

RESEARCH ARTICLE

Mothers' knowledge, attitudes, and performance toward household accidents at home in children 1–5 years old: An intervention study

Fajriyeh Zahedinia¹, Sherafat Akaberian¹, Kamran Mirzaei², Parviz Azodi³, Hamid Reza Dowlatkah⁴, Faezeh Jahanpour¹

¹Department of Nursing, School of Nursing and Midwifery, Bushehr University of Medical Sciences, Bushehr, Iran, ²Department of Social Medicine, Bushehr University of Medical Sciences, Bushehr, Iran, ³Department of Anesthesia, Paramedical Faculty, Bushehr University of Medical Sciences, Bushehr, Iran, ⁴Department of Statistics, Jahrom University of Medical Sciences, Jahrom, Iran

Correspondence to: Faezeh Jahanpour, E-mail: f_jahanpour@yahoo.com

Received: December 17, 2017; Accepted: January 03, 2018

ABSTRACT

Background: Household accidents are the main cause of mortality among children under 6 years. In many cases, these accidents lead to permanent disability and death in children. **Aims and Objectives:** This study aimed to compare the effect of multimedia and short message service (SMS) as preventive behavior education in household accidents on knowledge, attitudes, and performance of mothers with 1–5-year-old children. **Materials and Methods:** A total of 100 mothers with children between 1 and 5 years old were randomly selected. A data collection tool was a questionnaire to assess knowledge and attitude and performance of mothers in terms of preventive behaviors in household accidents. Descriptive statistics and inferential statistics were used for data analysis. **Results:** The results showed a significant difference in mean scores of knowledge in SMS group before (25.63 ± 3.69) and after intervention (28.2 ± 3.38), knowledge in multimedia group before (22.62 ± 6.65) and after (28.86 ± 2.23), performance in SMS group before (24.26 ± 4.36) and after (28.62 ± 2.98), performance in multimedia group before (23.76 ± 6.50) and after (28.78 ± 2.0), and attitudes of mothers in SMS group before (36.75 ± 3.86) and after (38.62 ± 5.51). **Conclusion:** The results showed that both SMS and multimedia education increased knowledge, attitude, and performance of mothers in the prevention of household accidents. Both SMS and multimedia methods were taught to mothers in studied centers to reduce childhood household accidents significantly.

KEY WORDS: Education; Preventive Behaviors; Household Accidents; Children; Short Message Service; Multimedia

INTRODUCTION

Accidents are leading cause of death and disability in the world.^[1] According to the World Health Organization, accidents are unprecedented and lead to detectable damage.^[2] Children are more vulnerable to accidents than adults since

they cannot detect danger.^[3] In many cases, accidents cause permanent disability and mortality. Accidents also impose great psychological strains on families and society.^[4] According to a report of the World Health Organization in 2008, mortality rate in children under 5 years of age has decreased from 72 in every 1000 children in 1999 to 35 in every 1000 children in 2006. However, it is acknowledged that children are still vulnerable to many risks. Microscopic organisms and viruses are no longer major threats to children's health. On the other hand, lifestyle, environment, and social conditions put children at risk of accidents in the modern era.^[5] Contrary to public notion that the house is a safe environment, one-third of accidents occur at home.^[6] A household accident refers to traumatic events occurring

Access this article online	
Website: www.njppp.com	Quick Response code
DOI: 10.5455/njppp.2018.8.1248103012018	

National Journal of Physiology, Pharmacy and Pharmacology Online 2018. © 2018 Faezeh Jahanpour, et al. This is an Open Access article distributed under the terms of the Creative Commons Attribution 4.0 International License (<http://creativecommons.org/licenses/by/4.0/>), allowing third parties to copy and redistribute the material in any medium or format and to remix, transform, and build upon the material for any purpose, even commercially, provided the original work is properly cited and states its license.

at home or around the house. Household accidents cause high rates of disability. In other words, several thousand children are disabled as a child die of household accidents.^[7] Children live in an environment designed by adults. Thereby, children are not guilty of household accidents. On the other hand, parents play the most important role in maintaining the health of children. Hence, parental education and safe environment for children are inevitable measures that reduce accidents.^[8,9] Various studies have shown that most accidents involving children <5 years of age are falls, burns, and poisoning, drowning, and swallowing hard objects.^[8,10,11] Given the importance of this subject matter and great strains of household accidents on society, it is essential to develop training programs to enhance public knowledge and performance so that they can prevent household accidents.^[12] Formal and informal education is one of the cheapest methods to prevent household accidents. Behavioral change (development of preventive behaviors) and skill training programs can reduce household accidents. These are the best type of treatment.^[13] The effectiveness of education and behavioral change depends on the training method.^[14,15] There are different training methods including group discussions, face-to-face, lectures, multimedia software, and online materials.^[16,17] Nowadays, e-learning and distance education are main training methods in the health sector in developed countries.^[18,19] Multimedia software benefits from attractive dynamics and effects in text, audio, and video. They can easily communicate with users and support mobile messaging system used as an auxiliary tool in training programs. These two training methods are effective in health-oriented programs.^[20-23] Given vulnerability of children and since parents and particularly mothers are main caregivers of children, household accidents can be prevented by training programs and emphasis on the issue that household accidents can be prevented by effective measures.^[24,25] Considering the extent of the use of cell phone and internet as communicational tools in modern society, the present study aimed to examine and compare the effects of multimedia and short message service (SMS) on knowledge, attitudes, and performance of mothers with children from 1 to 5 years old in prevention of household accidents.

MATERIALS AND METHODS

This was a clinical trial. A list of health centers in Bushehr was prepared. The clinical trial code is IRCT2016010312830N17 at the International Center for Clinical Trials of Iran. Two clinics were randomly selected among the health centers. Then, one clinic was assigned to each study group. The participants were selected from mothers of children from 1 to 5 years old visiting selected centers. A unique clinic was assigned to each study group to prevent communication and exchange of information between the two groups. The sample size was calculated as 50 in each group (total = 100) using Altman nomogram assuming the target difference =

0.4 standard deviation (SD) = 0.5, standard difference = 0.8, confidence interval = 95%, and power = 80%. Informed consents of the participants were collected before the study. Inclusion criteria were mothers with children from 1 to 5 years old, basic familiarity with computer and messaging system and WhatsApp. Exclusion criteria were dissatisfaction of the mothers with participation in the project and mothers with mental disorders and incurable diseases. Educational compact disks (CDs) containing attractive images and training texts about household accidents (including poisoning [etergents, medicines, and plants, fall, suffocation due to swallowing hard objects, drowning, burns, insect stings, and bites by pets) and preventive methods were distributed among the mothers. Contents of these CDs were reviewed and confirmed by experts. The other group received two daily text messages containing educational images and materials. Thirty educational messages were designed which were sent to mothers during 15 days. It should be noted that educational content of SMSs and CDs was identical. Both groups were examined at pre-test and post-test (1 month after the intervention). Data collection tool was a questionnaire developed by the author. The questionnaire contained demographic information and specialized questions designed based on a review of the literature. Demographic data encompassed age of mother, age of children, number of children 1–5-year-old, marital status, education, occupation of mothers (in medicine or not), and a history of household accidents during the past year. Specialized questions covered area of knowledge (10 questions), attitude (10 questions), and performance (10 items). A five-point Likert Scale was used to score the items in area of mothers' attitudes (strongly disagree, disagree, no idea, agree, and strongly agree). A three-point Likert Scale was used to score the items in the areas of mothers' knowledge and performance (yes, no, and I do not know). A positive answer was given three scores, a negative answer was given one score, and I do not know was given two scores. The questionnaire was distributed among ten faculty members and experts in Bushehr University of Medical Sciences to examine the validity of the questionnaire. The content of the questionnaire was modified by views of experts and faculty members. The questions with content validity ratio (CVR) less than desired value were excluded from the study. Content validity and content validity index (CVI) were calculated using Excel software. CVI was calculated above 0.7 for all questions. CVR was calculated above 0.6 for all questions. Confidence factor was calculated as 0.905 for knowledge, 0.807 for attitudes, and 0.731 for performance using Cronbach's alpha coefficient. Kuder–Richardson coefficient was calculated as 0.902 for knowledge, 0.762 for attitude, and 0.720 for performance. Descriptive statistics (percent, mean, and SD), inferential statistics (independent *t*-test, paired *t*-test, analysis of variance, and Pearson correlation coefficient), and SPSS 16 were used for data analysis. A statistically significance level was considered as $P < 0.05$.

RESULTS

The findings showed that majority of mothers had one child and a bachelor degree. Most mothers in the SMS group were housewives and most mothers in the multimedia group were employed. Chi-square test results showed no significant difference between SMS and multimedia groups in terms of mothers' occupation, areas of occupation of mothers, education, and household accidents [Table 1]. Paired *t*-test results showed a significant difference in scores of knowledge and performance of mothers in both intervention groups (multimedia and SMS) a month after the intervention. Mean

score of mothers' knowledge and performance in preventing household accidents had increased a month after the intervention. However, no significant difference was found in scores of attitudes of mothers in the intervention groups 1 month after the intervention [Table 2]. Mann-Whitney test results showed a significant difference in mean scores of knowledge and attitudes of mothers in SMS and multimedia groups. The mean scores of knowledge and attitudes in the multimedia group were higher than SMS group. However, no significant difference was found between the two groups in scores of performance [Table 3]. Pearson correlation results showed that attitudes of mothers improve as their knowledge increases in SMS group ($r = 0.460$). Performance of mothers was also enhanced as their attitudes improved ($r = 0.329$). Linear and direct relationships were found between scores of knowledge and attitude ($r = 0.745$), scores of knowledge and performance ($r = 0.664$), and scores of attitude and performance ($r = 0.612$) 1 month after the intervention. Performance of mothers was enhanced as their knowledge increased ($r = 0.310$) in multimedia group before intervention. Performance of mothers also increased as scores of attitudes was increased ($r = 0.343$) [Table 4].

Table 1: Frequency of demographic variables among participants by type of intervention

Demographic factors		Frequency (%)		P
		Multimedia	SMS	
Number of children	1	47 (95.9)	42 (84)	0.781
	2	2 (4.1)	8 (16)	
Birth order	1	41 (83.7)	39 (78)	0.513
	2	8 (16.3)	10 (20)	
	3	0 (0)	1 (2)	
Marital status	Married	49 (98)	50 (100)	-
	Divorced	1 (2)	0 (0)	
Degree	Under diploma	0 (0)	12 (24)	0.237
	Diploma	13 (26)	12 (24)	
	Associate degree	7 (14)	5 (10)	
	Bachelor	27 (54)	25 (50)	
	M.sc	3 (6)	3 (6)	
Mother's occupation	Housewives	19 (38)	28 (56)	0.071
	Employed	31 (62)	22 (44)	
Areas of occupation	Medical science	4 (12.9)	8 (36.4)	0.055
	Etc.	27 (87.1)	14 (63.6)	
Household accidents	No	7 (87.5)	20 (76.9)	0.439
	Yes	1 (12.5)	6 (23.1)	

SMS: Short message service

DISCUSSION

The results showed a statistically significant difference in mean scores of knowledge in SMS and multimedia groups during the studied period. This result indicated that mean scores of knowledge of mothers in preventing household accidents had increased 1 month after the intervention compared to before intervention. This shows that multimedia and SMS-based intervention and training programs had increased mothers' knowledge in preventing household accidents. The effects of multimedia training programs on knowledge and training period (a month) were examined in other studies too. Accordingly, the results of this study were consistent with the results of the studies conducted by Ajorpaz *et al.*, Zadeh *et al.*, Chung *et al.* (2013), and Zarei *et al.* They stated that training methods using multimedia software increased nursing students' knowledge on

Table 2: Comparison of mean scores of knowledge, attitude, and performance of mothers in preventing household accidents in two groups of SMS and multimedia

Variable	Group	Stage		P
		Mean±SD		
		Pre-intervention	1 month after intervention	
Knowledge	SMS	28.2±3.38	25.63±3.69	<0.001
	Multimedia	28.86±2.23	22.62±6.65	<0.001
Attitude	SMS	38.62±5.51	36.75±3.86	0.056
	Multimedia	37.27±4.28	38.17±2.87	0.057
Performance	SMS	28.62±2.98	24.26±4.36	<0.001
	Multimedia	28.78±2.0	23.76±6.50	<0.001

SMS: Short message service, SD: Standard deviation

gastrointestinal surgery technology and cardiopulmonary resuscitation.^[26-29] Moghadam *et al.* (2014) also showed the usefulness of educational SMS in self-care behaviors among patients with Type II diabetes.^[30] Chou *et al.* (2011) also showed the usefulness of routine training through multimedia in increasing knowledge of kidney patients.^[31] Lo *et al.* also mentioned the effect of multimedia educational in increasing and improving knowledge of patients with a stoma about self-care services.^[32,33] These results indicate that SMS- and cellphone-based applicable interventions and programs and multimedia tools can be used to improve individual health in developing countries.^[33-36] The results showed a statistically significant difference in scores of knowledge and performance of mothers in both intervention groups of multimedia and SMS 1 month after the intervention. This reflects the effectiveness of interventions in the prevention of household accidents among children. The results are consistent with the results of previous studies. So far, no study has examined the relationship between demographic factors and knowledge score based on the type of training method or intervention. The results are consistent with the results of the studies conducted by Shrestha *et al.* (2014), Kamal (2013), LeBlanc *et al.* (2006), LeBlanc *et al.* (2006), Mirzaie *et al.* emphasized increase in knowledge on prevention of

household accidents in women with higher education.^[37] Kamal and LeBlanc *et al.* noted the relationship between knowledge and education.^[38-40] Demographic results of this study showed that majority of participants had more than diploma degree and only a small number of mothers had less than diploma degree. The results showed that both multimedia-based education (SMS and multimedia) increase knowledge of mothers with children aged one to five visiting health centers in Bushehr. Both training methods can be used to prevent household accidents. Mann–Whitney test results showed a significant difference in mean scores of knowledge and attitudes of mothers in SMS and multimedia groups. Moreover, the difference in mean scores of knowledge and attitude in multimedia group was higher than SMS group. This may be due to the issue that multimedia is dynamic, benefits from attractive and beautiful audiovisual and graphic effect, and communicates easier with users compared to SMS.

CONCLUSION

The results of this study showed that multimedia tools (e.g., SMS and multimedia) are effective educational tools for improving the performance of mothers with children aged one to five to prevent household accidents. It is recommended that a unique multimedia tool (e.g., SMS and multimedia) be used and selected according to societal requirements and demographic characteristics. Therefore, it is recommended that training programs in the form of multimedia messages (e.g., SMS and multimedia) be produced and offered to healthcare centers and health policy-makers. Limitation of the study was reluctance of mothers to participate in the study. To overcome this issue, the mother was motivated through explaining objectives of the project. Another limitation of this study was difficulty in arranging next meetings with mothers, which was resolved through frequent follow-up and contacts with the mothers. It is also suggested that the effect of such interventions as multimedia and SMS be examined in two groups of mothers with children under 5 years (with

Table 3: Comparison of the difference in mean scores of knowledge, attitude, and performance in preventing household accidents in multimedia and SMS groups

Variable	Group	Mean±SD difference	95% CI	P
Knowledge	SMS	2.48±4.75	(-6.49, -1.72)	0.004
	Multimedia	6.60±7.0		
Attitude	SMS	1.81±6.32	(0.63, 5.4)	0.004
	Multimedia	-1.2±5.4		
Performance	SMS	4.24±5.61	(-3.26, 1.74)	0.973
	Multimedia	5.0±6.57		

SMS: Short message service, CI: Confidence interval

Table 4: Determining the relationships between knowledge, attitude, and performance of mothers with children aged one to five in preventing household accidents in Bushehr by type of intervention

Groups	Variable	Pre intervention		1 month after intervention	
		Attitude	Knowledge	Attitude	Knowledge
SMS	Knowledge	--	--	--	--
	Attitude	--	r=0.460 P<0.001	--	r=0.745 P<0.001
	Performance	r=0.329 P=0.029	r=0.080 P=0.608	r=0.612 P<0.001	r=0.664 P<0.001
Multimedia	Knowledge	--	--	--	--
	Attitude	--	r=0.198 P=0.187	--	r=-0.044 P=0.762
	Performance	r=0.085 P=0.577	r=0.310 P=0.029	r=0.343 P=0.015	r=0.033 P=0.818

SMS: Short message service

and without household accidents). It is also recommended to examine the effect of classification of occupation types of the mothers on their knowledge, attitude, and performance to prevent household accidents.

ACKNOWLEDGMENT

We would like to thank all the mothers who cooperated in this study. This article a part of M.sc. of Nursing Thesis in Bushehr University of Medical Sciences in Iran.

REFERENCES

1. Fraga AM, Fraga GP, Stanley C, Costantini TW, Coimbra R. Children at danger: Injury fatalities among children in San Diego county. *Eur J Epidemiol* 2010;25:211-7.
2. Ramazani A, Izad KM, Gholeenejad B, Amirabadizadeh H. Epidemiologic study and relationship factors of home injuries in clienteles to Birjand, s hospital in 2004. *J Zabol Univ Med Sci Health Services (Journal of Rostamineh)* 2011;2:71-9.
3. Sekii H, Ohtsu T, Shirasawa T, Ochiai H, Shimizu T, Kokaze A. Childhood mortality due to unintentional injuries in Japan, 2000-2009. *Int J Environ Res Public Health* 2013;10:528-40.
4. Alizadeh Z, Paymard A, Khalili A, Hejr H. A systematic review of pain assessment method in children. *Ann Trop Med Public Health* 2017;10:847-9.
5. Tabibi Z. Incidence, causes and prevention of child accidents in Iran: An analysis of existing studies. *J Fam Res* 2009;5:179-205.
6. Schneiderman JU, Leslie LK, Hurlburt MS, Zhang J, Horwitz SM. Caregiver reports of serious injuries in children who remain at home after a child protective services investigation. *Matern Child Health J* 2012;16:328-35.
7. Jazi MH, Sajedi F, Sanei Y. The incidence of electrical, chemical and thermal burns in children and adolescents referred to mottahari hospital in Tehran in 2002. *Razi J Med Sci* 2004;11:861-6.
8. Afshari A, Khalili A, Deghani M, Beiramijam M, Lotf MD, Noodeh FA, *et al.* Comparing the frequency of occupational injuries among medical emergency staff and nurses of intensive care units in Hamadan. *Ann Trop Med Public Health* 2017;10:646-50.
9. Jafari HR, Salehi E, Sadeghi N. Playground safety: An approach to environmental planning. *J Environ Stud* 2011;36:13-24.
10. Noughjah S, Ghanavatzadeh A, Eskandri N, Daghilavi M. Prevalence of non-fatal home injuries and its related factors among children attending health centers in Ahvaz: A pilot study. *Hakim Res J* 2012;15:238-42.
11. Dianati M, Lotfi M. Study of the home-related traumas in patients referred to the emergency treatment centers of Kashan, 2010-2012. *Iran J Epidemiol* 2015;11:37-45.
12. Hatamabadi H, Mahfoozpour S, Forouzanfar M, Khazaei A, Yousefian S, Younesian S. Evaluation of parameter related to preventative measures on the child injuries at home. *J Saf Promot Inj Prev* 2013;1:140-9.
13. Tabibi Z. Psychological Analysis of Safety Training for Children in Iran. Mashhad: The First Conference on Informal Education and Learning; 2008.
14. Khalili A, Almasi S, Joonbakhsh F, Ahmadinia H, Davodi M. Comparative study of the impact of professional ethics education using lecture and multimedia software on knowledge of nursing students. *Res J Pharm Biol Chem Sci* 2017;8:212-6.
15. Jahanpour F, Sharif F, Salsali M, Kaveh MH, Williams LM. Clinical decision-making in senior nursing students in Iran. *Int J Nurs Pract* 2010;16:595-602.
16. Ellaway R, Masters K. AMEE Guide 32: E-learning in medical education Part 1: Learning, teaching and assessment. *Med Teach* 2008;30:455-73.
17. Olusanya J. Assessment of the food habits and school feeding programme of pupils in a rural community in odogbolu local government area of Ogun state. *Niger Pak Nutr J* 2010;9:198-204.
18. McMahan GT, Gomes HE, Hohne SH, Hu TM, Levine BA, Conlin PR. Web-based care management in patients with poorly controlled diabetes. *Diabetes Care* 2005;28:1624-9.
19. Dezhdar S, Jahanpour F, Firouz Bakht S, Ostovar A. The effects of kangaroo mother care and swaddling on venipuncture pain in premature neonates: A Randomized clinical trial. *Iran Red Crescent Med J* 2016;18:e29649.
20. Anhøj J, Møldrup C. Feasibility of collecting diary data from asthma patients through mobile phones and SMS (short message service): Response rate analysis and focus group evaluation from a pilot study. *J Med Internet Res* 2004;6:e42.
21. Jeste DV, Dunn LB, Folsom DP, Zisook D. Multimedia educational aids for improving consumer knowledge about illness management and treatment decisions: A review of randomized controlled trials. *J Psychiatr Res* 2008;42:1-21.
22. Patrick K, Griswold WG, Raab F, Intille SS. Health and the mobile phone. *Am J Prev Med* 2008;35:177-81.
23. Rasti R, Jahanpour F. Viewpoints of nurses and patients on paying respect to the privacy of patients in care. *J Mazandaran Univ Med Sci* 2014;24:33-42.
24. Akbarizadeh F, Jahanpour F, Hajivandi A. The relationship of general health, hardiness and spiritual intelligence relationship in Iranian nurses. *Iran J Psychiatry* 2013;8:165-7.
25. Hadian ZS, Sharif F, Rakhshan M, Pishva N, Jahanpour F. Lived experience of caregivers of family-centered care in the neonatal intensive care unit: "Evocation of being at home". *Iran J Pediatr* 2016;26:e3960.
26. Ajorpaz NM, Sadat Z, Hoseinain M. Comparison of lecture and multimedia software methods on learning and satisfaction of surgical technology students in gastrointestinal surgical technology course. *Community Health J* 2014;8:47-55.
27. Chuang YH, Tsao CW. Enhancing nursing students' medication knowledge: The effect of learning materials delivered by short message service. *Comput Educ* 2013;61:168-75.
28. Zadeh JK, Mehrabi H, Ranjbar H, Shoghi M, Mohammadi SZ. The effect of multi-media educational software on learning basic principles of cardio-pulmonary resuscitation (CPR) in nursing students. *J Crit Care Nurs* 2014;7:160-7.
29. Zarei AR, Jahanpour F, Alhani F, Razazan N, Ostovar A. The impact of multimedia education on knowledge and self-efficacy among parents of children with asthma: A Randomized clinical trial. *J Caring Sci* 2014;3:185-92.
30. Moghadam MB, Taheri G, Zadeh HF, Parsa M. The effect of instructional designed SMS based on health belief model (HBM) on adoption of self-care behavior of patients with Type II diabetes. *Modern Care J* 2014;11:10-8.
31. Chiou CP, Chung YC. Effectiveness of multimedia interactive patient education on knowledge, uncertainty and

- decision-making in patients with end-stage renal disease. *J Clin Nurs* 2012;21:1223-31.
32. Lo SF, Wang YT, Wu LY, Hsu MY, Chang SC, Hayter M, *et al.* Multimedia education programme for patients with a stoma: Effectiveness evaluation. *J Adv Nurs* 2011;67:68-76.
33. Khalili A, Azodi F, Azodi P, Motlagh MD, Sedighi Z, Jahanpour F. Patient safety situation from the nurses viewpoints in an educational hospital. *J Pharm Sci Res* 2017;9:1647-50.
34. Rabiei Z, Jahanpour F, Azodi F, Azodi P. Effect of educational multimedia on anxiety before cesarean section. *Iran J Obstetr Gynecol Infertil* 2017;20:24-9.
35. Jahanpour F, Paimard A, Pouladi SH, Azodi F, Shayan A, Azodi P, *et al.* Comparing the durability of professional ethics' learning in two methods of group discussion and multimedia software. *Res J Med Sci* 2016;10:120-3.
36. Déglise C, Suggs LS, Odermatt P. Short message service (SMS) applications for disease prevention in developing countries. *J Med Internet Res* 2012;14:e3.
37. Mirzaie M, Chehrzad M, Shafeipour Z. Compare the practice of infants' parents regarding prevention of accidents in rural and urban area in Rasht. *Holist Nurs Midwifery* 2005;15:55-60.
38. Shrestha S, Singh S, Subedi G, Chandra N. Knowledge regarding prevention of minor accidents in children among mothers attending MCH clinic. *Int J Nurs Res Pract* 2014;18:26-33.
39. Kamal NN. Home unintentional non-fatal injury among children under 5 years of age in a rural area, el minia governorate, Egypt. *J Community Health* 2013;38:873-9.
40. LeBlanc JC, Pless IB, King WJ, Bawden H, Bernard-Bonnin AC, Klassen T, *et al.* Home safety measures and the risk of unintentional injury among young children: A multicentre case-control study. *Can Med Assoc J* 2006;175:883-7.

How to cite this article: Zahedinia F, Akaberian S, Mirzaei K, Azodi P, Dowlatkhah HR, Jahanpour F. Mothers' knowledge, attitudes and performance towards household accidents at home in children 1–5 years old: An intervention study. *Natl J Physiol Pharm Pharmacol* 2018;8(5):658-663.

Source of Support: Nil, **Conflict of Interest:** None declared.