Home Injury Prevention Attitude and Performance: A Community-Based Study in a WHO Safe Community

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Abstract

Background Unintentional injuries in the home are one of the threats to childhood quality of life which is considered as a social determinant of health. Regarding mother's leading role in taking care of the children in Iranian families, the present study was conducted to investigate mothers' home-injury prevention attitude and performance and its contributing factors in Sahand, Iran. Methods This was a cross-sectional study conducted in 2017. Sampling was done using random sampling method among all mothers of children less than five years old who attended the health centers to receive child care services. A valid attitude questionnaire and safety performance checklist were used for data collection. Data were analyzed through SPSS-24 software using descriptive (Frequency, mean, etc.) and inferential statistics (chi-square, Kruskal-Wallis) method. Results The Mean age of mothers was 30.58 (±5.01). About 65% of the mothers held high school diplomas or lower degrees. The mean score of mothers' attitude was calculated to be 72.12(±6.79). More than 58% of the mothers had an appropriate level of attitude. The mothers' injury prevention performance mean score was 66.59 (±12.85). Family socioeconomic status, Mother's age, educational level, and job, father's job, age and gender of the child were the contributing factors ($p<0.05$). Conclusions Most of the mothers had an appropriate level of home-injury prevention attitude and low level of performance. Deprived residency areas should be considered for higher support to prevent injuries. Strengthening Primary Health Care system in safe communities could have a significant role in child safety promotion through mothers KAP promotion.

Background

Over recent decades, child deaths due to injuries have increased in contrast to the reduction in child deaths due to chronic and infectious diseases (1). The injuries are considered as one of the leading and avoidable causes of the disabilities and deaths in most of the countries (2, 3). Children are one of the most vulnerable groups regarding injuries. In other words, the children have the highest number of victims of the injuries relative to their population (3). Unintentional injuries introduced as the cause of 750000 deaths and 400 million disabilities in children annually, which impose a tremendous financial burden on the families and health system (4-6). Home as the center where the family and especially children spend their time it is a place where often some serious injuries are inflicted on children (7).

Unlike to the general belief considering the home as a safe place; about one-third of the child injuries like falls, burns, cuts, electric shock, asphyxia, etc. occur at home (5). Wiseman et al. (2002), in a study on newborn babies to 14-year-old children, concluded that 51.9% of the child injuries occurred at home, and the younger the children are, the higher frequency and number of the home injuries will be (8).

According to the National Safe Kids Campaign report in the USA, 40% of the deaths and 50% of the unintentional injuries resulting in death have occurred inside or around the homes (9). Literature indicated that more than 4 million children are injured annually where most cases occur due to falls, poisoning and burns (10)and the most significant risks of such accidents are connected with home environments (11). Often, parents are adequately familiar with the risks of the injuries at home (10); however, they do not

have enough information about the problems arising from the injuries to children (12), and usually they do not think about the probability of the risk of injuries, especially about their children, during the daily life interactions with their children (10).

Also, the results of the studies showed that the parents do not believe much in the idea that the risks resulting from the injuries can be prevented (13, 14). This is the case while they believe that they can provide safe conditions for their children to some extent (10, 12). The family's socioeconomic status, education, and occupation of parents, children’s age and gender are considered as the factors affecting the attitude and safety performance of mothers in different societies (13, 15-17).

Considering the fact that the quality of life during childhood has been introduced as one of the social determinants of health and regarding the outstanding role of mothers in preventing injuries in the children under 5 years old in Iranian families, the present study was conducted to investigate mothers' attitude and performance of home injuries prevention in Sahand safe community, Iran.

Methods

Study Design and Context

This was a cross-sectional study that had been conducted in Sahand New Town from February to March 2017. Sahand Town is one of the new towns in East Azerbaijan Province, located in the capital city of the province in Osku County. Sahand Town is considered 7th most populated town in East Azerbaijan Province and the most populated town in Osku County with a population of 82494 (2016 census). Safe Community program started at 2015 in Sahand and it was designated as 407th safe community in International Safe Community Network. The Safe Community program has been proposed by the World Health Organization (WHO) for safety promotion and injury prevention in the communities based on inter-sectoral collaboration and public participation (18).

Sahand have three healthcare centers as Primary Health Care (PHC) facilities which each of them are in a district of city and provide health services for covered population (100%). PHC services are provided by these centers and are not deliverable from other facilities.

Study population

The mothers with at least one child under five years old who have attended Sahand PHC centers were selected as the study population. The registered study population (mothers with at least one child under 5) was calculated as 6775 in Sahand. Cochran formula was employed to determine the sample size, and 370 individuals were defined as the study sample. The population was distributed among the three healthcare centers using proportional allocation method considering the number of the qualified individuals who were covered by each PHC centers, to cover the whole population, and the share of each center was determined (Table 1).

The sampling was done using random sampling method such that mothers attending the centers to receive routine child care services, were invited randomly (based on random numbers) to participate in the study.

At first, the goals of the study were explained to the mothers; then the questionnaires were completed through the interview conducted by the researcher or self-reporting after obtaining their consent concerning the participation in the study.

Data collection instrument

A standard questionnaire designed by Hatamabadi et al. (2014) was employed to study the mothers' attitude towards the prevention of home injuries. The questionnaire had two following general sections: the demographic information including mother's age, child age, child number, family's socioeconomic status, parents' jobs and the second section including 16 questions about prevention of home injuries that were answered according to 4 point Likert scale namely strongly agree, agree, disagree, strongly disagree. The checklist of mother's safety performance at home included six groups of common home accidents including falls, burns, drowning and asphyxia, electric shock, drug, and chemical poisoning, cuts, and traffic safety comprising 30 questions in total.

The checklist questions were designed in a way as to be answered by the words "yes," "no" and "Not Applicable." To ensure the validity of the instrument, they were reviewed by experts and based on their opinions some improvements were made on questions texts. The members of the expert panel included the health managers (n=2), epidemiologists (n=2), family health experts (n=2), health education expert (n=1) and injury prevention expert (n=3). The validity of the attitude questionnaire and safety performance checklist were confirmed as CVI=0.96 and CVI=0.83.

Data analysis

Data analysis was conducted using SPSS 24. The state of mothers' attitudes was divided into two groups, that is, appropriate and inappropriate. The median of mothers' attitude has been employed as the basis for the division that is one of the conventional methods used for classification (19). The data were analyzed using the descriptive statistics including frequency, mean and standard deviation and inferential statistics appropriate to data normality including chi-square and Kruskal–Wallis test.

Results

Demographics

Three hundred seventy mothers with children under five years old participated in the study. The average age of mothers was 30.58. About 65% of the mothers had high school diplomas, and lower educational degrees and 90.1% of the mothers were housekeepers. More than half of the mothers (53.6%) had only

one child. Most of the families (73.7%) were considered to be middle class, in terms of economy. 45.9% of the heads of household (fathers) were self-employed. Most of the mothers (67.2%) used social security insurance. Concerning the gender of the children, 50, 9% of the children were boys, and most of whom (28.6%) were in the 4-5 years age group. Most of the families (49.7%) have only one child.

Mothers' injury prevention attitude

Mothers injury prevention attitude mean score was calculated to be 72.12 (±6.79) out of 100. About 58.6% of the mothers had an appropriate level of attitude towards the prevention of home injuries. Most of the mothers (69.9%) announced that they had enough ability to take care of their children. 66.9% of the mothers believed that the minor in-home injuries to children are considered to be normal. Only 14.8% of the mothers believed that the in-home injuries were not that serious. Also, 85.1% of the mothers opposed the idea that these injuries could not be avoidable. Besides, 94.1% and 94.5% of the mothers agreed that prevention of in-home injuries would result in the reduction in the waste of money and time, respectively.

Mothers' injury prevention performance

Mothers' injury prevention performance mean score was obtained to be 66.59 (±12.58) where the poisoning prevention got the highest score 94.15% (19.87) and drowning prevention got the least score, 22.98 (43.39%) (Figure 1).

Most of the participants' homes (90.4%) had railings or fence in the staircase. Most of the participants' homes (93.5%) were equipped with the lighting systems. Also, 87.8% of the mothers pointed out that they place the hot kettle or samovar out of children reach. 63.6% of mothers announced that the children use safety belts when swinging or using the baby carriage. The drugs and poisons were kept in sealed places in 94.6% of the cases. Mothers (93.8% and 95.7%) said that they kept the detergents and meat grinders out of reach of the children. Also, 70.6% of the homes were not equipped with the carbon monoxide detector in the child rooms. 51.1% of the mothers did not leave their children alone when bathing their children in the bathtubs. 52.4% of the homes were equipped with the power plugs with protective cover, and 50.5% of the power plugs were placed at a high place out of reach of children.

Chi-square test showed that mother's injury prevention attitude had a significant relation with child age, mother educational level, age, job, family economic level and fathers' job (Table 2).

Mothers' educational level and age and families economic level have significant relation with their injury prevention performance (Table 3).

Discussion

The results showed that about 59% of mothers had an appropriate level of attitude towards home injury prevention. Also, mothers' injury prevention performance was estimated to be 66.59 (±12.85). Poisoning

prevention performance got the highest score. Also, mothers' educational level, age, job, fathers' job and economic level of families emerged as mothers' injury prevention attitude and performance predictors.

Hatamabadi et al. (2012) study results revealed that 57% of the mothers, living in Tehran, had a positive attitude towards preventing the in-home injuries that are consistent with our study results (17). Bennet Murphy reported that none of the mothers participating in the study stated the injury prevention as a mothers' responsibility (14). Also, in the present study, 66.9% of mothers considered minor injuries to be normal; however, more than 85% of the mothers believed that in-home injuries could be prevented. This was similar to the findings of the Hooper et al. (2003) in New Zealand and the study conducted by Vincenten et al. (2005) in 14 European countries announcing that 84% and 75% of mothers believed that the in-home injuries could be avoidable, respectively (20, 21). On the other hand, the results of studies in Canada and America reported that most mothers believed that home injuries are unavoidable (13, 14). Regarding the fact that the mothers' attitude and performance are influenced by the community culture and the use of various methodologies in the studies, the difference in the results of studies could be discussed.

In the case of child sex, Sabely et al. (2014) reported that 58.7% of the in-home injuries occurred to boys (22). Similarly, the results of a study by Kamel et al., also indicated that boys were in the subject for injuries in 63% of cases (23). The previous literature also supported the same issue from Egypt, Turkey, and India such that more than 50% of the children injured in these studies were boys (16, 24, 25). Because the safety and health of the children under five years old mostly depend on their mothers; therefore, the mothers especially the mothers having sons should have better injury prevention knowledge, attitude, and performance. The results of our study showed that more than 55% of mothers having sons do not have an appropriate injury prevention attitude. No significant difference was observed between the mothers having sons and the mothers having a girl in injury prevention performance. A primary health care system as the first level of services delivery which has a continuous relation with mothers, needs to provide injury prevention knowledge promotion as part of their child care services.

Households' socioeconomic status is one of the main factors contributing to mothers' injury prevention attitude and performance. Hatamabadi et al. (2014) have introduced the salary of fewer than 300 dollars a month as one of the effective factors leading to low safety knowledge and attitude of mothers (17). Juhee Hong et al., (2010) stated the family's socioeconomic status including the educational levels of parents, residence place, occupation and income level as a determinant factor of home injury prevention attitude and performance of mothers (15). In the present study, a significant relationship was observed between the family's socioeconomic status and mothers' injury prevention performance and attitude. The job and educational level of the mother had a significant relationship with her attitude and performance in employing injury prevention strategies. Also, Sibley et al. had pointed out that mothers having higher educational levels have a higher knowledge about the ways to prevent in-home injuries than mothers with lower education (22).

Similarly, the significant relation between mothers' education and better home injury performance was pointed out in the study by Kamel et al. (23). However, according to the results of the study conducted by Lafta et al. (2014) in Iraq revealed some contrary results to the findings of the present and the previous studies, that mothers who possess higher educational levels, had a lower level of knowledge about home injuries prevention (26). Households' socioeconomic status is a function of community macro-policies. Therefore it is necessary that policy-makers be aware of their policies effects not only in child safety but also on families' general health. Improving building standards towards building child-friendly homes might be a good policy initiative to promote childhood quality in communities implementing safe community program.

Generally, it is expected that the attitude of individuals affects their behavior, but the lack of a significant relationship between the injury prevention attitude and mother’s performance was one of the most noticeable results of the study. In other words, the high levels of mothers' home injury prevention attitude would not necessarily result in better performance. This issue had been pointed out in previous studies that mothers high injury prevention knowledge leads to the high level of attitude; however, the high level of their knowledge and attitude would not result in their better performance or behavior in the prevention of the injuries (17). This finding shows the necessity to paying attention to the change in behavior and creating new behavior patterns resulting from the education provided for the mothers by PHC system. It should be considered that childhood quality, as one of the social determinants of health, can manifest throughout the lifetime of individuals. The important point is the adoption of proper educational and cultural policies to make changes in mothers' safety behavior to promote children quality of life (27). This would lead to a decrease in the injuries costs imposed on the families and the healthcare system. Using the mass media like TV, the radio and social networks to enhance mothers' knowledge and attitude, safety education to children at homes and kindergartens through drawing, animations etc. specially for the boys and the necessity to employ the safe equipment in leisure places and building houses are considered the items that can be taken into consideration in this regard.

Home safety and children safety are as essential initiatives in safe community program(28). As was evident with the study results, various factors contribute to home-injury prevention, and this requires intersectoral policy-making and collaboration for safety promotion which is followed in a safe community program.

Conclusions

The results showed that more than 58% of the mothers had an appropriate level of home-injury prevention attitude. However, the performance of mothers was not at an acceptable level. Mother age, education level, parents' jobs, family's socioeconomic status, child age, and gender were considered as contributing factors to mothers' injury prevention attitude and performance Deprived residency areas should be considered for higher support to prevent injuries. Strengthening Primary Health Care system in safe communities could have a significant role in child safety promotion through mothers KAP promotion.

Limitations

Paternalistic factors were not addressed much. Of course, due to the critical role of mothers in child care than fathers, in Iranian families, this might not have a considerable effect on results.

Abbreviations

WHO: World Health Organization

Declarations

Ethics approval and consent to participate

This study was approved by the School of Management and Medical Informatics, Tabriz University of Medical Sciences, Tabriz, Iran. Additionally, the informed consent, prepared as an informing statement of voluntary participation in the study, was obtained from the participants during the data collection.

Availability of data and material

The datasets used and analyzed during the current study are available from the corresponding author on reasonable request.

Competing interests

The authors declare that they have no competing interests.

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Authors' contributions

MS participated in study design and development and amendment of the questionnaire, also helped in analyzing and interpreting data, and revising the manuscript. JST participated in forming study design and development and amendment of questionnaire. RR engaged in data analysis and interpretation of data and participated in drafting the manuscript. RA engaged in study design, participated development and amendment of questionnaire, collected the data, and participated in drafting the first version of manuscript, helped in analysis and interpretation of data. All authors read and approved the final manuscript.

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Tables

Table 1.

Health center	% Study population coverage	Sample size
Number 1	28	104
Number 2	42	155
Number 3	30	111
Total	100	370

Table 2.

P. Value	Status of Attitude		Variable Groups	Variable name
	Appropriate	Inappropriate		
0.0001>	(16.8%)23	(23.4%)48	0-6	(Childs age(Month
	(16.8%)23	(20.5%)42	6-12	
	(21.2%)29	(18%)37	12-24	
	(17.5%)24	(8.3%)17	24-48	
	(27.7%)38	(29.8%)61	48-60	
	(100%)137	(100%)205	Total	
75.	(45.7%)64	(55.6%)110	Male	Childs Sex
	(54.3%)76	(44.4%)88	Female	
	(100%)140	(100%)198	Total	
0.0001>	(2.1%)3	0	Diploma or lower	Mothers education status
	(63.8%)90	(66.5%)135	upper-diploma	
	(9.9%)14	(11.8%)24	BSc	
	(22.2%)31	(19.7%)40	MSc	
	(2.1%)3	(%2)4	.Ph.D	
	(100%)141	(100%)203	Total	
0.0001>	(19.7%)28	(22.7%)46	employee	Fathers job status
	(28%)54	(29.1%)59	worker	
	(42.3%)60	(48.3%)98	market	
	(100%)142	(100%)203	Total	
0.0001>	(7%)10	(6.4%)13	employee	Mothers job status
	(7%.)1	0	worker	
	(89.4%)127	(90.7%)185	housekeeper	
	(2.8%)4	(2.9%)6	market	
	(100%)142	(100%)204	Total	
0.001>	(1.4%)2	(1%)2	very lower than medium	Family Income
	(23.2%)33	(21.1%)43	lower than medium	
	(72.5%)103	(75%)153	medium	
	(2.8%)4	(2.9%)6	higher than medium	
	(100%)142	(100%)204	Total	
0.0001>	(18.5%)23	(17.8%)32	years 25>	Mothers age
	(20.2%)25	(37.8%)68	years 30–25	
	(61.3%)76	(44.4%)80	years 30<	
	(100%)124	(100%)180	Total	

Table 3.

P. Value	Total practice score		Variable Groups	Variable name
	SD	Mean		
*404.	16.81	63.58	0-6	(Child age(Month
	11.33	69.40	6-12	
	10.67	67.07	12-24	
	12.05	68.56	24-48	
	11.00	65.80	48-60	
714.	13.04	66.53	Male	Child sex
	12.52	66.34	Female	
008.	4.30	75.00	Diploma or Lower	Mothers education level
	11.84	65.69	Upper-Diploma	
	12.61	69.91	BSc	
	16.05	66.66	MSc	
	12.84	71.66	PhD	
140.	13.98	68.10	Employee	Father job
	11.61	66.60	Worker	
	13.19	65.97	Market	
143.	21.84	66.80	Employee	Mother job
	0	73.33	Worker	
	11.81	66.84	Housekeeper	
	16.54	60.66	Market	
003.	23.57	60.00	Very Lower Than Medium	Family Income
	9.75	64.09	Lower Than Medium	
	13.33	67.16	Medium	
	12.98	75.00	Higher Than Medium	
003.	9.58	65.41	years 25>	Mothers age
	11.85	69.92	years 30–25	
	13.22	65.24	years 30<	

*P-value was based on Kruskal-Wallis.

Figures

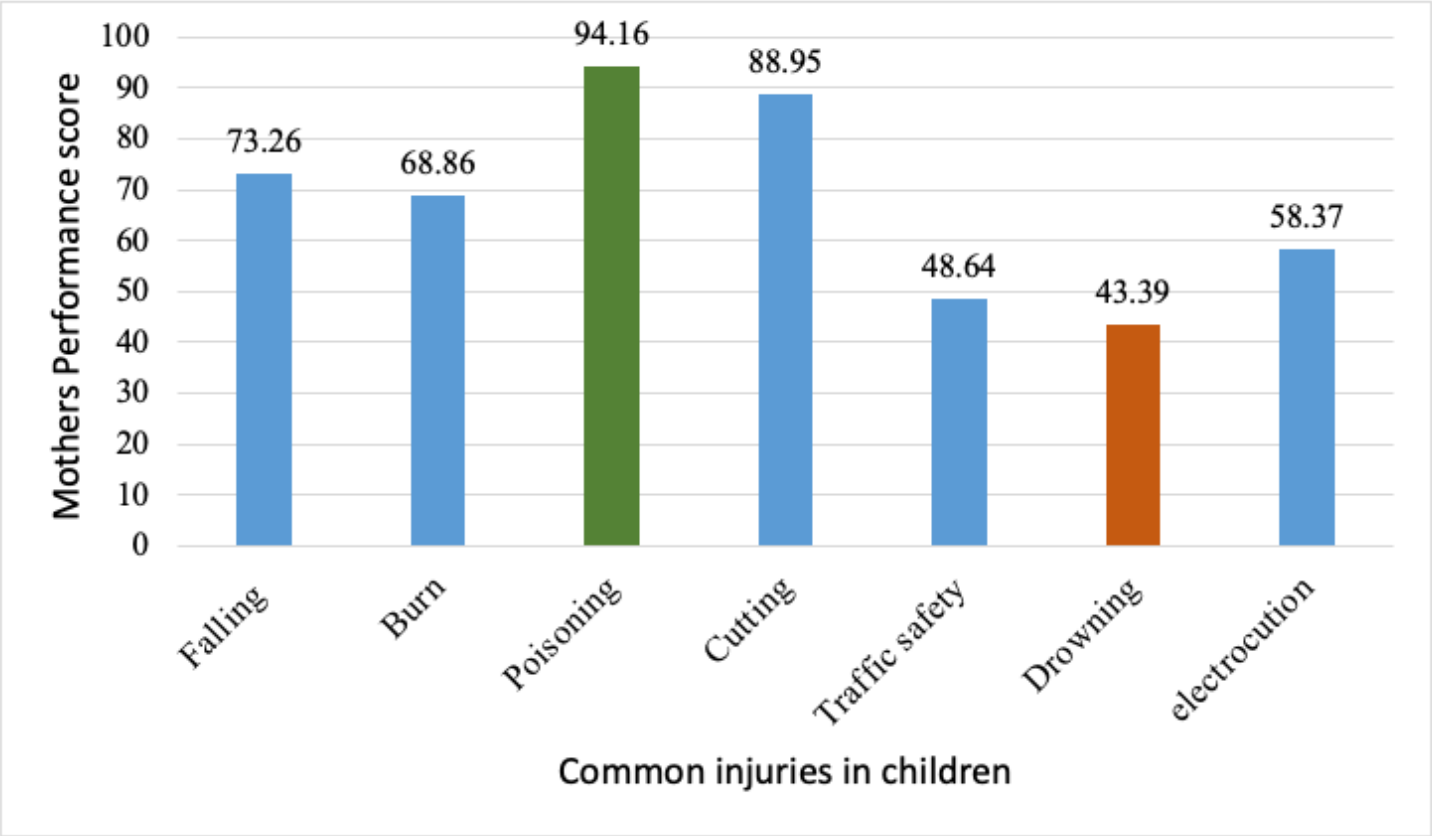

Figure 1

Mothers' injury prevention performance toward common injuries in children

Supplementary Files

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