



FIRST AID SELF-EFFICACY REGARDING HOME ACCIDENTS AND RELATED FACTORS AMONG MOTHERS OF CHILDREN AGED 0–4 YEARS: A DESCRIPTIVE STUDY

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Abstract

Objective: Children aged 0–4 years are particularly vulnerable to home accidents. This study aimed to determine first aid self-efficacy regarding home accidents among mothers of children aged 0–4 years.

Methods: This descriptive, study was conducted online in Türkiye between February and June 2026. A total of 133 mothers of children aged 0–4 years were recruited using convenience sampling. Data were collected using a mother–child demographic Information Form and the First Aid in Home Accidents Self-Efficacy Scale. Statistical analyses were performed using nonparametric tests at a 95% confidence level.

Results: The mean age of the mothers was 36.1±6.1 years, and the mean scale score was 42.3±9.1 (possible range: 12–60). Higher self-efficacy scores were significantly associated with higher educational attainment ($p<0.05$), employment ($p=0.011$), previous first aid training ($p<0.001$), and prior first aid experience ($p<0.001$). Mothers' self-efficacy also differed according to their child's general behavioral characteristics ($p=0.002$). Overall, 60.9% of the children had experienced at least one home accident, with falls (61.5%) and burns (22.1%) representing the most frequent injury mechanisms.

Conclusion: Mothers' scores suggest a reasonable level of readiness to provide first aid following home accidents. Educational level, previous first aid training, and practical first aid experience were the primary factors associated with higher self-efficacy. These findings emphasize the importance of expanding accessible, community-based, skills-oriented first aid education programs for parents to strengthen preparedness and improve the management of childhood home accidents.

Keywords: *Accidents, Home, First aid, Self efficacy, Mothers, Child, Preschool.*

Introduction

Home accidents are one of the leading causes of preventable injuries and deaths, particularly during early childhood, and represent a significant public health problem. According to the World Health Organization (WHO), unintentional injuries account for approximately 3.16 million deaths globally each year. These injuries include road traffic injuries, falls, drowning, burns, and poisoning, several of which are particularly relevant to preventable injuries in childhood.¹ Similarly, the U.S. Centers for Disease Control and Prevention (CDC) reports that a significant portion of emergency department visits are due to home accidents.² Children in early childhood, particularly those aged 0–4, constitute the group at highest risk for home accidents due to their developmental characteristics. The fact that children in this age group spend most of their time at home, tend to explore their surroundings, have an underdeveloped sense of danger, and are still developing their motor skills increases their likelihood of being exposed to home accidents such as falls, burns, cuts, poisoning, and drowning.^{3–6} Studies conducted in Türkiye have reported varying frequencies of home accidents among young children, reflecting differences in study populations, settings, and methodological approaches. Nevertheless, these findings consistently indicate that home accidents remain an important child health concern in Türkiye.^{7–9}

Not only the child's developmental characteristics but also environmental and family-related factors—such as parental educational level, family socioeconomic status, caregiver supervision, and home safety conditions—play an important role in the occurrence of home accidents. While both parents and other caregivers play important roles in preventing home accidents and providing appropriate first aid, the present study specifically focuses on mothers as the target caregiver group.^{10,11} In situations where home accidents cannot be completely prevented, first aid administered correctly and in a timely manner is of great importance in reducing the severity of injuries, preventing complications, and lowering morbidity and mortality. However, the effective implementation of first aid is closely related not only to the level of knowledge but also to an individual's perception of self-efficacy regarding their ability to perform these procedures.¹²

Although the literature contains studies on mothers' knowledge levels regarding home accidents, safety measures, and first aid practices, evidence on first aid self-efficacy regarding home accidents remains limited, particularly regarding the combined assessment of sociodemographic, child-related, and home environment factors associated with self-efficacy. Therefore, further evidence is needed to better characterize first aid self-efficacy among mothers of young children in Türkiye and the factors associated with it. Identifying these factors may contribute to identifying groups with greater educational needs and informing preventive health services.^{4,11,12} Accordingly, this study aimed to determine first aid self-efficacy regarding home accidents among mothers of children aged 0–4 years and to evaluate its associations with sociodemographic, child-related, and home environment factors.

Research Questions

- What are the levels of first aid self-efficacy among mothers of children aged 0–4 regarding home accidents?
- What factors are associated with mothers' levels of first aid self-efficacy?

Methods

Study aims and design

This study is a descriptive study conducted to determine the levels of first aid self-efficacy regarding home accidents among mothers of children aged 0–4 years and the associated factors.

Setting and Timeframe of the Study

The study was conducted online throughout Türkiye from February 2026 to June 2026.

Participants

The study population consisted of mothers living in Türkiye who were 18 years of age or older and had children aged 0–4 years. The study sample consisted of mothers who voluntarily agreed to participate in the study and met the inclusion criteria. Convenience sampling, a non-probability sampling method, was used for sample selection. The sample size was determined based on a power analysis conducted using the G*Power 3.1 program, specified for an independent-samples *t* test comparing First Aid in Home Accidents Self-Efficacy Scale (FAHASS) scores between mothers with and without prior first aid training, in line with a similar study, assuming a 95% confidence level, a significance level of $\alpha=0.05$, a power ($1-\beta$) of 0.80, and a moderate effect size (Cohen's $d=0.50$); accordingly, it was planned to include at least 128 mothers in the study.⁴ The study was completed with 133 mothers. The inclusion criteria for the study were: being 18 years of age or older, having at least one child aged 0–4, and voluntarily providing informed consent to participate in the study. Exclusion criteria included the child having a physical, cognitive, or neurological disability; being unable to read and understand Turkish; and failing to complete the data collection form.

Data collection tools

Data were collected using the mother-child demographic information form, developed by the researchers for this study, and the First Aid in Home Accidents Self-Efficacy Scale, developed by Wei et al. in 2013 and subsequently adapted into Turkish by Altundağ et al. in 2020.

Mother-Child Demographic Information Form

This form consists of questions regarding mothers' age, educational status, income status, employment status, family type, number of children, and demographic characteristics of the children. The form was developed by the researchers in accordance with the relevant literature.^{4,6,10–12}

First Aid in Home Accidents Self-Efficacy Scale (FAHASS)

Developed by Wei et al. in 2013, the scale was adapted into Turkish by Altundağ et al. in 2020.¹⁰ The scale consists of 12 items that assess mothers' self-efficacy regarding the first aid measures they can implement following home accidents. Items are scored on a five-point Likert scale (5 = Strongly agree, 1 = Strongly disagree). Scores on the scale range from 12 to 60, with higher scores indicating higher first aid self-efficacy. In the Turkish adaptation study of the scale, the Cronbach's alpha coefficient was reported as 0.89.¹⁰ In this study, the Cronbach's alpha internal consistency coefficient for the scale was calculated as 0.87.

Data collection process

Data were collected after obtaining the necessary ethical committee approvals and permissions to use the scales. The data collection forms used in the study were uploaded to Google Forms. The link was shared via the researchers' social media accounts to invite volunteer participants to the study. Participants who opened the link first read the informed consent form; those who checked the "I agree" option were directed to the data collection form. Data were collected using

a self-report questionnaire, and completing the form took approximately 10–15 minutes. To prevent the same participant from submitting multiple responses, the “1 response” option was enabled in Google Forms.

Ethical Aspects of the Study

Prior to the study, the necessary permission to use the scales was obtained, and ethical approval was granted by the Marmara University, Ethics Committee for Non-Interventional Clinical Research (Decision No: 48, Date: 27.02.2026). All participants in the study read and electronically signed the informed consent form before proceeding to the data collection form. Throughout the study, the principles of the Declaration of Helsinki were adhered to.

Data analysis

The Statistical Package for Social Sciences for Windows (SPSS) version 29.0 was used for data analysis in this study. In descriptive statistics, continuous variables were presented as mean $\pm$ standard deviation, minimum, and maximum values, while categorical variables were presented as counts and percentages. The normality of continuous variables was assessed using the Shapiro-Wilk test, and it was determined that the scale scores did not follow a normal distribution. Therefore, nonparametric statistical methods were preferred for the analyses. The Mann-Whitney U test was used to compare two independent groups, and the Kruskal-Wallis test was used to compare three or more groups. The relationships between continuous variables and scale scores were evaluated using Spearman's correlation analysis. The reported associations reflect unadjusted relationships between individual variables and FAHASS scores rather than independent effects, because variables that may be interrelated (e.g., education, employment, and previous first aid training) cannot be assessed simultaneously in a multivariate model, and the comparisons are bivariate. Responses to the open-ended question were independently reviewed by two researchers; similar content was coded using thematic content analysis and classified under common themes. Disagreements were resolved through joint evaluation. In all analyses, a p -value of <0.05 was considered statistically significant.

Results

The study was completed with 133 mothers. Table 1 presents a comparison of the mothers' demographic characteristics with their scores on the First Aid in Home Accidents Self-Efficacy Scale (FAHASS). 81.2% of the participants were part of a nuclear family, and the average age of the mothers was 36.1 ± 6.1 years. The majority of participants were high school or college graduates (79.7%), and 64.7% were employed. 47.4% of the mothers reported having previously received first aid training, while 26.3% reported having previously administered first aid to at least one person. FAHASS scores showed significant differences based on the mother's educational status ($p < 0.05$), employment status ($p = 0.011$), whether she had received first aid training ($p < 0.001$), and prior experience administering first aid ($p < 0.001$).

Table 2 shows a comparison of the children's descriptive characteristics with their FAHASS scores. The mean age of the children was 3.1 ± 1.0 years, and 56.4% were male. 69.9% of the mothers described their children as generally “active.” It was determined that FAHASS scores showed a significant difference only based on the child's general behavioral characteristics ($p = 0.002$). No statistically significant

relationship was found between the child's age and gender and the FAHASS score ($p > 0.05$).

Table 3 presents a comparison of characteristics related to home accidents and FAHASS scores. The average number of rooms in homes was 3.2 ± 0.7 , and it was determined that 83.5% of participants had a separate room for the child. While FAHASS scores showed a significant difference depending on whether the home had a child's room ($p = 0.015$), they did not show significant differences based on the number of rooms, whether the child had experienced a home accident, the number of home accidents, or whether precautions were taken after an accident ($p > 0.05$).

It was determined that 60.9% of the children had experienced at least one home accident, and the average number of accidents among those who had experienced them was 1.4 ± 2.6 . The most common type of home accident was a fall (61.5%), followed by burns (22.1%), cuts (13.5%), and poisoning (2.9%). It was found that injuries most frequently occurred in the head (39.4%), upper extremity (26.9%), and lower extremity (24.0%) regions. 52.6% of the families of children who experienced a home accident reported taking precautions after the accident.

The mean total score on FAHASS for participants was found to be 42.3 ± 9.1 .

Table 4 presents the thematic distribution of safety measures reported by families following a home accident. Content analysis revealed that the most frequently reported measures were improving bed safety, ensuring furniture and corner safety, and increasing supervision of the child. These were followed by cabinet safety and the use of child locks, storing sharp and piercing objects out of children's reach, educating the child about safety, window/door safety, and anti-slip floor treatments. Less frequently reported measures included stove and hot object safety, the safe storage of chemicals and medications, and electrical safety practices.

Discussion

The main finding of this study is that mothers of children aged 0–4 years obtained a mean score of 42.3 ± 9.1 on the First Aid in Home Accidents Self-Efficacy Scale (FAHASS), out of possible range of 12–60; as no validated cut-off values exist for this scale, the score is reported descriptively rather than as a low, moderate, or high category.

Similar studies have reported lower scale scores ranging from 26.2 to 30.^{9,10,11} The higher score found in our study may be related to the high proportion of mothers in the sample with a high school education or above, prior first aid training, and the possibility that more health-conscious mothers were drawn to an online survey. This finding suggests that education, experience, and health awareness should be considered jointly when assessing first aid self-efficacy.

Educational level was one of the variables most consistently associated with first aid self-efficacy in this study, with mothers of higher educational status scoring significantly higher. Higher educated mothers may find it easier to access health information, assessing risks, and adopt appropriate safety behaviors. This is consistent with other studies linking educational level to mothers' knowledge of home accidents, safety behavior and their self-efficacy,^{9,11–13} and to their ability to identify appropriate safety measures.^{4,14} One study, however found no such effect.¹⁵ These discrepancies likely reflect differences in sample composition, region, and educational distribution across studies. Mothers with lower educational attainment should therefore be considered a priority group for first aid education.

Table 1. Distribution of mothers' demographic characteristics and comparison based on scores on the First Aid in Home Accidents Self-Efficacy Scale

Characteristics	Mean $\pm$ SD	Median (Min–Max)	FAHASS
Mother's age	36.1 $\pm$ 6.1	24–50 (35)	*0.605
Number of children	1.4 $\pm$ 0.7	1–5 (1)	*0.099
		n (%)	
Mother's educational status	Primary / Sekondary School	13 (9.8)	***0.001
	High School	31 (23.3)	
	Bachelor's Degree	75 (56.4)	
	Graduate	14 (10.5)	
Mother's Employment Status	Employed	86 (64.7)	***0.011
	Not working	47 (35.3)	
Family type	Nuclear family	108 (81.2)	***0.088
	Extended family	25 (18.8)	
Previous first aid training	Yes	63 (47.4)	***<0.001
	No	70 (52.6)	
Have you ever had to perform first aid on someone?	Yes	35 (26.3)	***<0.001
	No	98 (73.7)	
TOTAL		133 (100.0)	

Mean: Mean; SD: Standard deviation; min: Minimum; max: Maximum; med: Median. FAHASS: First Aid in Home Accidents Self-Efficacy Scale; *Spearman correlation test; **Kruskal-Wallis test; ***Mann-Whitney U test; p<0.05

Table 2. Distribution of children's descriptive characteristics and comparison based on scores on the First Aid in Home Accidents Self-Efficacy Scale

Characteristics	Mean $\pm$ SD	Median (Min–Max)	FAHASS
Child's age	3.1 $\pm$ 1.0	1–4 (3)	*0.985
		n (%)	
Child's gender	Boy	75 (56.4)	***0.866
	Girl	58 (43.6)	
The word a mother generally uses to describe her child	Active	93 (69.9)	**0.002
	Compatible	16 (12.0)	
	Calm	24 (18.0)	
TOTAL		133 (100.0)	

Mean: Mean; SD: Standard deviation; min: Minimum; max: Maximum; med: Median. FAHASS: First Aid in Home Accidents Self-Efficacy Scale; *Spearman correlation test; **Kruskal-Wallis test; ***Mann-Whitney U test; p<0.05

Table 3. Distribution of characteristics related to home accidents and their comparison based on scores on the First Aid in Home Accidents Self-Efficacy Scale

Characteristics	Mean $\pm$ SD	Median (Min–Max)	FAHASS
Number of rooms in the home	3.2 $\pm$ 0.7	3 (2–5)	*0.379
Number of home accidents the child has experienced	1.4 $\pm$ 2.6	1 (0–11)	*0.192
		n (%)	
Presence of a children's room	Yes	111 (83.5)	**0.015
	No	22 (16.5)	
Child's history of home accidents	Yes	81 (60.9)	**0.222
	No	52 (39.1)	
Home accident involving the child*	Fall	64 (61.5)	-
	Cut	14 (13.5)	
	Burn	23 (22.1)	
	Poisoning	3 (2.9)	
Body part affected by the child's home accident +	Head	41 (39.4)	-
	Face	4 (3.8)	
	Upper extremity	28 (26.9)	
	Lower extremity	25 (24.0)	
	Trunk (back)	2 (1.9)	
	Body (chest)	2 (1.9)	
	Torso (abdomen)	2 (1.9)	
Status of post-accident measures	Yes	70 (52.6)	**0.688
	No	11 (8.3)	
	Has never been in an accident	52 (39.1)	
TOTAL		133 (100.0)	

Mean: Mean; SD: Standard deviation; min: Minimum; max: Maximum; med: Median. FAHASS: First Aid in Home Accidents Self-Efficacy Scale; *Participants selected more than one option. *Spearman correlation test; **Kruskal-Wallis test; p<0.05

Table 4. Thematic distribution of safety measures reported by families following a home accident

Safety measure theme	n (%)
Improving bed safety (bed rails, making the bed safe, not leaving the child alone in bed, etc.)	14 (10.5)
Ensuring furniture and corner safety (corner guards, removing side tables, securing furniture, etc.)	14 (10.5)
Increasing supervision of the child (close monitoring, supervision, careful observation, etc.)	14 (10.5)
Cabinet safety and use of child locks	10 (7.5)
Storing sharp and piercing tools out of children's reach	9 (6.8)
Educating and warning the child about safety	9 (6.8)
Window, Balcony, and Door Safety	9 (6.8)
Slip-Resistant Floor Surfaces	9 (6.8)
Safety precautions for stoves and hot objects	7 (5.3)
Safe Storage of Chemicals and Medications	5 (3.8)
Electrical and Outlet Safety	3 (2.30)

n: number; %: percentage; Percentages were calculated based on the total sample size (N=133). Since participants reported more than one safety measure, a single participant may have been coded under multiple themes, and the themes are not mutually exclusive. Similar statements were classified by the researchers under common headings through thematic content analysis.

Employment status was similarly associated with self-efficacy, with employed mothers scoring higher-possibly reflecting greater access to social networks, education, information, and health literacy. Findings on this relationship vary in the literature: one study found that employment affected safety-precaution scores but not parental self-efficacy scores,¹⁶ while another study reported that most participating mothers were homemakers.¹⁰ This suggests that employment status alone does not determine self-efficacy and should be considered alongside educational level, income status, social support, caregiving time, and access to health services.

Maternal experience and family structure may also relate to self-efficacy regarding home accidents. In this study, family type, child age, and number of children showed no significant association with FAHASS scores. Although some studies link a higher number of children to increased exposure to home accidents,^{9,13-16} more children do not necessarily translate into greater first aid self-efficacy. The lack of association in our sample may reflect the relative homogeneity of participants' sociodemographic characteristics, with education and prior first aid experience appearing to matter more – underscoring the need for structured, hands-on training rather than experience alone.

Child-related characteristics may also shape both accident risk and mothers' self-efficacy. Most mothers in this study described their children as "active," and this behavioral characteristic was significantly associated with FAHASS scores, consistent with Çiçek's findings.¹⁶ Active children are more likely to engage in exploratory behavior, increasing accident risk during early childhood. Accordingly, 60.9% of children in our sample had experienced at least one home accident, within the range reported elsewhere (11.3–69%).^{4,14,17,18} However, accident history itself was not associated with maternal self-efficacy, suggesting that accident experience alone does not build confidence in providing first aid-reinforcing the need for structured training alongside prevention efforts.

Falls and burns emerged as the leading types of home accident in this study (61.5% and 22.1%, respectively), consistent with the broader literature identifying these as the primary risk areas in early childhood.^{4,13,14,16-19} Reported rates elsewhere range from 26.5% to 62.9%, for falls and 10.7% to 41.2% for burns.^{4,14,17,19} These results suggest that home safety interventions should prioritize fall and burn prevention, with parent education programs addressing specific risk areas such as bed, windows, stairs, furniture, hot liquids, and stoves.

The body region most frequently affected was the head, followed by the upper and lower extremities, consistent with prior literature.^{4,8} This pattern likely reflects children's

proportionally larger heads, immature balance, and frequent climbing or bending during early childhood, all of which increase the risk of head injury. Home safety measures should therefore aim not only to prevent accidents but also reduce injury severity – for example, through securing furniture, covering sharp edges, using non-slip flooring, and preventing falls from height.

Physical characteristics of the home environment may also shape both accident risk and maternal safety awareness.^{20,21} In this study, having a dedicated child's room was significantly associated with higher self-efficacy scores, possibly reflecting greater parental awareness of the need for a safe, dedicated space.¹⁴ However, other studies report that some accidents still occur within children's own rooms,¹⁹ suggesting that a separate room is protective only when it is actively made safe and supervised-not simply by virtue of its experience.

Post-accident behavior offer insight into how far parental risk awareness translates into action. Just over half (52.6%) of the families who experienced a home accident reported taking safety measures afterward – covering beds, cabinets, sharp objects, stoves, hot liquids, furniture, windows, chemicals, medications, stairs, outlets, floors, doors, and choking hazards – consistent with measures reported elsewhere.^{4,14} The relatively limited uptake, however, suggests that risk awareness often develops only after an accident occurs. Preventive counseling should therefore be integrated into routine primary care and pediatric follow-up, rather than delivered only after harm has occurred.

First aid training and prior first aid experience were both significantly associated with higher self-efficacy in this study, suggesting that education and hands-on practice each contributes to mothers' confidence. This aligns with previous reports of higher self-efficacy among trained mothers,^{11,12} although many mothers still lack such training or do not perceive a need for it.^{4,14,17} Notably, knowledge does not always translate into practice: some trained mothers reportedly sought hospital care without attempting first aid themselves.^{19,22} Together, these findings point to the need for practical, skills-based, and periodically reinforced first aid training to strengthen self-efficacy and help prevent injury from home accidents.

Limitations and Strengths of the Study

This study has certain limitations. One of these is that, because the study was conducted online, it reached only mothers with internet access. This network-based convenience sampling strategy may have created a selection bias toward more educated or digitally active mothers, consistent with the relatively high level of education observed in the sample (79.7% had at least a high school education). Therefore, the sample should not be assumed to be diverse or

representative. Since the data were collected based on self-reports, the responses may have been influenced by the participants' own assessments. Finally, the relationships were examined using bivariate comparisons and correlations rather than a multivariate model; therefore, the identified factors were interpreted as exploratory relationships rather than independent predictors of self-efficacy.

However, the study also has some strengths. Conducting the study online made it possible to reach mothers living in different regions of Türkiye, although, as noted above, this does not guarantee representativeness. Furthermore, the use of a measurement tool with established validity and reliability in the literature, along with achieving an adequate sample size, can be considered factors that enhance the reliability of the study's findings.

Conclusion

This study demonstrates that home accidents among children aged 0–4 continue to be a significant public health issue and that mothers' self-efficacy in providing first aid for home accidents is associated with modifiable factors such as educational level, receipt of first aid training, and experience in administering first aid. Given the study's cross-sectional design, these associations should not be interpreted causally; rather, the findings indicate that prior first aid training and practical experience are associated with higher self-efficacy. This suggests that structured training programs could be a valuable target for future intervention studies.

Accordingly, it is recommended that first aid training programs for parents of young children be regularly planned within the scope of primary health care services, family health centers, and child follow-up programs. To effectively enhance parents' first aid self-efficacy, these training programs should not consist solely of theoretical instruction; they should be supported by hands-on skill training, scenario-based learning methods, and periodic review sessions.

Furthermore, it is recommended that nurses—particularly those working in pediatric and public health—more effectively fulfill their roles in advising and educating parents on preventing home accidents, creating a safe home environment, and administering proper first aid. Widespread adoption of these approaches could contribute to the prevention of home accidents and the reduction of childhood injuries resulting from such accidents.

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Conflict of Interest

The authors declare that they have no conflict of interest.

Ethical statements

Ethics approval was obtained from the Marmara University Ethics Committee prior to the study (Decision No:48, Date:27.06.2026). Written informed consent was obtained electronically from all participants before data collection.

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Author Contributions

Z.Y.B., Z.E., and A.S.: Formal Analysis; Data Collection; Interpretation of Data; Writing – Original Draft; Writing – Review & Editing; Supervision; All authors: Final approval of the manuscript.

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