

*Araştırma Makalesi/Research Article***Evaluation of Attitudes and Behaviors of Mothers with Children Aged 0-6
About Home Accidents****0-6 Yaş Arası Çocuklu Annelerin Ev Kazaları Hakkındaki Tutum ve Davranışlarının
Değerlendirilmesi****Betül Şeyma YENİAY GÖKDEMİR¹, Mehmet Murat ŞAHİN², Habibe İNCİ³**

Abstract: Objective: Preventing accidents is an important part of preventive health services. This study aimed to evaluate attitudes and behaviors of mothers with 0-6 year old children in Karabük Center about home accidents. Methods: This cross-sectional descriptive study was conducted on 204 mothers with 0-6 year old children who applied to Karabük Training and Research Hospital Family Medicine Polyclinic and Family Health Centers in Karabük Center between 01.07.2024 and 31.12.2024. A 69-question questionnaire was applied to the participants. In order to determine the participants' knowledge levels of safety precautions, the "Scale for Identifying Mothers' Safety Precautions for Home Accidents in 0-6 year old children" was applied which was developed by Çınar and Görak. The mean safety precautions diagnosis scale scores of mothers for children aged 0-6 were calculated as 68.32 (± 18.61) and the median was 67 (40-134). Results: The most common home accidents seen in children were falling from heights (11.33%) and falling on slippery ground (4.93%). The rate of accidents such as taking medication, drinking corrosive substances and swallowing foreign objects was determined as 1.48%. Less common accidents include burns on the stove (0.99%) and boiling material spills (0.99%). Conclusion: This study emphasizes the importance of environmental safety measures taken to reduce the risk of children aged 0-6 being exposed to home accidents and educational programs aimed at increasing parents' knowledge and also more comprehensive strategies should be developed to increase the general security culture of both families and society. **Keywords:** Family Medicine, Home accidents, Injuries, Safety precautions

Öz: Amaç: Kazaların önlenmesi, koruyucu sağlık hizmetlerinin önemli bir parçasını oluşturmaktadır. Bu çalışmada Karabük Merkez'inde 0-6 yaş çocuğu olan annelerin ev kazaları hakkındaki tutum ve davranışlarının değerlendirilmesi amaçlanmıştır. Gereç ve Yöntem: Bu kesitsel tanımlayıcı çalışma, 01.07.2024 ile 31.12.2024 tarihleri arasında Karabük Eğitim ve Araştırma Hastanesi Aile Hekimliği Polikliniği ve Karabük Merkezindeki Aile Sağlığı Merkezlerine başvuran, 0-6 yaş arası çocukları olan 204 anne üzerinde gerçekleştirilmiştir. Katılımcılara 69 soruluk bir anket uygulandı. Katılımcıların güvenlik önlemlerine ilişkin bilgi düzeylerini belirlemek amacıyla, Çınar ve Görak tarafından geliştirilen "0-6 Yaş Arası Çocuklarda Ev Kazaları İçin Annelerin Güvenlik Önlemlerini Belirleme Ölçeği" kullanıldı. 0-6 yaş arası çocuklara sahip annelerin güvenlik önlemleri tanılama ölçeği puan ortalaması 68,32 ($\pm 18,61$) olarak hesaplanmış, medyan puanı ise 67 (40-134) bulunmuştur. Bulgular: Çocuklarda en sık görülen ev kazaları yüksekten düşme (%11,33) ve kaygan zeminde düşme (%4,93) olmuştur. İlaç alma, aşındırıcı madde içme ve yabancı cisim yutma gibi kazaların oranı %1,48 olarak belirlenmiştir. Daha az görülen kazalar arasında ocakta yanıklar (%0,99) ve kaynar madde dökülmesi (%0,99) yer almaktadır. Sonuç: Bu çalışma, 0-6 yaş arası çocukların ev kazalarına maruz kalma riskini azaltmak için alınan çevresel güvenlik önlemlerinin önemini ve ebeveynlerin bilgi düzeyini artırmayı amaçlayan eğitim programlarının yanı sıra hem ailelerin hem de toplumun genel güvenlik kültürünü artırmak için daha kapsamlı stratejilerin geliştirilmesi gerektiğini vurgulamaktadır.

Anahtar Kelimeler: Aile Hekimliği, Ev kazaları, Yaralanmalar, Güvenlik önlemleri

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Introduction

Accidents are among the most preventable health problems in all age groups, mostly in childhood in developed and developing countries. Every year, hundreds of children die as a result of accidents, and millions of children continue their lives with disabilities and losses caused by accidents. Despite this, it is seen that the protective measures taken are still far behind what they should be and awareness on this issue has not reached the desired levels. Therefore, preventing accidents is an important part of preventive health services (Peden, 2008).

According to the World Health Organization (WHO), accidents are defined as “unexpected events that occur suddenly and beyond the will of the person, causing physical or mental damage” (Peden, 2008). Accidents are divided into subheadings according to the place and form of occurrence such as traffic, work, industrial, sports, school and home accidents. Home accidents are defined as accidents that occur under the roof of the house or in areas around the house like garden, garage and pool.

Injuries may or may not occur following accidents. Deaths resulting from injuries worldwide cover 12% of all deaths (Özcebe, 2006).

Injuries are among the top causes of death in children and young people. In Europe, 26,000 children under the age of 15 die as a result of injuries each year (Tanır, 2020). In addition, injuries are the most important cause of disability at a young age in developing countries. Preschool children are more likely to encounter accidents at home. It has been determined that 45.4% of home accidents in Türkiye occur in children between the ages of 0-6 (Karatepe, 2014).

Although accidents are thought of as unpredictable or unpreventable events, studies have shown that 87% of accidents are actually preventable (Güler, 2015; Baysal, 2006).

This study aimed to evaluate the knowledge, attitudes and behaviors of mothers with 0-6 years old children in Karabük Center regarding home accidents.

Methods

This cross-sectional descriptive study was conducted on 204 mothers with 0-6 year old children who applied to Karabük Training and Research Hospital Family Medicine Polyclinic and Family Health Centers in Karabük Center between 01.07.2024 and 31.12.2024. A 69-question questionnaire was applied to the participants. In order to determine the participants' attitude levels of safety precautions, the "Scale for Identifying Mothers' Safety Precautions for Home Accidents in 0-6 year old Children" was applied.

Scale for Identifying Mothers' Safety Precautions for Home Accidents in 0-6 year old Children: This scale, "Scale for Identifying Mothers' Safety Precautions for Home Accidents in 0-6 year-old Children", was developed by Çınar and Görak to identify the precautions and attitudes that mothers take to keep their children safe from the most common home accidents they encounter at home, such as burning, falling, poisoning, electric shock, drowning in water and with foreign objects. The validity and reliability study of the scale was conducted by Çınar and Görak in 2003. Çınar and Görak reported the Cronbach's Alpha internal consistency coefficient of the scale as 0.82 in their study (Çınar, 2003). The scale was administered through face-to-face interviews with participants.

Ethical Considerations

The study was started with the decision of the Karabük Governorship Provincial Health Directorate dated 12.06.2024 and numbered E-34771223-929-246324561, and the approval of the Karabük University Rectorate Non-Interventional Clinical Research Ethics Committee dated 10.06.2024 and numbered E-77192459-050.99-347245 that there was no ethical objection to the study.

Statistical Analysis

The SPSS 25 (Statistical Package for the Social Sciences, version 25) software was used to evaluate the findings obtained in the study. Normal distribution was assessed using the Kolmogorov-Smirnov and Shapiro-Wilk tests. Descriptive statistics for numerical variables were presented as median, minimum, maximum, mean, and standard deviation. Categorical variables were reported as counts and percentages. For continuous variables not exhibiting normal distribution, the Mann-Whitney U test was used to compare two independent groups, while the Kruskal-Wallis test was used to compare more than two groups. The independent samples t-test was used to compare two independent groups for data showing normal distribution. Relationships between continuous variables were evaluated using Spearman correlation analysis (correlation coefficient: 0–0.20, weak correlation; 0.21–0.40, low/moderate correlation; 0.41–0.60, moderate correlation; 0.61–0.80, significant/strong correlation; and 0.81–1.0, near-perfect correlation). Pearson's chi-square and Fisher's exact tests were used to compare categorical data. A p-value of <0.05 was considered statistically significant.

Results

The mean age of the participants included in the study was 33.52 (± 5.09), the median age was 33 (19-49). The mean age of the children was 43.13 (± 22.7) months, and the median age was calculated as 48 months (0-72). The mean age of the fathers was 36.59 (± 6.77), and the

median age was 36 (22-67). The mean age of the caregivers other than the mother was 53.54 (± 12.68), and the median age was 57 (0-72). The mean number of children in the families was 1.72 (± 0.82), and the median number of children was 2 (1-5). The mean number of children was found to be 1.52 (± 0.77), and the median value was 1 (1-5) (Table 1).

Table 1. Continuous variables of the participants and their spouses and children

	Median (Minimum-maximum)	Mean $\pm$ standard deviation
Age	33 (19-49)	33.52 $\pm$ 5.09
Child's Age (month)	48 (0-72)	43.13 $\pm$ 22.7
Father's Age	36 (22-67)	36.59 $\pm$ 6.77
Age of caregiver other than mother	57 (19-72)	53.54 $\pm$ 12.68
Number of children	2 (1-5)	1.72 $\pm$ 0.82
Birth order of the child	1 (1-5)	1.52 $\pm$ 0.77

While 80.3% of the mothers were university graduates or above, 10.84% were high school graduates, and 8.87% were primary school graduates. 74.88% of the fathers were university graduates or above, 18.23% were high school graduates, and 6.4% were primary school graduates. The rate of people who care for the child other than the mother was 40.39%, 54.32% of these people were primary school graduates, 17.28% were high school graduates, 16.05% were university graduates or above, 7.41% were literate, and 4.94% were illiterate. 83.74% of the participants lived in the city center, 13.79% in the district, and 2.46% in villages/rural areas. 93.6% lived in apartments, and 6.4% in detached houses with gardens. 92.12% lived in a nuclear family structure, 6.9% in an extended family, and 0.99% in a broken family. In terms of income level, 10.34% had an income less than their expenses, 51.72% had an income equal to their expenses, and 37.93% had an income greater than their expenses.

48.28% of the participants were civil servants, 33% were unemployed, 7.39% were workers, 6.4% were freelancers, and 4.93% were in other professions. 50% of the spouses were civil servants, 19.8% were workers, 19.31% were freelancers, and 7.92% were in other professions. 81.28% of the participants were non-smokers, 15.27% were smokers, and 3.45% had quit. Alcohol use was 94.58%, while 4.43% were drinking alcohol and 0.99% had quit.

21.67% of the participants had chronic diseases, while 78.33% did not. The proportion of participants with thyroid disease was determined as 5.91%, migraine 4.93%, hypertension 3.45%, asthma 3.45%, depression/anxiety 1.97%, musculoskeletal disease 1.97%, diabetes 0.99%, heart disease 0.99%, sleep disorder 0.49% and epilepsy 0.49% (Table 2).

Table 2. Chronic diseases of the participants

	No	Yes
	N (%)	N (%)
Thyroid	191 (94.09)	12 (5.91)
Migraine	193 (95.07)	10 (4.93)
Hypertension	196 (96.55)	7 (3.45)
Asthma	196 (96.55)	7 (3.45)
Depression/Anxiety	199 (98.03)	4 (1.97)
Musculo/skeletal Disease	199 (98.03)	4 (1.97)
Diabetes	201 (99.01)	2 (0.99)
Heart Disease	201 (99.01)	2 (0.99)
Sleep Disorder	202 (99.51)	1 (0.49)
Epilepsy	202 (99.51)	1 (0.49)

While 4.43% of the children had chronic diseases, 95.57% did not. The rate of asthma among the children was determined as 2.96%, thyroid disease as 0.49%, attention deficit and hyperactivity disorder (ADHD) as 0.49%, and musculoskeletal diseases as 0.49%. None of the diseases such as diabetes, heart disease, epilepsy, autism, cerebral palsy (CP) and Down syndrome were found (Table 3).

Table 3. Chronic diseases of children

	No	Yes
	N (%)	N (%)
Asthma	197 (97.04)	6 (2.96)
Thyroid Diseases	202 (99.51)	1 (0.49)
ADHD in Children	202 (99.51)	1 (0.49)
Musculoskeletal Diseases	202 (99.51)	1 (0.49)
Diabetes	203 (100)	0 (0)
Heart Disease	203 (100)	0 (0)
Epilepsy	203 (100)	0 (0)
Autism	203 (100)	0 (0)
CP	203 (100)	0 (0)
Down Syndrome	203 (100)	0 (0)

In the accidents experienced by children, falling from heights was seen at a rate of 11.33%, falling on slippery ground at a rate of 4.93%, taking medicine at a rate of 1.48%, drinking corrosive substances at a rate of 1.48%, objects falling on them at a rate of 1.48%, swallowing foreign objects at a rate of 1.48%, injuries with sharp objects at a rate of 1.48%, burns on the stove at a rate of 0.99% and boiling substances spilled at a rate of 0.99%. No cases of burns from irons, stoves, hot objects, electric shocks, drowning or stove/water heater poisoning were encountered (Table 4).

Table 4. Home accidents experienced by children

	No	Yes
	N (%)	N (%)
Falling from Height	180 (88.67)	23 (11.33)
Falling on Slippery Ground	193 (95.07)	10 (4.93)
Drinking Medicine	200 (98.52)	3 (1.48)
Drinking Corrosive Substance	200 (98.52)	3 (1.48)
Falling of Objects on You	200 (98.52)	3 (1.48)
Swallowing Foreign Objects	200 (98.52)	3 (1.48)
Injury with Sharp Points	201 (99.01)	2 (0.99)
Burn on Stove	201 (99.01)	2 (0.99)
Spilling of Boiling Substance	203 (100)	0 (0)
Burning with Iron/Stove/Hot Object	203 (100)	0 (0)
Electric Shock	203 (100)	0 (0)
Drowning	203 (100)	0 (0)

10.84% of home accidents occurred in the living room, 9.41% in the bedroom, 6.4% in the kitchen, 2.46% in the bathroom, 0.99% on the balcony and 0.49% in the garden.

After home accidents, 71.43% received intervention at home, 22.45% received outpatient intervention at a health institution and 6.12% received inpatient treatment (Table 5).

66.5% of the participants stated that they used socket protectors, 51.72% window locks, 52.22% cabinet locks, 61.58% TV/cabinet stabilizers, 63.05% carpet non-slip protectors, 66.83% corner item protectors, 70.44% balcony railings/nets, 71.43% door holders, and 86.7% oven/hob knob protectors (Table 6).

Table 5. What the participants did after the home accident

		N (%)
What Did You Do After the Home Accident?	Intervention at home	35 (71.43)
	Intervention in outpatient health institution	11 (22.45)
	Treatment inpatient health institution	3 (6.12)
	Other	0 (0)

Table 6. Safety precautions taken by participants regarding home accidents

	no	Yes
	N (%)	N (%)
Socket Protector	68 (33.5)	135 (66.5)
Window Lock	98 (48.28)	105 (51.72)
Cabinet Lock	106 (52.22)	97 (47.78)
TV/Cabinet Stabilizer	125 (61.58)	78 (38.42)
Carpet Non-Slip	128 (63.05)	75 (36.95)
Corner Item Protector	135 (66.83)	67 (33.17)
Balcony Railing/Net	143 (70.44)	60 (29.56)
Door Holder	145 (71.43)	58 (28.57)
Oven Hob Knob Protector	176 (86.7)	27 (13.3)

While 10.43% of the other children had a history of home accidents, 89.57% did not. The rate of home accidents in adults in the family was determined as 12.94%.

77.78% of the adults who had an accident at home were mothers.

The mean age of children who fell from heights was 42.26 (± 24.02) months, the median age was 36 (9-72). The mean age of children who ingested medication was 28 (± 27.71) months, the median age was 12 (12-60). The mean age of children who ingested corrosive substances was 52 (± 18.33) months, the median age was 48 (36-72). The mean age of children who ingested foreign objects was 40 (± 27.71) months, the median age was 24 (24-72).

The mean safety precautions diagnosis scale scores of mothers for children aged 0-6 were calculated as 68.32 (± 18.61) and the median was 67 (40-134).

The scores of those whose mothers and fathers have a university degree or higher on the "Scale for Diagnosing Mothers' Safety Measures for Home Accidents in 0-6 year old Children" were found to be statistically significantly higher than those with less than university education ($p < 0.05$).

The scores of those who have a history of home accidents in adults in the family on the "Scale for Diagnosing Mothers' Safety Measures for Home Accidents in 0-6 year old Children" were found to be statistically significantly lower than those who did not ($p < 0.05$).

There was no statistically significant relationship between the age of the participants, the age of the father, the age of the caregiver other than the mother, and the number of children in the family and the occurrence of a home accident in the child ($p > 0.05$).

There was no statistically significant relationship between the history of home accidents in the child and the status of a caregiver other than the mother, chronic disease and safety precaution characteristics ($p > 0.05$).

In the study, a weak negative correlation was found between the father's age and the score of the Scale for Identifying Mothers' Safety Measures for Home Accidents in 0-6 year old Children ($p < 0.05$; $r = -0.160$).

Discussion

In our study, the average age of the participants was determined to be 33.52 (± 5.09) and the average age of the children was 43.13 months (± 22.7). Studies conducted on similar age groups in the literature also indicated that home accidents were more frequent, especially between the ages of 1-5, when mobility increases (Yalaki, 2010). In a similar study conducted by Kurt, it was stated that the 1-4 age group is the riskiest age group and that the majority of accidents occur in this age group. In addition, Çiçek's study stated that children between the ages of 2-3 are more prone to accidents such as swallowing foreign objects and poisoning. Karatepe and Çiçek reported that falls and sharp injuries are more common in children between

the ages of 4-5. In our study, it was seen that the average of 43.13 months (approximately 3.5 years) reflects a risky period. Our findings are largely consistent with the literature (Kurt, 2015; Çiçek, 2022; Karatepe, 2014).

In our study, the effect of the ages of the mother, father and other caregivers on accidents was also examined. In particular, the average age of caregivers other than the mother, being 53.54 (± 12.68), may make it difficult to prevent accidents due to inadequate supervision or slowing down of reflexes due to age. On the other hand, it is thought that accidents may decrease as the age of the parent increases because the experience that comes with age may help to implement safety precautions more consciously. There are different findings in the literature regarding the effect of parental age on accidents. In Çiçek's study, it was stated that younger parents implemented safety precautions less frequently due to inexperience and that this situation increased the risk of home accidents. In contrast, in the study conducted by Karatepe and Çiçek, it was stated that older parents have higher levels of experience and awareness, and therefore are more successful in reducing home accidents. However, some studies show that the physical limitations of older parents may also be a risk factor in the process of preventing accidents (Kurt, 2015; Çiçek, 2022; Karatepe, 2014). In our study, no direct significant relationship was found between parental age and home accidents.

In our study, when the relationship between income level and home accidents was examined, it was seen that income level was not a factor that directly determined the frequency of home accidents. However, it can be considered that income level has indirect effects in terms of implementing safety precautions and preventing accidents. It was observed that the income level of the majority of the individuals participating in our study was at the middle and upper levels. This situation can be evaluated as a possible reason why income level did not create a significant relationship on accidents. In Çiçek's study, it was stated that families with high income levels implemented safety precautions more frequently and this situation was effective in reducing home accidents (Çiçek, 2022).

In our study, it was determined that families with higher income levels had higher scale scores, indicating greater safety awareness. In the Karatepe and Çiçek studies, it was stated that there was a direct relationship between income level and safety awareness, and that families with higher income levels made more investments in child safety (Çiçek, 2022; Karatepe, 2014).

In our study, a significant relationship was found between the mother's level of education and the safety precautions scale scores ($p < 0.05$). It was observed that the scale scores of mothers

with a university degree or higher were higher than those with a lower level of education. This finding emphasizes the positive effect of the level of education on knowledge and behaviors to prevent home accidents. Similarly, the level of education of fathers also created a significant difference on the safety precautions scale scores. ($p<0.05$). It was determined that the scale scores of fathers with a university degree or higher were higher than those with a lower level of education. This situation shows that the level of education of parents increases safety awareness regarding home accidents. Studies in the literature are also parallel to these findings. In Çiçek's study, it was stated that as the level of education of parents increases, awareness of safety precautions taken at home and accident prevention increases. In the Karatepe and Çiçek studies, it was stated that the high level of education of parents strengthens the safety culture and this situation is effective in reducing home accidents (Çiçek, 2022; Karatepe, 2014).

In our study, it was found that the presence of chronic diseases in the mother did not show a significant relationship with home accidents. Different results have been reported in the literature on this subject. In Çiçek's study, it was stated that chronic diseases in the mother may affect the parenting capacity and reduce the level of supervision of the child, thus increasing the frequency of accidents. In contrast, in the studies of Karatepe and Çiçek, it was stated that the presence of chronic diseases in the mother did not have a direct effect on home accidents (Çiçek, 2022; Karatepe, 2014). The presence of chronic diseases in children also did not show a significant relationship on accidents in our study. Çiçek stated that chronic diseases may cause mobility restrictions in children and that this situation may reduce some accidents but increase different risks (Çiçek, 2022). These results show that chronic diseases may not be a determining factor directly on home accidents, but their indirect effects should not be ignored.

In our study, it was determined that children had a rate of 11.33% in falling from heights. Similarly, this rate was reported as 12.5% in Çiçek's study, while it was determined as 10.8% in the Karatepe and Çiçek studies. In addition, slippery ground accidents were seen as 4.93% in this study. When compared with the studies of Çiçek and Kurt, it is seen that these rates are similar (Kurt, 2015; Çiçek, 2022; Karatepe, 2014). These data show that fall accidents are more common than other home accidents and are especially more common in the 1-4 age group.

Drug ingestion accidents were determined as 1.48% in our study. While this rate was reported as 2.1% in the study of Yalaki et al., it was reported as 1.7% in the Karatepe and Çiçek studies. Corrosive substance ingestion accidents were also determined as 1.48% in this study, and this rate was recorded as 1.6% in separate studies conducted by both Çiçek and Kurt (Yalaki, 2010; Kurt, 2015; Çiçek, 2022; Karatepe, 2014).

In our study, it was determined that 84% of the home accidents experienced by children were accompanied by an adult, while 16% were alone. This finding is similar to other studies in the literature. In Çiçek's study, it was stated that 80% of the children were accompanied by an adult at the time of the home accident. In contrast, this rate was determined as 85% in the Karatepe and Çiçek studies. In addition, in the study conducted by Kurt, it was emphasized that despite adult supervision, accidents mostly occur as a result of negligence or carelessness (Kurt, 2015; Çiçek, 2022; Karatepe, 2014). These results show that adult supervision alone is not always sufficient to prevent accidents, and that making environmental conditions suitable and increasing the awareness level of parents are of critical importance.

In our study, it was determined that the most common home accidents seen in children were falling from heights (11.33%) and falling on slippery ground (4.93%). The rate of accidents such as taking medication, drinking corrosive substances and swallowing foreign objects was determined as 1.48%. Less common accidents include burns on the stove (0.99%) and boiling material spills (0.99%). In Çiçek's study, it was stated that falling accidents were the most common type of accident with 12.5%, while drug drinking accidents were reported as 2.1%. In the studies of Karatepe and Çiçek, it was determined that falling accidents were seen as 10.8% and drug drinking accidents as 1.7%. In the study of Kurt et al., it was stated that foreign object swallowing cases were seen more frequently, especially in the 1-3 age group (Kurt, 2015; Çiçek, 2022; Karatepe, 2014).

In our study, it was determined that 66.5% of the participants used socket protectors, 51.72% used window locks, 52.22% used cabinet locks, 61.58% used TV/cabinet stabilizers, 63.05% used carpet non-slip protectors, 66.83% used corner item protectors, and 86.7% used oven/stove knob protectors. These precautions play a critical role in preventing falling and hitting accidents. In Çiçek's study, it was determined that the rates of taking safety precautions were similar and that there was a significant relationship between the precautions taken and the frequency of accidents. In the Karatepe and Çiçek study, it was stated that accidents occurred more frequently when safety precautions were not applied regularly (Çiçek, 2022; Karatepe, 2014).

In our study, it was determined that families where safety precautions were regularly implemented had lower rates of accidents such as falls and injuries. This finding supports the fact that parents' conscious implementation of safety precautions plays a critical role in preventing accidents. It should also be emphasized that safety precautions should not only be taken, but also effectively implemented and made permanent.

In our study, the rate of adults who had home accidents was determined as 12.94%. It was determined that the majority of these individuals were mothers (77.78%). Among the adults who had home accidents other than mothers, there were grandmothers (7.41%), fathers (7.41%), grandmothers (3.7%) and caregivers (3.7%). It was observed that the safety precautions scale scores of adults who had home accidents were lower than those who did not have accidents. This suggests that adults who had accidents did not pay enough attention to safety precautions or did not implement these precautions effectively. In the studies of Karatepe and Çiçek, it was stated that parents who had home accidents had lower safety awareness and that accidents usually occurred due to negligence or carelessness. Similar findings were obtained in the study conducted by Çiçek, and it was stated that the safety precautions scale scores of parents who had accidents were significantly lower (Çiçek, 2022; Karatepe, 2014). This situation indicates that adults who had home accidents did not fully realize the consequences of the accidents or that they may lack awareness of the preventability of this situation.

In our study, when the effect of the number of children on home accidents was examined, it was observed that there was no significant increase in the frequency of home accidents with the increase in the number of children. There are findings in the literature that the risk of home accidents varies in families with many children. In Çiçek's study, it was stated that an increase in the number of children may divide the attention of parents and accidents may occur more frequently. However, in the studies of Karatepe and Çiçek, it was stated that parents with many children gain experience and apply safety measures more effectively (Çiçek, 2022; Karatepe, 2014).

The findings of this study suggest that the number of children alone is not a factor that increases home accidents, but family dynamics and parental supervision are critical in this context. In addition, the fact that the majority of mothers participating in our study had only one child may be the reason why there is no linear relationship between the number of children and accidents.

Conclusion

Regular education programs should be provided to parents and home accident prevention strategies should be taught in these programs. Physical security measures to be taken for child safety should be expanded. Access to security measures should be facilitated for families with low socioeconomic status. Age-appropriate security measures should be taken by determining the risk factors specific to the age groups of children. Awareness programs should be organized for the age and physical capacities of caregivers.

These findings indicate that more comprehensive strategies should be developed to increase the general security culture of both families and society.

Conflict of Interest: The authors declare no conflicts of interest.

Funding: This research received no external funding.

Ethical Consideration: The study was approved by Karabük University Non-Interventional Clinical Research Ethics Committee dated 10.06.2024, numbered E-77192459-050.99-347245 and Karabük Governorship Provincial Health Directorate dated 12.06.2024 and numbered E-34771223-929-246324561.

Patient Consent: Informed consent was obtained from all participants in the study.

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