
Inadequate Knowledge	10	16.6%
Moderate Knowledge	42	70%
Adequate Knowledge	8	13.3
		Mean=19.2 SD=2.6

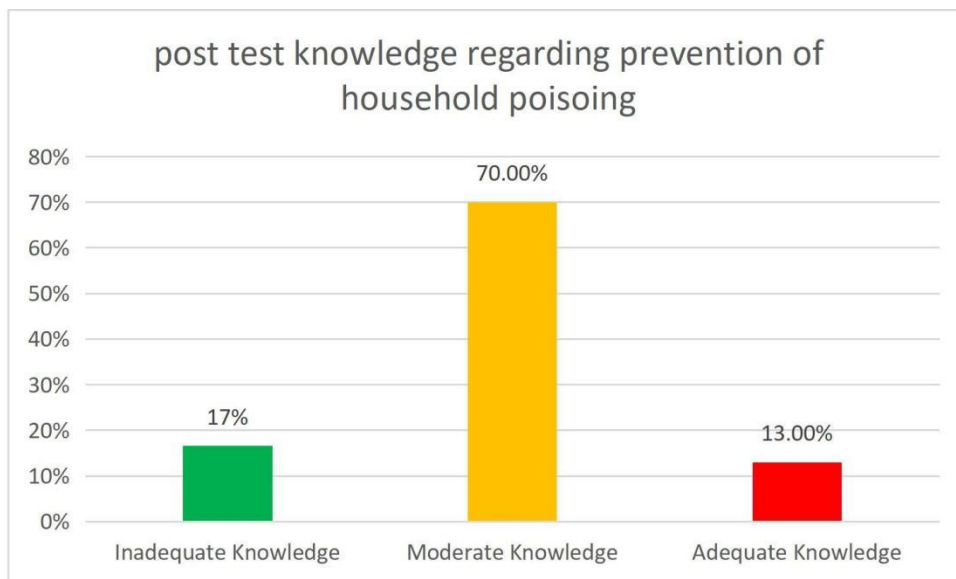


Figure 2: Percentage wise distribution according knowledge regarding prevention of household poisoning in primary school children among mother

Above table Shows that in post test level of knowledge among 60 samples 10(16.6%) had inadequate knowledge, 42(70%) moderate knowledge and 8(13%) adequate knowledge regarding prevention of household poisoning in primary school children among mother.

Section III: finding related to Effectiveness of video assisted teaching programme on knowledge regarding prevention of household poisoning in primary school children among mother

Study result showed that pre test means was 12.46 with the standard deviation of 2.7 and the post test mean was 19.2 with the standard deviation of 2.6. The mean difference of pre and post test is 5.4; standard error is 0.881. the 'T' value is 8.6 is significant at $p < 0.005$ it indicates that the knowledge level of mother of primary school children are improved after video assisted teaching programme.

Section-IV: Association of pretest knowledge of Mother with selected demographic variable

Results indicate no significant association between demographic characters and pretest knowledge of Mother.

The study might be compared to a

Discussion

The present study was undertaken to pre-experimental study to evaluate the effectiveness of video assisted teaching programme on knowledge regarding prevention of household poisoning in primary school children among mother at selected rural area of Pune.

The study might be compared to a Pre-experimental study of a similar nature conducted by mlesh Singh, Neelam Awasthi and Sujata Shah on Effectiveness of structured teaching programme regarding prevention of household poison in children (6-12yr) among mother. Finding showed that the post test mean knowledge is 24.07 which is higher than the pre-test mean knowledge that is 13.45. The mean difference between pre-test and post test score is

10.62. The „t“ value was computed to determine the effectiveness of structured teaching program on knowledge regarding prevention on household poisoning in children. The computed t“ value is 34.12 found to be significant at 0.05% level of significance.

Conclusion:

The present study was conducted to evaluate the effectiveness of video assisted teaching programme on knowledge regarding prevention of household poisoning in primary school children among mother at selected rural area of Pune.

study concluded that the knowledge of the mothers improve after the intervention that mean video assisted programme was effective and improve knowledge regarding prevention of house hold poisoning in primary school children.

Recommendations

Applying the intervention for a longer duration of time and taking follow up after specific intervals.

Conflict of Interest

The authors certify that they have no involvement in any organization or entity with any financial or non-financial interest in the subject matter or materials discussed in this paper.

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