



SAĞLIK BİLİMLERİ DERGİSİ

KTOKÜSB-D



Home Accidents Among Children Aged 0–6 Years: An Assessment of Frequency, Associated Factors, and Mothers' Home Safety Practices

0–6 Yaş Grubu Çocuklarda Ev Kazaları: Görülme Sıklığı, İlişkili Faktörler ve Annelerin Ev Güvenliği Uygulamalarının Değerlendirilmesi

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ABSTRACT

Aim: This study aimed to determine the frequency of home accidents among children aged 0–6 years, identify factors associated with these accidents, and assess mothers' home safety practices.

Materials and Methods: This descriptive study was conducted at Family Health Centers between April and June 2024. A total of 267 mothers and their children who met eligibility criteria were included. Data were collected using "Information Form" and "Scale for Describing Safety Measures Adopted by Mothers of 0-6 Years Old Children to Prevent Home Accidents". Descriptive statistics, the independent-samples t-test, one-way analysis of variance (ANOVA), and the chi-square test were used for data analysis.

Results: Overall, 46.1% of the children had experienced at least one home accident. Home accidents occurred most frequently among children aged 25–48 months, with falls (52.8%) being the most common type, followed by burns (17.9%), cuts (15.4%), and poisoning (8.1%). The living room was the most frequent location for accidents (39.0%). The mean home safety score was 175.0±16.2. Mothers with a university education or higher, employed mothers, and those who had received education on home accident prevention had significantly higher home safety scores ($p<0.05$). Mothers of children without a history of home accidents also had significantly higher home safety scores than those whose children had experienced home accidents.

Conclusion: Home accidents remain a common health problem among preschool children. Maternal education, employment, and home safety education are associated with safer home practices and a lower occurrence of home accidents, highlighting the importance of family-centered preventive interventions.

Keywords: Child; Home accidents; Mother; Home safety practices; Nursing.

ÖZET

Amaç: Bu çalışmanın amacı, 0–6 yaş grubu çocuklarda ev kazalarının görülme sıklığını, ev kazalarını etkileyen faktörleri ve annelerin ev kazalarına yönelik güvenlik önlemlerini belirlemektir.

Gereç ve Yöntem: Tanımlayıcı tipteki bu araştırma, Nisan–Haziran 2024 tarihleri arasında Aile Sağlığı Merkezlerinde yürütüldü. Araştırmaya, örneklem seçim kriterlerini karşılayan 267 anne ile çocukları dahil edildi. Veriler, "Bilgi Formu" ve "0-6 Yaş Çocuklarda Annenin Ev Kazalarına Yönelik Güvenlik Önlemlerini Tanılama Ölçeği" kullanılarak toplandı. Verilerin analizinde tanımlayıcı istatistikler, bağımsız örneklem t-testi, tek yönlü ANOVA ve ki-kare testleri kullanıldı.

Bulgular: Çocukların %46,1'inin en az bir kez ev kazası geçirdiği belirlendi. Ev kazaları en sık 25–48 ay yaş grubunda görülürken, en yaygın kaza türü düşme (%52,8) olup bunu yanık (%17,9), kesi (%15,4) ve zehirlenme (%8,1) izledi. Kazaların en sık meydana geldiği yer salon/oturma odası (%39,0) olarak saptandı. Annelerin Ev Kazalarına Yönelik Güvenlik Önlemlerini Tanılama Ölçeği toplam puan ortalaması 175,0±16,2 idi. Üniversite ve üzeri eğitim düzeyine sahip annelerin, çalışan annelerin ve ev kazaları konusunda eğitim alan annelerin ölçek puanları anlamlı düzeyde daha yüksekti ($p<0,05$). Ev kazası geçirmeyen çocukların annelerinin ölçek puan ortalaması, ev kazası geçiren çocukların annelerine göre anlamlı düzeyde daha yüksekti.

Sonuç: Sonuç olarak, okul öncesi dönemde ev kazalarının yaygın bir çocuk sağlığı sorunu olduğunu ve annelerin ev güvenliği uygulamalarının çocukların ev kazası geçirme durumuyla ilişkili olduğunu göstermektedir. Özellikle düşük eğitim düzeyine sahip, çalışmayan ve ev kazalarına yönelik eğitim almamış annelerin çocukları riskli gruplar arasında değerlendirilebilir.

Anahtar Kelimeler: Çocuk, Ev Kazaları, Anne, Güvenlik önlemleri, Hemşirelik.

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INTRODUCTION

Childhood accidents remain a major public health concern in both developed and developing countries. Unintentional injuries are among the leading causes of preventable morbidity and mortality in children (Törüner & Büyükgönenç, 2017; Kendrick et al., 2017; Bou-Karroum et al., 2022). Each year, millions of children worldwide sustain injuries resulting from accidents, many require hospitalization, experience permanent disability, or die as a consequence of these events (Törüner & Büyükgönenç, 2017; Kendrick et al., 2017). Beyond their impact on children's physical health, childhood injuries adversely affect psychosocial well-being, educational attainment, and impose substantial economic burdens on families (Nouhjah et al., 2017).

The type and frequency of childhood accidents vary according to children's age, developmental stage, and environmental context. While school-aged children are more likely to sustain injuries in schools, playgrounds, and traffic environments, the majority of accidents occurring during the preschool years take place in the home (Bou-Karroum et al., 2022). Children aged 0–6 years are among the highest-risk groups for home accidents because of their natural curiosity, tendency to explore their surroundings, inability to recognize potential hazards, and the immaturity of their physical, cognitive, neuromotor, and psychosocial development (Törüner & Büyükgönenç, 2017). The most common home accidents in this age group include falls, burns, poisoning, drowning, and foreign body aspiration, all of which may result in serious injuries, long-term health consequences, or death (Ulukol, 2012; Kendrick et al., 2017; Jullien, 2021).

A substantial proportion of childhood home accidents are predictable and preventable through appropriate environmental modifications, parent education, and effective home safety practices (Kendrick et al., 2013; Kendrick et al., 2017; Hill et al., 2022; Bou-Karroum et al., 2022). Therefore, identifying hazards within the home environment and evaluating parents'—particularly mothers', who are typically the primary caregivers—knowledge, attitudes, and practices regarding home safety are essential for reducing children's risk of injury (Bryant et al., 2023).

Although previous studies have examined either the prevalence of childhood home accidents or home safety practices (Akça et al., 2017; Celep & Yardımcı, 2020; Yorulmaz & Hisar, 2020; Jones et al., 2023), research simultaneously investigating the frequency of home accidents, factors associated with these accidents, and mothers' home safety practices among children aged 0–6 years remains limited. Evaluating these variables together is important for identifying high-risk groups and informing the development of evidence-based preventive interventions. The findings of this study are expected to contribute to the advancement of nursing practices aimed at preventing childhood home accidents, guide the development of family education programs, and strengthen preventive child health services.

This study aimed to determine the frequency of home accidents among children aged 0–6 years, identify factors associated with these accidents, and assess mothers' home safety practices.

Research Questions

- What is the frequency of home accidents among children aged 0–6 years in the study region?
- What are the most common types of home accidents among children aged 0–6 years?

- Are children's and families' sociodemographic characteristics associated with the occurrence of home accidents?
- What home safety practices are implemented by mothers?
- Do mothers' home safety practice scores differ according to their sociodemographic characteristics?
- Is there an association between mothers' home safety practices and the occurrence of home accidents among their children?

MATERIALS AND METHODS

Study Design and Participants

This descriptive study was conducted between April and June 2024 at Family Health Centers located in a district of a province in western Türkiye. Five family centers located in the district center were included. The study population consisted of mothers attending these Family Health Centers during the data collection period. The study sample included all eligible mothers who met the inclusion criteria and agreed to participate.

The required sample size was determined using the table recommended for estimating a population proportion with a specified level of precision (Lemeshow et al., 2000). Based on the reported prevalence of home accidents (22.4%) from a previous study (Yorulmaz & Hisar, 2020), a minimum sample size of 267 participants was calculated using a 95% confidence level and a 5% margin of error. The study included 267 mothers who met the eligibility criteria and provided informed consent.

The inclusion criteria were: (1) mothers who voluntarily agreed to participate and provided informed consent; (2) having a healthy child aged 0–6 years; and (3) being able to read, write, and speak Turkish. Mothers were excluded if they had a diagnosed psychiatric disorder, exhibited signs of an acute health problem, had verbal or written communication difficulties, or had a child with a chronic disease or congenital anomaly.

Data Collection Instruments

Data were collected through face-to-face interviews using two instruments: the Information Form and the Scale for Identifying the Safety Measures Taken by Mothers to Prevent Home Accidents in Children Aged 0–6 Years.

Information Form: The Information Form was developed by the researchers based on the relevant literature (Yorulmaz & Hisar, 2020; Celep & Yardımcı, 2020). It included questions regarding mothers' sociodemographic characteristics (age, educational level, employment status, income level, family type, social support, etc.), children's characteristics (age, sex, etc.), and home accident-related variables (lifetime history of home accidents, healthcare utilization following an accident, etc.).

The Scale for Describing Safety Measures Adopted by Mothers of 0-6 Years Old Children to Prevent Home Accidents: Mothers' home safety practices were assessed using the Scale for Identifying the Safety Measures Taken by Mothers to Prevent Home Accidents in Children Aged 0–6 Years, originally developed by Çınar and psychometrically validated by Çınar and Görak (2003). The instrument consists of 40 items, including 34 positive and 6 negative items, rated on a five-point Likert scale from 1 (Always) to 5 (Never). Items 6, 9, 23, 26, 30, and 40 are negative and reverse-scored. The scale has no subscales. Total scores range from 40 to 200, with higher scores indicating better implementation of home safety measures by mothers to

protect their children from home accidents (Çınar & Görak, 2003). The original study reported a Cronbach's alpha of 0.82, whereas the present study reported 0.87, indicating good internal consistency.

Data Collection

Data were collected by the researchers through face-to-face interviews. Participants were selected using a non-probability sampling method and included in the study until the sample size was reached. Before data collection, mothers were informed about the purpose of the study, and participation was explained to be entirely voluntary. Written informed consent was obtained from all participants before administering the study instruments. Each interview lasted approximately 20 minutes.

Statistical Analysis

Statistical analyses were performed using IBM SPSS Statistics for Windows, Version 22.0 (IBM Corp., Armonk, NY, USA). The normality of continuous variables was assessed using the Shapiro–Wilk test. Descriptive statistics, including frequencies, percentages, means, and standard deviations, were calculated. Independent samples t-tests were used to compare normally distributed continuous variables between two groups, while one-way analysis of variance (ANOVA) was used for comparisons involving more than two groups. Statistical significance was set at $p < 0.05$.

Ethical Considerations

Ethical approval was obtained from the Non-Interventional Clinical Research Ethics Committee of Burdur Mehmet Akif Ersoy University (Date: March 6, 2024; Approval No. GO 2024/177), and institutional permission was obtained from the relevant authority before the study commenced. Permission to use the Scale was obtained from its developer. Written informed consent was obtained from all participating mothers before data collection. The study was conducted in accordance with the principles of the Declaration of Helsinki.

RESULTS

A total of 267 mothers and their children aged 0–6 years were included in the study. Among the mothers, 54.3% were aged 28–37 years, 61.4% had completed high school, and 68.2% were unemployed. More than half of the participants (55.4%) reported that their household income was equal to their expenses, and 82.0% belonged to nuclear families. While 30.0% of the mothers had one child, 70.0% had two or more children. Of the children, 57.7% were boys and 42.3% were girls, with the largest proportion (23.6%) aged 25–36 months. Most mothers (91.1%) reported that they did not have another person assisting with childcare. Overall, 46.1% of the children had experienced at least one home accident (Table 1).

Table 1. Demographic Characteristics of Mothers and Children Participating in the Study (N=267)

Characteristics Related to the Child and The Mother		n	%
Mother's age	18-27	62	23.2
	28-37	145	54.3
	38 years and older	60	22.5
Mother's educational background	Middle school	37	13.9
	High school	164	61.4
	University and above	66	24.7
Mother's employment status	Employed	85	31.8
	Unemployed	182	68.2
Income level	Income less than expenses	61	22.8
	Income equal to expenses	148	55.4
	Income greater than expenses	58	21.8
Family type	Nuclear family	219	82.0
	Extended family	48	18.0
Number of children	1 child	80	30.0
	2 or more children	187	70.0
Gender of the child	Boy	154	57.7
	Girl	113	42.3
Age of the child (months)	0-12	36	13.5
	13-24	55	20.6
	25-36	63	23.6
	37-48	60	22.5
	49-60	35	13.1
	61-72	18	6.7
Is there help with childcare?	Yes	24	8.99
	No	243	91.01
Incidence of home accidents	Yes	123	46.1
	No	144	53.9

Among the 123 children who had experienced a home accident, 28.5% of the accidents occurred in children aged 37–48 months, followed by 25.2% among those aged 25–36 months. Falls were the most common type of home accident (52.8%), followed by burns (17.9%), cuts (15.4%), poisoning (8.1%), and drowning/other accidents (5.8%). The living room was the most frequent location where accidents occurred (39.0%), followed by the kitchen (25.2%), balcony/garden (12.1%), bathroom (8.2%), other areas (8.2%), and the bedroom (7.3%). Mothers identified the primary causes of home accidents as children's carelessness (47.2%), inadequate parental supervision (33.3%), environmental factors (12.2%), and other causes (7.3%). Following the accident, 22.8% of the children were taken to a hospital, whereas 77.2% did not require hospital admission (Table 2).

Table 2. Characteristics of Children Regarding Home Accidents (n=123)

Variable		n	%
Age groups where home accidents occur	0-12 months	8	6.5
	13-24 months	24	19.5
	25-36 months	31	25.2
	37-48 months	35	28.5
	49-60 months	17	13.8
	61-72 months	8	6.5
Type of home accident	Falls	65	52.8
	Burns	22	17.9
	Cuts	19	15.4
	Poisoning	10	8.1
	Drowning/Other	7	5.8
Location where the home accident occurred	Living room/Lounge	48	39.0
	Kitchen	31	25.2
	Balcony/Garden	15	12.1
	Bathroom	10	8.2
	Bedroom	9	7.3
	Other	10	8.2
Cause of home accident	Child's inattention	58	47.2
	Lack of supervision	41	33.3
	Environmental reasons	15	12.2
	Other	9	7.3
Hospital admission	Yes	28	22.8
	No	95	77.2
Receiving training on home accidents	Yes	101	37.8
	No	166	62.2

The mean total score on the Scale for Identifying the Safety Measures Taken by Mothers to Prevent Home Accidents in Children Aged 0–6 Years was 175.0 ± 16.2 . A statistically significant difference in scale scores was observed according to maternal educational level ($F = 7.183$, $p = 0.001$). Mothers with a university degree or higher had the highest mean score (181.1 ± 14.5), followed by high school graduates (175.5 ± 15.0) and mothers with a middle school education (170.4 ± 15.6). Employed mothers had significantly higher mean scores than unemployed mothers (179.0 ± 15.0 vs. 173.2 ± 16.4 , $t = 2.487$, $p = 0.014$). No statistically significant difference was found in scale scores according to household income ($t = 1.238$, $p = 0.221$). Mothers who had received education on home accident prevention demonstrated significantly higher mean scores than those who had not (177.5 ± 14.8 vs. 172.8 ± 16.3 , $t = 2.074$, $p = 0.040$) (Table 3).

Table 3. Comparison of Mothers' Home Accident Prevention Scale Scores According to Some Diagnostic Characteristics (N=267)

Variable		Mean±SD	Test	p
General Scale Score		175.0±16.2		
Mother's education level	Middle school	170.4±15.6	F=7.183	0.001
	High school	175.5±15.0		
	University and above	181.1±14.5		
Mother's working status	Employed	179.0±15.0	t=2.487	0.014
	Unemployed	173.2±16.4		
Income status	Income less than/equal to expenses	174.4±16.3	t=1.238	0.221
	Income greater than expenses	177.0±15.2		
Receiving training on home accidents	Yes	177.5±14.8	t=2.074	0.040
	No	172.8±16.3		

t: Student-t Test; F: ANOVA, * $p < 0.05$ ** $p < 0.01$

Comparisons based on the occurrence of home accidents showed no statistically significant association between the child's sex and the occurrence of home accidents ($\chi^2 = 0.086$, $p = 0.781$). However, maternal employment status was significantly associated with the occurrence of home accidents ($\chi^2 = 6.291$, $p = 0.012$). Among mothers of children who had experienced a home accident, 23.6% were employed, compared with 38.9% of mothers whose children had not experienced a home accident. Similarly, the proportion of mothers with a university degree or higher was significantly lower among children who had experienced home accidents than among those who had not (17.1% vs. 31.3%; $\chi^2 = 8.152$, $p = 0.004$). Mothers who had received education on home accident prevention were also less common in the home accident group than in the non-home accident group (30.9% vs. 47.9%; $\chi^2 = 7.095$, $p = 0.008$). Furthermore, mothers of children who had experienced a home accident had significantly lower mean scores on the Scale for Identifying the Safety Measures Taken by Mothers to Prevent Home Accidents in Children Aged 0–6 Years than mothers of children without a history of home accidents (171.9 ± 16.4 vs. 177.8 ± 15.3, $t = -2.635$, $p = 0.009$) (Table 4).

Table 4. Factors influencing the occurrence of home accidents.

Variable	Having had a home accident		Not having had a home accident		χ^2	p
	n	%	n	%		
Male child	72	58.5	82	56.9	0.086	0.781
Mother working	29	23.6	56	38.9	6.291	0.012
University or higher education	21	17.1	45	31.3	8.152	0.004
Received training on home accidents	38	30.9	69	47.9	7.095	0.008
Scale score (Mean±SD)	171.9±16.4		177.8±15.3		t=-2.635	0.009

χ^2 : Pearson Chi-square; t: Student-t Testi ** $p < 0.01$

DISCUSSION

This study comprehensively evaluated the frequency of home accidents among children aged 0–6 years, factors associated with these accidents, and mothers' implementation of home safety practices. Nearly half of the children had experienced at least one home accident, with falls being the most common type of injury. Home accidents occurred predominantly among children aged 25–48 months and most frequently took place in the living room. Furthermore, maternal educational level, employment status, previous education on home accident prevention, and the level of home safety practices were significantly associated with the occurrence of home accidents.

Nearly one in two children (46.1%) had experienced at least one home accident, indicating that home accidents remain a common child health problem during the preschool years. This finding is consistent with previous national and international studies reporting similar prevalence rates (Nouhjah et al., 2017; Evgin & Çalışkan, 2018; Yorulmaz & Hisar, 2020; Celep & Yardımcı, 2020). The high frequency of home accidents during early childhood may be explained by rapid motor development, increasing mobility, a strong desire to explore the environment, and children's limited ability to recognize and avoid potential hazards (Bryant et al., 2023). In addition, preschool children spend most of their time at home and continue to require close supervision, both of which may increase their exposure to household risks. The relatively high prevalence observed in the present study underscores the need for more systematic integration of home accident prevention strategies into child health services.

Home accidents were most frequently observed among children aged 25–48 months, which is consistent with previous findings (Nouhjah et al., 2017). In a study by Nouhjah et al., home accidents were identified as a risk factor for children older than 24 months (Nouhjah et al., 2017). This developmental period is characterized by increasing independence, improved mobility, and greater exploratory behavior. Children in this age group actively climb, run, and interact with their surroundings but still lack the cognitive maturity necessary to recognize hazardous situations (Bryant et al., 2023). Household features such as stairs, furniture, windows, electrical outlets, and hot surfaces therefore represent significant injury hazards. These findings highlight the importance of tailoring home safety interventions to children's developmental stages and providing parents with age-specific anticipatory guidance regarding injury prevention.

Falls were identified as the most common type of home accident, followed by burns, cuts, and poisoning. These findings are consistent with previous studies conducted in similar populations (Nouhjah et al., 2017; Evgin & Çalışkan, 2018; Yorulmaz & Hisar, 2020; Celep & Yardımcı, 2020). In the study by Nouhjah et al., the most common injuries were burns, falls, and poisoning, in that order (Nouhjah et al., 2017). The predominance of falls likely reflects children's increased mobility combined with environmental hazards within the home. Furniture, beds, chairs, tables, stairs, and windows are common sources of fall-related injuries among preschool children. Burns ranked second, suggesting continued exposure to hot liquids, cooking appliances, and electrical devices, particularly in kitchen settings. Although cuts and poisoning occurred less frequently, they remain important preventable causes of childhood injury. Together, these findings indicate that home safety education should address multiple hazards rather than focusing on a single type of accident and should be adapted to children's developmental needs.

The living room was identified as the most common location for home accidents, consistent with previous reports (Evgin & Çalışkan, 2018; Yorulmaz & Hisar, 2020; Çetintaş et al., 2022; Celep & Yardımcı, 2020). Because children spend much of their daily time in this area, exposure to hazards is naturally greater. Coffee tables, television units, rugs, electrical cords, furniture, and windows may all contribute to the risk of injury. The kitchen was the second most common location for accidents, likely because it contains multiple hazards, including hot liquids, sharp objects, and household cleaning products. These findings emphasize that injury prevention strategies should encompass all areas of the home rather than focusing exclusively on kitchens.

Although mothers generally demonstrated high levels of home safety practices, higher educational attainment was associated with significantly better safety practice scores. Similar associations have been reported in previous studies (Evgin & Çalışkan, 2018; Yorulmaz & Hisar, 2020; Celep & Yardımcı, 2020; Söngüt & Altay, 2025). Mothers with higher educational attainment may have greater access to health information, stronger health literacy, and better abilities to recognize household hazards and adopt preventive behaviors. Similarly, employed mothers achieved significantly higher home safety scores than unemployed mothers. This finding may reflect greater access to educational resources, broader social networks, or increased awareness of child safety among employed women. Moreover, mothers who had received education on home accident prevention demonstrated significantly higher home safety scores than those without such education, supporting previous evidence that educational interventions improve parental safety behaviors (Evgin & Çalışkan, 2018; Yorulmaz & Hisar, 2020; Celep & Yardımcı, 2020; Çetintaş et al., 2022). Individualized educational counseling provided during routine child health visits may therefore represent an effective strategy for improving home safety practices.

Maternal employment, higher educational attainment, and previous education on home accident prevention were significantly associated with a lower occurrence of home accidents. In contrast, no significant association was found between the child's sex and accident occurrence. These findings suggest that home accidents cannot be explained solely by child-related characteristics but are also influenced by parental and family factors. Given the multifactorial nature of childhood injuries, preventive strategies should adopt a family-centered approach that addresses both caregiver behaviors and environmental safety.

Another important finding was that mothers of children who had not experienced a home accident had significantly higher home safety practice scores than mothers of children who had experienced at least one accident. This finding is consistent with previous studies (Evgin & Çalışkan, 2018; Yorulmaz & Hisar, 2020; Celep & Yardımcı, 2020) and provides further evidence that effective implementation of home safety measures may reduce the risk of preventable injuries such as falls, burns, cuts, and poisoning.

The findings of this study have important implications for pediatric nursing practice. Pediatric nurses working in Family Health Centers, pediatric outpatient clinics, well-child follow-up services, and home care settings should routinely assess home injury risks, identify age-specific safety needs, and provide individualized education to families. Integrating structured home safety assessments and counseling into preventive child health services may substantially reduce childhood home accidents.

Study Limitations

This study has several limitations. First, the data were based on mothers' self-reports, which may be subject to recall bias. Second, the study was conducted in a single district, limiting the generalizability of the findings to other regions and populations. Nevertheless, the study has important strengths, including the simultaneous evaluation of home accident occurrence and mothers' home safety practices, as well as the examination of family characteristics associated with childhood home accidents. Future multicenter studies employing prospective designs and multivariable analyses are warranted to better identify the determinants of home accidents and strengthen the evidence base for preventive interventions.

CONCLUSION AND RECOMMENDATIONS

Nearly half of the children aged 0–6 years had experienced at least one home accident, with falls identified as the most common type of injury. Home accidents occurred most frequently among children aged 25–48 months and predominantly took place in the living room. Maternal educational level, employment status, and previous education on home accident prevention were associated with both the implementation of home safety practices and the occurrence of home accidents. Mothers of children without a history of home accidents demonstrated significantly higher home safety practice scores, suggesting that effective implementation of home safety measures plays an important role in preventing childhood injuries.

These findings indicate that childhood home accidents are influenced not only by children's developmental characteristics but also by family sociodemographic factors and parental safety behaviors. Therefore, injury prevention strategies should extend beyond child-focused approaches to incorporate family-centered interventions and environmental safety measures. Integrating home safety assessments into routine well childcare provided by pediatric nurses, family physicians, and primary healthcare professionals may facilitate the early identification of high-risk families and enable the timely implementation of preventive interventions.

Conflict of Interest

The author declares no conflicts of interest.

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Author Contributions

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