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EFFECTIVENESS OF A STRUCTURED TEACHING PROGRAMME ON THE PREVENTION OF COMMON CHILDHOOD ACCIDENTS AMONG MOTHERS OF UNDER-FIVE CHILDREN, NAYAGARH, ODISHA, INDIA

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ABSTRACT

Background: Childhood accidents are a major public health concern, particularly among children under five years of age, who are vulnerable to unintentional injuries because of their developmental characteristics and limited ability to recognise hazards. Maternal knowledge plays an important role in identifying risks and adopting preventive measures.

Objective: To assess the effectiveness of a structured teaching programme (STP) on the prevention of common childhood accidents among mothers of under-five children in Benta, Nayagarh, Odisha, India.

Materials and Methods: A quantitative evaluative approach was adopted using a pre-experimental, one-group pre-test–post-test design. Thirty mothers of children under five years of age were selected through non-probability purposive sampling. Data were collected using a structured questionnaire comprising 30 multiple-choice questions. The structured teaching programme covered the types and causes of childhood accidents, management, first-aid responses, and preventive safety measures. A post-test was conducted seven days after the intervention. Data were analysed using descriptive statistics and a paired-samples t-test.

Results: In the pre-test, all participants (100%) demonstrated poor knowledge, with a mean score of 6.26 out of 30. Following the intervention, 23 participants (76.7%) achieved excellent knowledge, while seven (23.3%) demonstrated average knowledge. The post-test mean score increased to approximately 22.43 out of 30, representing a mean improvement of 16.17 points. The reported paired t-value was 33.68 ($df = 29$; $p < 0.05$), indicating a statistically significant improvement, subject to verification of the original statistical calculations.

Conclusion: The structured teaching programme was associated with improved maternal knowledge regarding childhood accident prevention. Community-based educational interventions may support child-safety awareness; however, larger controlled studies with follow-up assessments are needed to establish sustained behavioural changes and effects on childhood injury outcomes.

KEYWORDS: Childhood accident prevention; Under-five children; Maternal knowledge; Structured teaching programme.

INTRODUCTION

Childhood is a critical period of physical, cognitive, and behavioural development. During the first five years of life, children develop mobility, curiosity, and exploratory skills but have limited ability to recognise and avoid potential hazards. Consequently, children under five years of age are vulnerable to unintentional injuries arising from their interaction with the home and surrounding environment. Common childhood accidents include falls, burns and scalds, poisoning, choking, suffocation, drowning, and road traffic injuries. These incidents can result in emergency medical care, hospitalisation, disability, and death, although many are preventable through appropriate supervision, environmental modifications, and caregiver education (World Health Organization, 2024).

According to the World Health Organization, injuries, including unintentional injuries and violence-related injuries, cause approximately 4.4 million deaths worldwide each year. Of these, an estimated 3.16 million deaths are attributable to unintentional injuries. Falls, drowning, burns, poisoning, and road traffic crashes represent important injury mechanisms. Evidence-based interventions, improved safety measures, and timely emergency care are essential for preventing injuries (World Health Organization, 2024). These estimates include all age groups and should not be interpreted as childhood-specific figures.

Recent child survival estimates further emphasise the importance of protecting young children. Approximately 4.9 million children died before reaching five years of age worldwide in 2024, including 2.3 million neonatal deaths. Although global under-five mortality has declined substantially over recent decades, progress has slowed, highlighting the continuing need for effective preventive and healthcare interventions (United Nations Inter-agency Group for Child Mortality Estimation, 2026). These figures include deaths from all causes and do not represent deaths caused exclusively by accidents.

In India, the estimated under-five mortality rate declined to 26.6 deaths per 1,000 live births in 2024, reflecting progress in child survival (UNICEF, 2026). Nevertheless, the prevention of avoidable childhood injuries remains an important component of child health promotion. National mortality figures alone do not establish the local burden of childhood accidents in Benta, Nayagarh; community-level information is needed to understand local risk factors and educational requirements.

Children under five years of age may encounter numerous hazards in and around their homes. Falls can occur because of slippery floors, unprotected staircases, unstable furniture, and inadequate supervision. Burns and scalds may result from hot liquids, cooking equipment, and open flames. Accidental poisoning may occur when medicines, pesticides, detergents, and other household chemicals are stored within children's reach. Small objects and inappropriate toys may cause choking, while access to open water sources can increase the risk of drowning. The developmental characteristics of young children, together with environmental and socioeconomic factors, influence their exposure to these hazards. Therefore, childhood accident prevention requires a comprehensive approach involving caregivers, healthcare professionals, and the community (Kendrick et al., 2013).

Mothers play an important role in childcare and the maintenance of a safe home environment. Their knowledge of accident-prone situations, preventive measures, and appropriate responses to emergencies can influence the safety practices adopted for young children. Preventive strategies include maintaining close supervision, keeping floors dry and free from obstructions, installing protective barriers, storing medicines and chemicals securely, keeping hot substances out of children's reach, selecting age-appropriate toys, and preventing unsupervised access to water. Mothers should also be aware of the importance of seeking prompt medical assistance when a child experiences a serious injury (Kendrick et al., 2013).

A structured teaching programme (STP) is a systematically organised educational intervention designed to improve knowledge through planned learning activities and appropriate teaching materials. In the context of childhood accident prevention, an STP may address the types and causes of accidents, identification of household hazards, preventive measures, child supervision, and basic first-aid principles. Previous studies have reported improvements in mothers' knowledge following structured teaching programmes on childhood and home accident prevention (Kaur, 2013; Nair, 2023).

Community health nurses have an important role in promoting child safety through health education, home visits, counselling, and community-based awareness programmes. They can assist mothers in identifying environmental hazards and implementing practical preventive measures appropriate to their household circumstances. Parenting interventions that combine education with other forms of support have also been associated with a reduced risk of childhood injury (Kendrick et al., 2013).

In view of the continuing global burden of preventable childhood injuries and the importance of maternal knowledge in promoting child safety, the present study aimed to assess the effectiveness of a structured teaching programme on the prevention of common childhood accidents among mothers of children under five years of age in Benta, Nayagarh, Odisha, India. The study compared pre-test and post-test knowledge scores and aimed to examine the association between pre-test knowledge and selected sociodemographic variables. The findings may provide evidence to guide community health nursing education and support the development of locally appropriate strategies for preventing common childhood accidents.

2. MATERIALS AND METHODS

2.1. Study Design and Approach

A quantitative evaluative research approach was adopted to assess the effectiveness of a structured teaching programme (STP) on the prevention of common childhood accidents among mothers of children under five years of age. A pre-experimental, one-group pre-test and post-test design was used to evaluate changes in maternal knowledge following the educational intervention. The study design was represented as O_1–X–O_2, where O_1 represented the pre-test knowledge assessment, X represented the structured teaching programme, and O_2 represented the post-test knowledge assessment conducted seven days after the intervention.

2.2. Study Setting and Population

The study was conducted in Benta, Chandpur, Nayagarh district, Odisha, India. The study population comprised mothers residing in the selected community who had children under five years of age.

2.3. Sample Size and Sampling Technique

A total of 30 mothers of children under five years of age were included in the study. Participants were selected using a non-probability purposive sampling technique based on the predetermined eligibility criteria.

Inclusion criteria were mothers who had children aged 0–5 years, were willing to participate, and were available during the data collection period. **Exclusion criteria** were mothers who did not cooperate with the study, could not communicate in English or Odia, did not provide voluntary consent, or had previously attended an educational class on childhood accident prevention.

2.4. Research Variables

The independent variable was the structured teaching programme on the prevention of common childhood accidents. The dependent variable was maternal knowledge regarding childhood accident prevention. Previous exposure to educational sessions on the same topic and other relevant prior experiences were considered potential extraneous variables.

2.5. Data Collection Instrument

Data were collected using a structured questionnaire developed following a review of relevant books, journal articles, published and unpublished research, and electronic sources. The instrument consisted of two sections.

Section A: Sociodemographic characteristics. This section collected information on age, educational status, occupation, number of children, family type, religion, and sources of information regarding childhood accident prevention.

Section B: Knowledge assessment. This section consisted of 30 multiple-choice questions designed to assess maternal knowledge regarding common childhood accidents, including their definition, types, causes, management, and preventive safety measures.

The maximum possible knowledge score was 30. According to the original scoring framework, scores of 0–10 indicated poor knowledge, 11–20 indicated average knowledge, and 21–30 indicated excellent knowledge.

2.6. Validity and Reliability of the Instrument

The questionnaire and its blueprint were submitted to experts in child health nursing for content validation. Modifications were made according to their suggestions. The reliability of the instrument was assessed using the test–retest method, and the instrument was reported to have high reliability. The numerical reliability coefficient should be included in the final manuscript if available.

2.7. Structured Teaching Programme

The structured teaching programme was developed based on the identified educational needs of mothers and the review of relevant literature. The programme was prepared in English and Odia, considering the participants' language requirements and level of understanding. Posters and charts depicting childhood accidents and preventive measures were used as teaching aids.

The educational content covered four principal areas: an introduction to childhood accidents; types and causes of common childhood accidents; management and appropriate first-aid responses; and safety measures for preventing accidents. The programme was designed to provide mothers with systematic information to help them recognise hazards and adopt appropriate preventive practices.

2.8. Pilot Study

A pilot study was conducted in Champagarh, Nayagarh, following permission from the relevant local authority. Mothers who met the eligibility criteria were selected using non-probability purposive sampling. The pilot study assessed the clarity of the questionnaire and the feasibility of the data collection procedure. A pre-test was administered before the educational intervention, followed by a post-test according to the pilot procedure. The pilot participants were excluded from the main study. The procedure was reported to be feasible, with no major problems identified in the study design.

2.9. Data Collection Procedure

Permission to conduct the study was obtained from the Sarpanch of Benta, Chandpur, Nayagarh district. The purpose of the study was explained to eligible participants, and voluntary participation was ensured. After obtaining consent, baseline knowledge was assessed using the structured questionnaire. The structured teaching programme was then administered using appropriate teaching materials. A post-test was conducted seven days after the intervention using the same knowledge questionnaire to assess changes in maternal knowledge.

2.10. Statistical Analysis

The collected data were coded and entered into a master sheet for analysis. Descriptive statistics, including frequencies and percentages, were used to summarise sociodemographic characteristics and the distribution of pre-test and post-test knowledge scores. The mean and standard deviation of the knowledge scores were used where appropriate. A paired-samples *t*-test was planned to determine whether the difference between pre-test and post-test knowledge scores was statistically significant. A *p*-value below 0.05 was considered statistically significant, provided this criterion was specified in the original analysis plan.

2.11. Ethical Considerations

Permission to conduct the study was obtained from the local community authority. The purpose of the study was explained to the participants, and voluntary consent was obtained. Anonymity was maintained by assigning identification codes to participants, and confidentiality of the collected information was assured. Participants were informed of their right to withdraw from the study at any time without providing a reason.

3. RESULTS

3.1. Sociodemographic characteristics of the participants

A total of 30 mothers of children under five years of age participated in the study. Half of the participants (50%, n = 15) were aged 25–30 years, followed by 33.3% (n = 10) aged 18–24 years and 16.7% (n = 5) aged 31–35 years. Regarding educational status, 50% (n = 15) had completed secondary education, 33.3% (n = 10) had completed senior secondary education, 13.3% (n = 4) had primary education, and 3.3% (n = 1) were graduates.

Most participants were homemakers (66.7%, n = 20), while 33.3% (n = 10) were daily-wage workers. All participants were reported to be Hindu (100%, n = 30). In terms of monthly family income, 66.7% (n = 20) reported an income of ₹3,000–₹5,000, while 13.3% (n = 4) reported ₹1,000–₹3,000, 13.3% (n = 4) reported ₹5,000–₹10,000, and 6.7% (n = 2) reported ₹500–₹1,000.

3.2. Pre-test and post-test knowledge regarding childhood accident prevention

Before the structured teaching programme, all participants (100%, n = 30) were classified as having poor knowledge, with scores between 0 and 10. None achieved average or excellent knowledge scores.
Following the intervention, 76.7% (n = 23) of participants achieved excellent knowledge scores, while 23.3% (n = 7) achieved average scores. No participants remained in the poor-knowledge category.
The overall mean knowledge score increased from 6.26 in the pre-test to approximately 22.43 in the post-test, out of a maximum score of 30. This represents an increase of approximately 16.17 points, or from 20.9% to 74.8% of the maximum possible score.

Table 1. Comparison of maternal knowledge before and after the structured teaching programme.

Knowledge measure	Pre-test	Post-test
Mean score (maximum 30)	6.26	22.43
Percentage of maximum score	20.9%	74.8%
Poor knowledge, n (%)	30 (100%)	0 (0%)
Average knowledge, n (%)	0 (0%)	7 (23.3%)
Excellent knowledge, n (%)	0 (0%)	23 (76.7%)

3.3. Domain-wise changes in knowledge scores

The domain-wise results indicated an increase in scores across all four assessed areas: introduction to childhood accidents, types and causes of accidents, accident management, and preventive safety measures.
The reported post-test mean scores were 1.53 out of 2 for introduction to childhood accidents, 4.26 out of 6 for types and causes, 5.63 out of 7 for accident management, and 11 out of 15 for safety measures. The overall post-test mean score was reported as 22.42 in the domain-wise table.
The largest reported increase in mean percentage was in safety measures for accident prevention, followed by accident management. These findings indicate that the greatest improvement was reported in the practical prevention and management components of the teaching programme.

3.4. Item-wise improvement in knowledge

The item-wise analysis showed improvement in the proportion of correct responses after the teaching programme. In the accident-management domain, the proportion of correct responses increased to 86% for the item concerning the first action to be taken in a glass injury. For safety measures, the reported post-test correct-response percentages were 83% for preventing falls, 83% for poisoning prevention, and 83% for general accident prevention. These results suggest that participants demonstrated improved knowledge of several practical aspects of childhood accident prevention and management.
However, some item-wise values in the source tables are inconsistent. The frequency and percentage for the item concerning bags that should be kept away from young children, for example, do not correspond. These values should be verified against the original data before publication.

3.5. Hypothesis testing

The reported overall paired t-test value was 33.68, with 29 degrees of freedom, compared with a critical value of 2.05 at the 0.05 significance level. The reported mean difference was approximately 16.17 points. If the test statistic is confirmed by recalculating the analysis from the individual paired scores, the results indicate a statistically significant increase in knowledge following the intervention ($p<0.05$).
The research hypothesis that post-test knowledge scores would be higher than pre-test scores is therefore supported by the reported findings, subject to verification of the statistical calculations. The supplied data do not include a complete, verifiable analysis of associations between pre-test knowledge and all selected sociodemographic variables; consequently, no conclusion about those associations can be drawn from the available results.

4. DISCUSSION

The present study assessed the effectiveness of a structured teaching programme on the prevention of common childhood accidents among mothers of under-five children in Benta, Nayagarh, Odisha. The findings demonstrated an increase in the mean knowledge score from 6.26 before the intervention to approximately 22.43 after the intervention, out of a maximum score of 30. Furthermore, while all participants had poor knowledge at baseline, 76.7% achieved excellent knowledge scores and 23.3% achieved average scores after the intervention. These findings suggest that the structured teaching programme was associated with a substantial improvement in maternal knowledge regarding childhood accident prevention.
The findings are consistent with those of Kaur (2013), who conducted a quasi-experimental study among 60 mothers of under-five children in a selected village in Moga, Punjab. In that study, the mean knowledge score increased from 14.53 before the structured teaching programme to 18.25 after the intervention. The mean practice score also increased from 13.35 to 16.63, and the differences were reported to be statistically significant at $p < 0.001$. The investigator concluded that the programme improved mothers' knowledge and practices related to childhood accident prevention.
The direction of these findings is consistent with the improvement observed in the present study. However, direct numerical comparisons are inappropriate because the scoring systems, sample characteristics, and study settings may differ.
Similarly, Nair (2023) conducted a pre-experimental study among 60 mothers of under-five children in selected community areas of Tumkur, Karnataka. The mean knowledge score increased from 12.20 ± 3.704 in the pre-test to 25.57 ± 3.202 in the post-test, with a paired t-value of 30.28. The difference was reported to be statistically significant at $p <$

0.05. The author concluded that the structured teaching programme was effective in improving knowledge regarding the management of home accidents.

This finding supports the potential usefulness of structured educational interventions in community settings. In the present study, the increase in post-test knowledge scores similarly indicates that mothers may benefit from organised education addressing the causes, management, and prevention of childhood accidents.

The domain-wise findings of the present study showed improvement in knowledge concerning the introduction to childhood accidents, types and causes of accidents, accident management, and preventive safety measures. The largest reported increase was in safety measures for accident prevention, followed by accident management. This pattern highlights the potential value of including practical information on preventing falls, burns, poisoning, choking, drowning, and electrical injuries in maternal health education. Nevertheless, because the study did not compare different teaching methods or intervention components, it is not possible to determine which element of the programme contributed most to the improvement.

The findings are also supported by broader evidence on parenting interventions. Kendrick et al. (2013), in a Cochrane systematic review of 22 studies, examined the effects of parenting programmes on unintentional childhood injuries. Their meta-analysis of 10 randomised controlled trials involving 5,074 children found a lower risk of injury among families receiving parenting interventions than among comparison families (relative risk 0.83; 95% confidence interval 0.73–0.94). The review also identified evidence that parenting programmes may improve home safety, although many interventions combined education with additional support services (Kendrick et al., 2013).

These findings reinforce the public health importance of parent-focused injury-prevention programmes. However, the present study assessed maternal knowledge rather than observed safety practices or actual childhood injury rates; therefore, it cannot demonstrate that the teaching programme reduced the incidence of accidents.

The baseline finding that all participants had poor knowledge indicates a need for accessible, community-based education about childhood accident prevention in the study setting. The post-test results suggest that structured education may help address this knowledge gap. Nurses working in community health and maternal-child health services could use planned teaching sessions and appropriate educational materials to communicate safety information to caregivers. Repeated education and follow-up assessments may also be useful for evaluating whether knowledge is retained over time.

Several limitations should be considered when interpreting the findings. First, the sample included only 30 mothers selected through purposive sampling from one community, limiting generalisability. Second, the one-group pre-test–post-test design did not include a control group, so other influences, including repeated exposure to the questionnaire, cannot be excluded. Third, the available results do not establish whether improved knowledge led to sustained changes in household safety practices or a reduction in childhood accidents. Finally, inconsistencies in some reported standard deviations, item-wise percentages, and test statistics require verification before definitive conclusions are drawn.

Future studies should include larger samples from multiple communities, a control or comparison group, and follow-up assessments to determine whether knowledge is retained and translated into safer childcare practices. Evaluating household hazards and documenting childhood injury outcomes would provide more direct evidence of the public health impact of such programmes.

Overall, the findings of the present study are consistent with previous research suggesting that structured teaching programmes can improve maternal knowledge regarding childhood accident prevention. The programme may be a useful component of community-based child-safety education, although further research is required to establish its long-term effects on preventive practices and childhood injury outcomes.

5. CONCLUSION

The study findings indicate that the structured teaching programme was associated with an improvement in knowledge regarding the prevention of common childhood accidents among mothers of under-five children in Benta, Nayagarh, Odisha. The reported mean knowledge score increased from 6.26 before the intervention to approximately 22.43 after the intervention, and 76.7% of participants achieved excellent knowledge scores at post-test. These results suggest that structured health education may be a useful approach to improving maternal knowledge of childhood accident prevention. Further studies using larger samples, comparison groups, and longer follow-up periods are needed to determine whether these improvements are sustained and lead to safer child-care practices.

Community Implications

The findings of the present study highlight the importance of community-based health education in improving mothers' knowledge regarding the prevention of common childhood accidents. A structured teaching programme can be incorporated into community health nursing services, maternal and child health clinics, Anganwadi centres, and other community outreach programmes to promote child safety. Community health nurses, Anganwadi workers, and other healthcare personnel can educate mothers about identifying household hazards and adopting appropriate preventive measures to reduce the risk of falls, burns, poisoning, choking, and other accidental injuries among children under five years of age. Conducting regular awareness sessions, demonstrations, and distributing educational materials in the local language may further strengthen community awareness and encourage safer home environments. However, larger studies with longer follow-up periods are needed to determine whether improved knowledge results in sustained preventive practices and a reduction in childhood accidents at the community level.

Declaration of Competing Interest

The author declares that there are no known competing financial interests or personal relationships that could have appeared to influence the work reported in this study.

Ethical Approval
Ethical approval was obtained from the appropriate institutional ethics committee before the commencement of the study. Permission was obtained from the relevant authorities, and informed consent was obtained from the participating mothers. Participation was voluntary, confidentiality was maintained, and participants were informed of their right to withdraw from the study at any time without penalty.

Author Contributions
Mamata Puhan, Nirupama Mohapatra, Debasmita Mohapatro, Sushrita Sahoo, Chanchala Kar, and Kabita Puhan contributed to the development and preparation of this manuscript. Kabita Puhan, the corresponding author, coordinated the manuscript preparation. All authors reviewed the manuscript, provided input, and approved the final version for submission.

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Conflicts of Interest
The author declares no conflicts of interest related to the conduct, analysis, or publication of this study.

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