

# Protecting the Little Ones: Empowering Mothers to Prevent Home Hazards - A Quasi-Experimental Study

## Abstract

**Background:** Children under the age of 5 years are most vulnerable to injuries. The mother is the best person to pass on learning to children, and mothers' knowledge of home injuries and preventive behaviors is an important factor in reducing these hazards. The present study examined the role of maternal education in the prevention of home hazards in children. **Materials and Methods:** This quasi-experimental study was performed on 70 mothers of 2- to 5-year-old children, who were referred to the community health centers of Shahid Beheshti University of Medical Sciences in 2019. The participants were randomly selected and assigned to two groups. Data related to mothers' demographic information, knowledge, and performance were collected, and the Injury Behavior Checklist for children was filled. **Results:** The findings of this study revealed that the mean (SD) of mothers' knowledge 99.80 (1.12) and performance 61.71 (21.75) increased significantly in the intervention group after the training course ( $p < 0.05$ ). Moreover, the mean score obtained based on the children's risky behavior assessment checklist decreased significantly after the intervention ( $F = 181.35, p < 0.001$ ). **Conclusions:** Based on the findings of this study, establishing the role of educational intervention in preventing home hazards in 2- to 5-year-old children, it has been advised to conduct training courses for mothers to improve their performance in childcare.

**Keywords:** Accidents, home, wounds and injuries, prevention, education, mothers, child

## Introduction

Injuries are among the most important risk factors for health-related problems in both developed and developing countries and the third leading cause of death after Cardiovascular Diseases (CVD) and cancer.<sup>[1-3]</sup> Injuries have been noted as the leading cause of death during the first 5 years of life worldwide.<sup>[4-6]</sup> Home hazards are the leading cause of death or disability at the early childhood and are considered one of the major risk factors for loss of useful life.<sup>[7]</sup> The World Health Organization (WHO) introduces home hazards as the priority among problems that should be dealt with.<sup>[4]</sup> At early stages of life, kids are completely dependent on their caregivers. Moreover, they are still vulnerable to injuries because of their natural curiosity, impulsivity, and desire to master new skills, and the fact that they try to imitate adults' behavior from an early age.<sup>[8,9]</sup>

Unsafe houses, low socio-economic status, mothers' inadequate knowledge, and

inappropriate attitude are the most important risk factors for children's home hazards.<sup>[10]</sup> In this regard, an adverse attitude of parents can lead to these accidental occurrences, and is the main obstacle in the way of preventing and managing injuries; hence, educational interventions are required to correct such wrong beliefs.<sup>[11]</sup>

According to the Declaration of the Rights of the Child, all children around the world have the right to live in a safe environment and to be protected against injury and violence.<sup>[12]</sup> According to previous research, families use the three strategies of reducing environmental threats, monitoring (observation and proximity), and safety education at home to manage the risk of injury in children.<sup>[10]</sup> Parents' inadequate monitoring and nurturing leads to the recurrence of the injury, and the monitoring role of parents can be improved by interventions such as conducting training programs to changing their beliefs about the child's behavior, and vulnerability risk assessment.<sup>[13]</sup> Parents should keep in

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mind that creating a stable balance between the setting of protective measures and giving the child the opportunity to understand environmental risks have a significant importance.<sup>[14]</sup> One of the ways to minimize threats is to deliver practical learning strategies, including explanations, examples, rules, and behavior-changing approaches (e.g., punishments and rewards).<sup>[15]</sup> Therefore, educating the mother, as an important person in protecting children, is essential and requires investigating mothers' knowledge and attitudes toward home injuries.<sup>[16]</sup> The mother is the best person to pass on lessons to the child, and mothers' knowledge of preventive behaviors regarding home injuries is essential to minimizing such events.<sup>[17]</sup>

Based on various research, various educational programs are conducted in Iran with different methods. Despite their implementation, based on the available statistics about the large number of children injured at home, it can be said that this kind of education is insufficient, and more emphasis is needed in this field. There are many economic, social, cultural, and environmental reasons for the inadequacy and ineffectiveness of education, both in the family and in society.<sup>[4,7,10]</sup> Given that most childhood injuries occur under the age of five,<sup>[17-19]</sup> and mothers play a crucial role in preventing accidental injuries in this age group, the present study aimed to reduce injuries from home hazards in children under the age of five by educating mothers.

## Materials and Methods

This research was a quasi-experimental study conducted on mothers referred to the Community Health Centers' of Shahid Beheshti University of Medical Sciences, Iran, in 2021. The participants were randomly recruited through a cluster sampling method. The community health centers included two health centers in the north and east districts of Tehran, Iran and each of these centers has several subcenters that provide community health services. First, the two centers in the north and east regions were considered as the clusters and based on the lottery card, the center in the north region was considered as the intervention group, and the center in the east region as the control group. Then, from among the centers covered by each cluster, based on the lottery card, one center was chosen and assigned to the intervention group and another center to the control group. Finally, from among the centers delivering community health services, one center was randomly selected (i.e., based on the lottery card) from each cluster for conducting the study. Based on a similar study,<sup>[20]</sup> with 95% confidence interval and 90% test power, the minimum sample size was calculated as 32 mothers, which was raised to 35 per group (70 mothers in total) taking into account. The possible dropout rate was 10%.

Giving informed consent to participate in the study, having no specific diseases such as major depression or cancer, absence of any specific disease in the child, such as malignancy and debilitating mental and physical illnesses,

not having received a research-related training pack within the last 6 months, having reading and writing literacy, and the ability to speak Persian were considered as the inclusion criteria. Missing more than two training sessions and the mother's unwillingness to continue participation in the training program for any reason were considered as the exclusion criteria.

The data on mothers' demographics, knowledge, and performance were collected using separate questionnaires, and a checklist was completed for assessing the child's risky behaviors. The demographic questionnaire addressed the variables of age, level of education, maternal employment status, and having children between ages 2 and 5.

The Knowledge Questionnaire is related to knowledge regarding injuries in 2- to 5-year-old children and their features. This questionnaire contains 15 four-choice questions (one correct/three incorrect) about the types of risks that threaten children's health at home and the injuries they cause. A correct answer is worth one point and a wrong answer is worth 0 points. The minimum and maximum scores obtained for knowledge are 0 and 15, respectively, where a higher score reflects a higher knowledge level. The validity and reliability of the Knowledge Questionnaire have been confirmed in Iran.<sup>[14,15]</sup>

An example of knowledge question: "At what age are children most often injured at home?"

In the present study, the self-report checklist of Zahedinia *et al.* (2018)<sup>[15]</sup> was used to measure the performance of mothers. The Performance Checklist includes 20 yes/no questions related to home safety, as well as the safety measures implemented by the mother towards preventing injuries in children. The minimum and maximum scores of the checklist are 0 and 20, respectively, where a higher score indicates better performance. The validity and reliability of the Performance Checklist have been confirmed in Iran.<sup>[15]</sup> An example of a Performance Checklist question: "The sockets have a suitable plastic cover and protection".

The Injury Behavior Checklist (IBC) is the most popular questionnaire ever developed to assess children's risky behaviors, and has been employed in various studies. It presents a list of 24 injuries related to the child's behavior, and parents report the frequency of the behavior on a four-point Likert scale ranging from never = 0 to often = 4. Therefore, the total score ranges from 0 to 96. This checklist encompasses injuries such as fractures, cuts, burns, poisoning, falls, drowning, electricity events, and animal bites. The validity and reliability of the IBC have been confirmed in Iran.<sup>[21]</sup> Example of a question of the IBC: "The girl or boy suddenly jumps out into the street".

The educational content in this study included booklets, pictures, and educational videos<sup>[22,23]</sup> designed to familiarize

mothers with common home hazards in 2- to 5-year-old children and their consequences, their preventive measures, risk factors associated with them, the safety issues of playground environment and equipment, and first-aid measures and resuscitation during injuries in children.

The educational content of the training program was approved by five professors of community health nursing and pediatric nursing, as well as an expert in designing safe indoor environments.

After the approval of the content of the educational program, it was provided to the participants of the intervention group (35 people) which was further divided into 10- to 15-member groups for four 45-min sessions. The educational content included defining injuries (via providing an educational booklet) and a pamphlet listing common childhood home hazards and preventive solutions. The education was provided by the researcher using educational aids (i.e., videos, and PowerPoint presentations) and by holding question-answer sessions and practicing (practical and theoretical) in the community health centers. For home safety, the educational content included preventing children from falling down stairs and through windows, touching sharp and cutting tools, using protective equipment for the child while playing, and applying safety rules for children based on their age.

The mothers were trained by a member of the expert team who had an MA in community health nursing.

As agreed with the health center, the mothers attended training sessions for 1 hour 1 day a week, 4 days a month. A session was dedicated to the pretest and a session to the posttest. After completion of the educational course, two training sessions were held for the mothers in the control group, based on the content presented in the intervention group, in coordination with the health center. The total duration of the educational intervention was 6 weeks.

Training sessions were held as follows. The first session included interviews, pre-intervention tests, and familiarization of mothers with the concepts of health and its importance in 2- to 5-year-old children, injuries and various types of home injuries, and the relationship between home hazards and the child's age. The second session was dedicated to the familiarization of mothers with the concept of home hazards prevention, the most important risk factors for childhood injuries, the concept of burn injury, and the ways and interventions to prevent burns and traffic injuries. In the third session, mothers were provided information on drowning, suffocation, cuts, and fall injuries and their prevention methods, as well as appropriate interventions to prevent drowning, suffocation, and cuts. Finally, in the fourth session, the mothers were familiarized with electric shocks, poisoning, and bites by insects and poisonous reptiles, and other animals, and the ways to prevent them. In addition, a posttest was performed on the last session.

Questionnaires were completed in the three stages of the beginning of the study, immediately after the intervention in the first group, and 30 days after the educational intervention in both groups. At the end of the last training session, the questionnaires were completed by the participants in both intervention and control groups. This was also performed 30 days after the last training session [Figure 1].

To analyze the data, SPSS software (version 18; SPSS Inc., Chicago, IL, USA) was used. The Kolmogorov checked the normality of the data-Smirnov test, revealing a normal distribution for all variables. Descriptive statistics, including frequency, percentage, and mean and standard deviation, were used to present the data. In addition, as analytical statistics, the Chi-squared test was used to compare demographic variables between the study groups. Moreover, a one-way repeated-measures ANOVA test was used to compare changes in each group. The significance level was  $p < 0.05$ .

### Ethical considerations

This study was approved by the Ethics Committee of Shahid Beheshti University of Medical Sciences (IR.SBMU.RETECH.REC.1398.639). At the end of the study, and to comply with ethical principles, a brochure of the education provided was given to all participants of both groups.

### Results

Regarding mothers' age, the most frequent age group was 30-35 years in both the intervention and control groups. In terms of educational level, 68.50% of the mothers in the intervention group and 57.14% of those in the control group had high school diplomas. In addition, 65.7% of the mothers in the intervention group and 57.10% in the control group were housewives. According to the Chi-squared test, there was no significant difference

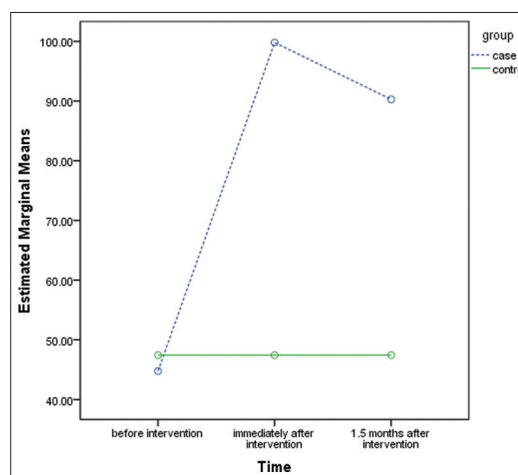


Figure 1: Comparison of knowledge scores before, immediately after, and 30 days after the intervention in mothers with children of 2-5 years of age participating in the study

between the groups regarding age, educational level, and employment status ( $p > 0.05$ ). Considering the household size, most participants in both groups had three members in the family. Boys constituted most children in both groups, and the highest frequencies in terms of age groups were related to 3-year-old and 2- to 3-year-old in both groups, respectively [Table 1].

The repeated measures ANOVA test was used to compare the scores of the questionnaires before, immediately after, and 30 days after the educational program. Immediately after the training sessions, the highest knowledge score was related to the intervention group. Repeated measures ANOVA test showed that the knowledge score changed over time in each group, showing the significant difference over each unit of time ( $p < 0.05$ ). In addition, the performance score was the highest in the intervention group 30 days after the training sessions, indicating statistically significant changes in both groups over each unit of time according to the repeated measures ANOVA test ( $p < 0.05$ ) [Table 2].

The lowest child's risky behavior scores 30 days after the training sessions was related to the intervention group. Based on the repeated measures ANOVA test, a significant difference was observed between the groups in terms of the child's risky behavior score, which was significantly reduced in the intervention group [Table 2].

The scores of maternal knowledge and performance, and the child's risky behavior in the intervention group before, immediately after, and 30 days after the training program are presented in Table 2, highlighting the impact of the educational intervention on these variables [Table 3].

As shown in Figure 1, the mean knowledge score was not significantly different between the two groups before implementing the educational program, but after the program, the score significantly increased in the intervention group compared to the control group. Likewise, the mean performance score significantly increased in the intervention group after the training sessions, showing the highest value at 30 days after the intervention [Figure 2]. Our findings also showed a significant decrease in the score of the child's risky behavior both immediately and

30 days after the training program in the intervention group [Figure 3].

## Discussion

The present study was conducted to investigate the role of an educational program for mothers in preventing home injuries in 2- to 5-year-old children. Our results showed that the mean score of knowledge before the training program was comparable between the intervention and control groups, but immediately after and 30 days after the training program, this score was significantly higher in the intervention group compared to the control group, in which no significant change was observed. This observation confirmed the effectiveness of the educational program in increasing mothers' knowledge of home hazards and preventive strategies. Various studies have also asserted the effects of education on boosting mothers' knowledge.<sup>[11,17,24]</sup> Mothers with adequate knowledge about childhood home injuries and how to avoid them can provide more effective care for their children and take appropriate preventive measures to protect them against home threats.

According to our results, the highest performance score was observed in the intervention group 30 days after the implementation of the educational program. In a similar vein, Cheraghi *et al.*<sup>[24]</sup> reported that an educational program based on the health-belief model increased mothers' performance in terms of preventing home injuries in children. Other studies have also found improvement in mothers' performance following educational programs.<sup>[17,18,25]</sup> This illustrates that educating mothers about childhood injuries and measures taken towards preventing them will boost maternal performance in taking care of their children.

Parents believe that education is a good strategy for managing children's risky behaviors, and they apply such strategies to prevent home injuries from happening to their children. Therefore, when children reach the age of 3 years, parents employ comprehensible efforts and close monitoring to educate their children about safety, thus obviating potential risks. It is believed that such training programs can enable children to make decisions to avoid existing and potential harmful threats.<sup>[26]</sup>

**Table 1: Demographic information of mothers with children of 2–5 years of age participating in the study**

Characteristics		Intervention group (n=35)	Control group (n=35)	p
		n (%)	n (%)	
Mother's age (year)	<25	7 (20)	8 (22.90)	0.508
	25–35	20 (57.20)	15 (62.90)	
	>35	8 (22.80)	5 (14.20)	
Mother's education	High school	24 (68.50)	20 (57.15)	0.365
	College education	11 (31.50)	15 (42.85)	
Mother's employment status	Housewife	23 (65.70)	20 (57.10)	0.312*
	Employed	12 (34.30)	15 (42.90)	
Gender of children of the target group	girl	16 (45.72)	15 (42.85)	0.030
	boy	19 (54.28)	20 (57.15)	

\*Chi-square

Moreover, the child's risky behavior score was the lowest in the intervention group 30 days after the training program, showing a significant difference between the two groups. Similarly, Morrongiello *et al.*<sup>[21]</sup> showed that children's perceptions of safety are affected by their

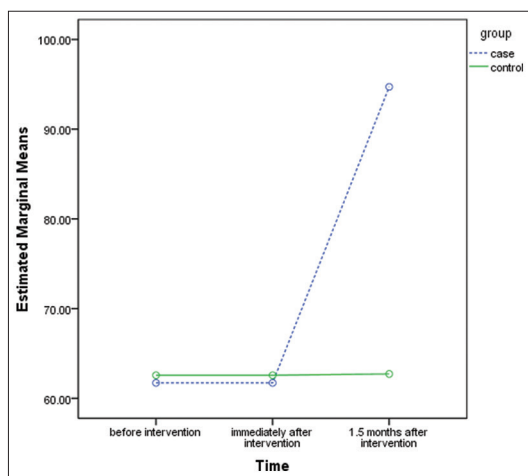


Figure 2: Comparison of practices scores before, immediately after, and 30 days after the intervention in mothers with children of 2–5 years of age participating in the study

**Table 2: Comparison of knowledge, practices, and the Injury Behavior Checklist before, immediately after, and 30 days after the educational program in mothers**

Variables	Intragroup effects	Mean square	F test	p*
Knowledge	Group	74.11	78.30	<0.001
	Time	681.63	281.35	<0.001
	Group, time	681.63	281.35	<0.001
Practices	Group	214.02	5.84	0.018
	Time	512.61	88.11	<0.001
	Group, time	503.81	86.60	<0.001
Injury behavior Checklist	Group	1240.80	2.15	<0.001
	Time	741.34	178.78	<0.001
	Group, time	752.01	181.35	<0.001

\*Repeated measures ANOVA test

adaptation and interactions with threats, and that managing the impact of risk-perception requires either adaptation or submission to orders, and is influenced by the impact of management intensity score. These findings indicate that to be effective, educational programs need to increase children's understanding of safety to reduce their exposure to threats. Morrongiello *et al.*<sup>[27]</sup> also showed that parental monitoring is effective in predicting childhood injuries requiring medical interventions.

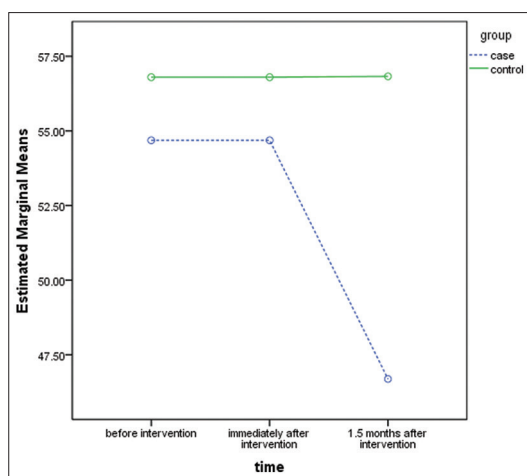
The present study showed that the training sessions could improve mothers' knowledge about 2- to 5-year-old children's injuries and how to prevent them. Morrongiello *et al.*<sup>[28]</sup> also conducted a "Home Safety Monitoring" program on parental supervisory strategies at home and found that the training program had a positive effect on the caregivers' monitoring practices. Therefore, these findings suggest that mothers use monitoring strategies, safety education, and environmental safety modifications to reduce children's exposure and access to risky situations. Educational programs, along with employing accurate and scientific information, can increase public knowledge about the predictability and preventability of injuries and violence, and will inculcate in parents the belief that injuries are not accidental, and violence is not inevitable.<sup>[29]</sup> In another study, Strid *et al.*<sup>[30]</sup> evaluated unintentional injuries in a rural population in Iran, and concluded that health care workers can play an important role in monitoring injuries and identifying strategies for their prevention.

Community health nurses play an important role at all levels of implementing prevention strategies, especially the first level,<sup>[31]</sup> and can employ their knowledge and skills to promote health by educating individuals, families, groups, and communities.<sup>[32]</sup> Specialized groups (such as nurses) can be important resources towards providing evidence-based recommendations to parents to keep their children safe in vehicles.<sup>[2]</sup> Therefore, based on the rich and scientific knowledge possessed by them, nurses can prove to be good sources of transference of knowledge to families in order to prevent childhood injuries. The presence

**Table 3: Mean and standard deviation of knowledge, practices, and the Injury Behavior Checklist in the period before, immediately after, and 30 days after the implementation of the educational program in mothers with children of 2–5 years of age participating in the study**

Variables	Period	Intervention group (n=35)	Control group (n=35)	p*
		Mean (SD)	Mean (SD)	
Knowledge	Before intervention	44.76 (17.97)	47.42 (19.11)	<0.001
	Immediately after intervention	99.80 (1.12)	47.42 (19.11)	
	30 days after intervention	90.28 (8.75)	47.42 (19.11)	
Practices	Before intervention	61.71 (21.75)	62.57 (19.57)	<0.001
	Immediately after intervention	61.71 (21.75)	62.57 (19.57)	
	30 days after intervention	94.71 (4.69)	62.57 (19.57)	
Injury Behavior Checklist	Before intervention	54.68 (15.23)	56.80 (12.73)	<0.001
	Immediately after intervention	54.68 (15.23)	56.80 (12.73)	
	30 days after intervention	46.68 (13.39)	56.80 (12.73)	

\*Repeated measures ANOVA test



**Figure 3: Comparison of the Injury Behavior Checklist scores before, immediately after, and 30 days after the intervention in mothers with children of 2–5 years of age participating in the study**

of community health nurses in the society and in community health centers can prove to be a great help towards achieving this goal and enhancing public knowledge about primary preventive strategies.<sup>[29]</sup> Along similar lines, Saadati *et al.*<sup>[33]</sup> reported that specialized resources (e.g., nurses) could prove to be an important source of evidence-based recommendations to parents towards keeping their children safe in vehicles. In a study conducted to investigate the causes of injuries in rural children, it was noted that health professionals played an important role in monitoring and identifying measures of preventing injuries in children in their living environments.<sup>[34]</sup> One of the limitations of this study was that it was not possible to assess the mothers' behaviors, so the data were collected through self-reporting. Therefore, it is recommended that more objective tools be utilized in future studies.

### Conclusion

In the present study the educational program significantly improved maternal behaviors towards maintaining and upgrading the safety of children, as well as using preventive measures. Another strength of the study was the active participation of the recruited individuals and the fact that none of them withdrew from the study. Considering the important role of education in promoting preventive behaviors for injuries and their consequences, as well as the importance of observance of injury prevention behaviors by parents, it is a necessity to implement comprehensive educational programs in a wide social spectrum using different tools, and this should be considered as one of the health priorities in the society. Public health programs such as exhibitions and virtual childcare workshops can increase public sensitivity to the impact of injuries on children's personal and social lives.

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### Conflicts of interest

Nothing to declare.

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