

Maternal awareness of home accidents in children aged 0-3: a cross-sectional study

 Yeşim Tural¹,  Egemen Tural²

¹Department of Pediatrics, Koşuyolu İstanbul Medipol Hospital, İstanbul, Türkiye

²Department of Family Medicine, Çifteler Family Health Center, Eskişehir, Türkiye

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Corresponding Author: Egemen Tural, egementural1@gmail.com

ABSTRACT

Aims: The study sought to examine the awareness of home accidents (HAs) among mothers of children aged 0–3 and identify the factors that influence this awareness.

Methods: This prospective, cross-sectional study was conducted through face-to-face surveys with individuals visiting the Pediatric Health and Diseases Outpatient Clinics of a Private Hospital from October 1 to 31, 2024. A questionnaire was administered, developed based on a literature review, and including sociodemographic information such as age, education level, gender, income level, and occupation. Furthermore, the HAs awareness scale for mothers (HAASM) was used to assess awareness of HAs.

Results: The mean age of participants was 32.52 ± 4.49 years, and the mean age of the children was 13.38 ± 11.55 months. No statistically significant differences were found in HAASM scores based on demographic characteristics or other variables. A weak, negative, and statistically significant correlation was observed between child age and HAASM scores ($r = -0.208$; $p = 0.001$). A statistically significant difference in child age was found between participants whose children had experienced a home accident and those whose children had not ($p = 0.002$).

Conclusion: HAs are a leading cause of childhood morbidity and mortality. Mothers' awareness of HAs decreased as their children's age increased. Considering the growing risk with age, raising awareness, particularly for children approaching 3 years, is crucial. Community education programs and national accident prevention policies are recommended. Additionally, further studies in various settings could contribute to creating safer environments for children.

Keywords: Accidents, home, child health, awareness, pediatrics

INTRODUCTION

Children and the elderly are at higher risk of accidents due to their physical characteristics or health conditions, and in many cases of home accidents (HAs), individuals in the early or late stages of life are the most vulnerable.¹ Children are at a high risk of HAs because they are unable to recognize dangers, are more exposed to environmental risks, and possess a naturally curious disposition.²

From a public health perspective, child injuries resulting from HAs represent a significant concern. Globally, HAs are linked to the deaths of approximately one million children and injuries to 10 million children annually.³ Of these injuries, 95% occur in underdeveloped and developing countries. In developed countries, injuries are responsible for 40% of all deaths among children. Injuries such as burns, falls, poisoning, cuts, and drowning often carry a social dimension and are more commonly observed in economically disadvantaged

communities. For instance, the rate of emergency department visits due to accidental injuries among children under the age of five is 38%, with this rate being significantly higher in impoverished populations compared to wealthier ones.⁴

Although numerical data on HAs in Türkiye are not definitive, a study reported that domestic accidents account for approximately 18–25% of all accidents. Additionally, it was noted that 50–80% of all fatal falls among children aged 0–6 occur at home.⁵

In Turkish society, the responsibility of child-rearing typically falls on mothers.⁶ Therefore, raising mothers' awareness about HAs and improving their knowledge of behaviors that may lead to such accidents are crucial for reducing their occurrence.^{5,7,8} HAs are often overlooked, and there is a scarcity of scientific research examining parents' knowledge about appropriate

behaviors and attitudes to avoid during such incidents involving children.⁹

Particularly in the 1–3 age group, HAs occur more frequently due to factors such as weak motor skills, limited experience, and narrow visual fields.¹⁰ Nevertheless, there is a limited number of studies focusing on the awareness of mothers with children aged 0–3 regarding HAs.

In this study, we aimed to examine the awareness of HAs among mothers of children aged 0–3 and to identify the factors influencing this awareness.

METHODS

Our prospective, cross-sectional study was conducted as a face-to-face survey with individuals visiting the Pediatric Health and Diseases Outpatient Clinics of a Private Hospital. Ethical approval for the study was granted by the İstanbul Medipol University Non-interventional Clinical Researches Ethics Committee (Date: 12.09.2024, Decision No: 876). The study was conducted in accordance with the Declaration of Helsinki.

Participants were informed about the study, and written informed consent was obtained from those who voluntarily chose to participate. Subsequently, a questionnaire was administered, which was developed based on a literature review and included sociodemographic information such as age, education level, gender, income level, and occupation. Additionally, the home accidents awareness scale for mothers (HAASM) was applied to assess awareness of HAs.

Mothers aged 18 and above with children aged 0–3 who agreed to participate in the study were included. Participants under 18 years of age or those who did not complete the questionnaire and scales were excluded from the study.

An average of 590 patients visit the pediatric health and diseases outpatient clinics of the Private Hospital monthly. During the planned one-month study period (October 2024), the expected 590 individuals visiting the pediatric health and diseases outpatient clinics constituted the study population. Based on simple random sampling, the sample size was calculated at a significance level of $\alpha=0.05$ and 95% power, resulting in a minimum required sample size of 233 participants. A total of 241 individuals agreed to participate in the study; however, 1 individual was excluded for being under the age of 18, and 4 individuals were excluded due to incomplete questionnaires and scales. As a result, the study was conducted with 236 participants (Figure).

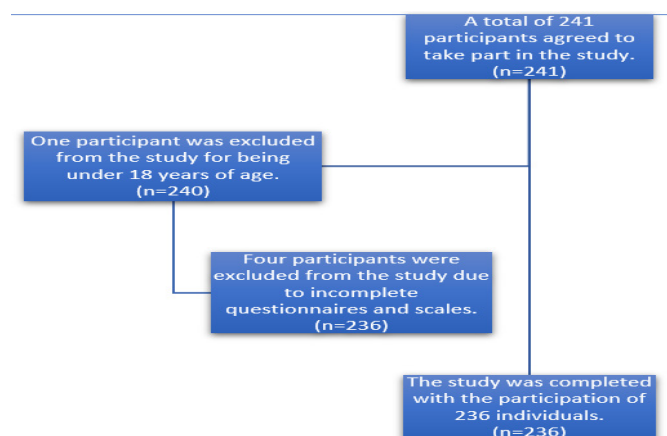


Figure. Flowchart of participant inclusion and exclusion process

HAASM was developed in 2023 by Gülbetekin et al.¹¹, and its validity and reliability were established. This scale consists of 55 items divided into four subdimensions: awareness of burns, falls, drowning-poisoning, and injuries caused by sharp or piercing objects. Higher scores on the scale indicate a greater level of maternal awareness regarding HAs.¹¹

Statistical Analysis

The distribution of demographic characteristics was presented using frequency (n) and percentage (%). The normality of continuous variables was assessed both graphically and using the Shapiro-Wilk test. Descriptive statistics were presented as mean±standard deviation or median (minimum–maximum) values.

For the comparison of HAASM scores across categorical variables with more than two groups, such as education level, occupation, income level, smoking status, and alcohol use, the Kruskal-Wallis non-parametric variance analysis was employed. The Mann-Whitney U test was used to compare HAASM scores between two-group variables.

The Spearman non-parametric correlation coefficient was calculated to analyze the relationship between HAASM scores and variables such as maternal age, child age, number of children, and household size.

IBM SPSS Statistics 21.0 (IBM Corp., 2012, Armonk, NY) and MS Excel 2007 were utilized for statistical analyses, with significance determined at $p<0.05$.

RESULTS

The mean age of the participants was 32.52 ± 4.49 years, and the mean age of the children was 13.38 ± 11.55 months. HAASM scores ranged from 186 to 275, with a mean score of 256.39 ± 17.85 . It was found that 71.6% (n=169) of the participants had one child, 22.5% (n=53) had two children, and 5.9% (n=14) had three children. Additionally, 0.8% (n=2) of the participants lived in households with two people, 66.9% (n=158) in households with three people, 25.1% (n=59) in households with four people, and 7.2% (n=17) in households with five people. The comparison of HAASM scores according to the demographic characteristics of the participants is presented in Table 1.

A weak, negative, and statistically significant correlation was found between child age and HAASM scores ($r=-0.208$; $p=0.001$). No statistically significant correlation was identified between maternal age, number of children, or household size and HAASM scores ($p>0.05$) (Table 2).

A statistically significant difference was observed in child age between participants whose children had experienced a home accident and those whose children had not ($p=0.002$), while no statistically significant difference was found in maternal age ($p=0.062$) (Table 3).

DISCUSSION

HAs in children are a significant concern, as they can lead to injuries and even fatalities.¹² Many young children are unintentionally injured in their own homes, places that are generally considered safe by everyone.¹³ However, compared to other diseases, childhood injuries receive much less attention,

**Table 1.** Comparison of the home accident awareness scale for mothers scores according to demographic characteristics of participants

		All participants	Home accidents awareness scale for mothers	Test statistic	
		n (%)	Median (min-max)	z; χ^2	p
Education level	Primary/secondary	4 (1.7)	240.5 (227-275)	$\chi^2=5.994$	0.112
	High school	21 (8.9)	270.0 (215-275)		
	College	18 (7.6)	262.5 (250-275)		
	University	193 (81.8)	259.5 (186-275)		
Marital status	Married	234 (99.2)	261.0 (186-275)	z=0.001	0.999
	Single	2 (0.8)	260.0 (256-264)		
	Not working/housewife	51 (21.6)	261.0 (206-275)		
Occupation	Official	83 (35.2)	262.0 (188-275)	$\chi^2=2.769$	0.429
	Worker	9 (3.8)	269.0 (239-275)		
	Self-employed	93 (39.4)	258.0 (186-275)		
	Below minimum wage	17 (7.2)	264.0 (206-275)		
Income level	Minimum wage	22 (9.3)	259.0 (186-275)	$\chi^2=3.436$	0.329
	Two times of minimum wage	76 (32.2)	259.0 (205-275)		
	Three times of minimum wage or more	121 (51.3)	261.0 (188-275)		
Chronic diseases	No	202 (85.6)	261.0 (186-275)	z=0.907	0.364
	Yes	34 (14.4)	263.0 (206-275)		
Regular medications	No	207 (87.7)	261.0 (186-275)	z=0.513	0.608
	Yes	29 (12.3)	260.0 (188-275)		
Smoking	No	164 (69.5)	262.0 (186-275)	$\chi^2=0.617$	0.734
	Yes	46 (19.5)	259.5 (224-275)		
	Quit	26 (11.0)	256.5 (206-275)		
Alcohol consumption	No	187 (79.3)	261.0 (186-275)	$\chi^2=0.214$	0.899
	Yes	39 (16.5)	261.0 (206-275)		
	Quit	10 (4.2)	258.0 (221-275)		
Does your child have their own room?	No	29 (12.3)	263.0 (186-275)	z=0.072	0.943
	Yes	207 (87.7)	261.0 (188-275)		
Child chronic diseases	No	227 (96.2)	261.0 (186-275)	z=1.535	0.125
	Yes	9 (3.8)	253.0 (227-272)		
Has your child had a home accident before?	No	206 (87.3)	261.0 (186-275)	z=1.178	0.239
	Yes	30 (12.7)	263.0 (225-275)		

z: Mann-Whitney U test, χ^2 :Kruskal-Wallis test. Min: Minimum, Max: Maximum**Table 2.** The relationship between the home accident awareness scale for mothers score and maternal age, child age, number of children, and number of household members

	Home accident awareness scale for mothers score	
	r	p
Maternal age (years)	-0.040	0.538
Child age (months)	-0.208	0.001
Number of children	-0.054	0.409
Number of household members	-0.046	0.481

r: Spearman correlation coefficient

despite their severity and preventability.¹⁴ In our study, which examined the awareness levels of mothers with children aged 0-3 years regarding HAs, no statistically significant differences were found in HAASM scores based on demographic characteristics and other variables. However, a negative correlation was identified between child age and HAASM scores.

Carlsson et al.¹⁵ conducted an intervention study with mothers of children under the age of 7, which showed that the interventions and informational sessions increased awareness regarding HAs. In the study, a three-question survey was used

Table 3. Comparison of maternal age and child age by home accident history

	No home accident history (n=206)	Home accident history (n=30)	Test statistic	
	Median (min-max)	Median (min-max)	z	p
Maternal age (years)	32.0 (21-45)	35.0 (25-45)	-1.865	0.062
Child age (months)	8.0 (0-36)	17.5 (1-36)	-3.084	0.002

z: Mann-Whitney U test, Min: Minimum, Max: Maximum



to assess awareness. Similarly, during the COVID-19 lockdown in Greece, a study was conducted with 140 parents of children aged 0-14 to investigate the practices implemented by families to prevent HAs. An online survey of 28 questions, created based on a literature review, was applied to the participants. The results indicated that the measures taken by the participants to prevent child HAs were insufficient and needed improvement.¹⁶ A 2024 study conducted in Saudi Arabia with 433 mothers of children aged 1-12 measured knowledge and awareness regarding the prevention of HAs. The study did not use a standardized scale but instead employed a survey created from literature research. In the survey, awareness levels were categorized as low for those scoring below 50%, moderate for those scoring between 50-75%, and high for those scoring 75% or above. The study found that 55% of participating mothers had a moderate level of awareness.¹⁷

Literature reviews indicate that studies on maternal awareness of HAs have used different age ranges and assessment scales. As far as can be determined, no studies have been found that use the HAASM. The discrepancies in study results may be attributed to the variations in the scope of questions included in the scales or surveys employed. It is recommended to increase the number of studies using scales that have undergone validity and reliability testing. Applying the same scale across different patient groups could lead to more comprehensive and reliable outcomes.

Alhadrami et al.¹⁷ conducted a study in Saudi Arabia involving mothers of children aged 1-12 years, finding that 54% of the participants had a child who had previously experienced a home accident. Another study conducted in Saudi Arabia, which investigated the prevalence of HAs in children under 5 years old, showed that, among 352 parents, 205 (58.2%) reported that their child had previously experienced a home accident, most of which were falls and burns.¹⁸ In a study conducted by Aydoğdu et al.¹ in Türkiye with 244 mothers of children aged 0-6 years, it was found that mothers whose children had not previously experienced a home accident were more likely to recognize safety measures for HAs than mothers whose children had experienced one. In the study, 42.6% of the participants reported that their child had previously experienced a home accident. In a study conducted by Üçüncü et al.¹⁹ in Türkiye, which explored the attitudes and knowledge of mothers with children aged 0-6 years regarding HAs and prevention strategies, it was found that 116 out of 217 participants (58%) had at least one child who had experienced a home accident. In a study by Gündüz and Aytekin² with mothers of children aged 1-3 years, 229 out of 400 participants (57.3%) reported that their children had previously experienced a home accident. In a study by Al Rumhi et al.²⁰, children who presented to the emergency department due to HAs were retrospectively examined. The study categorized the children's age groups as 12-18, 6-12, 3-6, 1-3, and 0-1 years. Among a total of 1333 emergency visits due to HAs, the smallest number and percentage were found in the 0-1 age group (111 children, 8.9%), while the largest number and percentage were in the 1-3 age group (370 children, 27.8%).²⁰

In our study, it was determined that 12.7% (30 participants) of the mothers had children with a history of HAs. Additionally, no statistically significant difference was found between mothers whose children had experienced a home accident and those whose children had not, in terms of their HAASM scores.

However, there was a statistically significant difference between those who had experienced HAs and those who had not, in terms of the children's age. One reason why our study has a lower prevalence of home accident history compared to other studies conducted in Türkiye could be that it was conducted in a private hospital. Due to the socioeconomic advantages of the participants, they may have been able to take more precautions against HAs, and it is possible that their homes are structurally safer. Another reason may be that, unlike other studies, our study specifically involved mothers of children aged 0-3 years, and the higher educational level of the participant mothers, compared to those in other studies, may have contributed to the findings.

Studies examining HAs in children frequently evaluate the education levels of families. Üçüncü et al.¹⁹ divided the mothers of children aged 0-6 years into two groups based on their education level in their study: those with education below high school and those with high school or higher education. The study found that the group with higher education had significantly higher awareness of HAs. The study also emphasized that mothers with higher education and those who had received training and information on preventing HAs would play an important role in protecting children from HAs.¹⁹ İnce et al.'s²¹ study, conducted in Türkiye, explored the attitudes of mothers toward accident and injury prevention. The results of the survey indicated that accident prevention scores improved with higher education levels.

On the other hand, in a study by Çiçekler et al.²², it was found that mothers with only elementary school education took more safety measures against HAs compared to mothers with university degrees. Santos et al.²³, in their study in Brazil with 256 participants caring for children under 6 years old, examined the relationship between the level of knowledge about precautions for HAs and education level. In the study, 170 participants (66.4%) had education levels higher than high school, but there was no statistically significant difference in the level of knowledge about HAs based on education level.²³ In our study, no statistically significant difference was found between the mothers' education level and HAASM scores. Although it is argued that mothers with higher education levels are likely to have more knowledge about child HAs, children's developmental characteristics, and risk factors for accidents², it should be noted that the level of knowledge about HAs may be influenced by access to information sources about home safety and cultural and social factors.¹⁷

When examining the factors affecting attitudes toward HAs, maternal age has been evaluated in several studies. In a study by Alhadrami et al.¹⁷, where more than 70% of the participants were over 30 years old, no relationship was found between maternal awareness of HAs and age. Similarly, in a study by Üçüncü et al.¹⁹, mothers were divided into two groups: under 35 and 35 or older, but no significant difference in awareness of HAs was found between the groups. In Aydoğdu et al.'s¹ study, the average age of participants was 30.8 years, and no relationship was found between age and the precautions taken regarding HAs. Consistent with the literature, our study found no statistically significant relationship between maternal age and HAASM scores.

Parents' attitudes and behaviors toward HAs may also vary depending on the child's age. In a study by İnce et al.²¹,



participants were grouped as parents of children aged 0-1, 1-4, and 5-9 years. The group with the highest attitude toward preventing accidents and injuries were parents of children aged 0-1 years. In a similar study by Eichelberger et al.²⁴, which included 404 parents of children under the age of 13, it was observed that parents of younger children were more inclined to engage in appropriate accident prevention behaviors. In our study, a statistically significant negative relationship was found between child age and HAASM scores. This may be due to the increased care dependency of children aged 0-1 years, making their parents more vigilant about HAs for this age group.

Papachristou et al.¹⁶ demonstrated in their study that participants with one or two children took more preventive measures against HAs compared to those with more children. It was suggested that larger families may have less time to dedicate to children and to organizing protective measures against accidents. Üçüncü et al.¹⁹ observed in their study that as the number of children and the number of people living in the household increased, knowledge of HAs and the adoption of safety measures decreased. A study conducted in Saudi Arabia in 2023 found that in families with more than seven members and families with more than four children, HAs occurred more frequently than in other families, with statistically significant results.¹⁸ However, in our study, no correlation was observed between the number of household members or the number of children and the HAASM scores. This outcome may be attributed to the relatively high and more homogeneous socioeconomic status of the participants in our study compared to other studies, or to the limited variability in HAASM scores due to the generally high levels of awareness among the participants, which may have hindered the detection of potential associations.

Limitations

Our study has several limitations. First, the cross-sectional design makes it challenging to establish a causal relationship between awareness of HAs and associated risk factors. Second, the use of the scale exclusively on mothers, without considering the perspectives of both parents, constitutes a limitation. Third, the fact that the study was conducted in a private hospital limits the ability to generalize the findings to a larger population. Finally, the location and structural features of the homes, the presence of any psychiatric pathologies in the mothers, whether the mothers received first aid training, and the type of HAs experienced were not examined in our study. These factors can also be considered as limitations of the study.

CONCLUSION

HAs are a major cause of morbidity and mortality in children globally. In our study, 12.7% of participants reported a history of HAs in their children. As children's age increased from 0 to 3 years, a decrease in mothers' awareness of HAs was observed. Considering that the risk of HAs increases with age, it is crucial to raise awareness, particularly regarding HAs for children nearing the age of 3. Community-based educational programs for mothers and families, as well as nationwide policies aimed at accident prevention, are recommended. Furthermore, conducting studies on HAs in different centers and among various patient groups could contribute to the prevention of accidents and provide a safer environment for children to grow up in.

ETHICAL DECLARATIONS

Ethics Committee Approval

Ethical approval for the study was granted by the İstanbul Medipol University Non-interventional Clinical Researches Ethics Committee (Date: 12.09.2024, Decision No: 876).

Informed Consent

All patients signed and free and informed consent form.

Referee Evaluation Process

Externally peer-reviewed.

Conflict of Interest Statement

The authors have no conflicts of interest to declare.

Financial Disclosure

The authors declared that this study has received no financial support.

Author Contributions

All of the authors declare that they have all participated in the design, execution, and analysis of the paper, and that they have approved the final version.

REFERENCES

1. Aydoğdu ZA, Ateş E, Set T. Assessment of mothers' measures against home accidents for 0-6-year-old children. *Türk Pediatri Ars.* 2019;54(3): 149-156. doi:10.14744/TurkPediatriArs.2019.64614
2. Gündüz G, Aytekin A. Annelerin çocuklarını ev kazalarından korumaya yönelik tutumları ve etkileyen faktörler. *İzmir Dr Behçet Uz Çocuk Hast Dergisi.* 2015;5(3):184-192. doi:10.5222/buchd.2015.184
3. Acar E, Dursun OB, Esin İS, Öğütlü H, Özcan H, Mutlu M. Unintentional injuries in preschool age children: is there a correlation with parenting style and parental attention deficit and hyperactivity symptoms. *Medicine (Baltimore).* 2015;94(32):e1378. doi:10.1097/MD.0000000000001378
4. Howe LD, Huttly SR, Abramsky T. Risk factors for injuries in young children in four developing countries: the young lives study. *Trop Med Int Health.* 2006;11(10):1557-1566. doi:10.1111/j.1365-3156.2006.01708.x
5. Turan T, Altundağ Dündar S, Yorgancı M, Yıldırım Z. 0-6 yaş grubu çocuklarda ev kazalarının önlenmesi. *Ulus Travma Acil Cerrahi Derg.* 2010;16(6):552-557.
6. Çalışkan K, Avcı Ö, Acar V, Dönmez CY. 0-6 yaş grubu çocuğu olan annelerin düşmelere ilişkin ilkyardım uygulamalarının incelenmesi. *Maltepe Üniversitesi Hemşirelik Bilim ve Sanatı Dergisi.* 2010;3(3):2-9.
7. Yiğit D, Şayık D, Açıkgöz A, Mumcu Ö. Diagnosis of mothers' safety measures for home accidents and determination of first aid self-efficiency during the pandemic. *STED.* 2023;31:451-460.
8. Uskun E, Alptekin F, Öztürk M, Kışioğlu AN. Ev hanımlarının ev kazalarını önlemeye yönelik tutum ve davranışları ile ev kazalarına yönelik ilkyardım bilgi düzeyleri [the attitudes and behaviors of housewives in the prevention of domestic accidents and their first aid knowledge levels]. *Ulus Travma Acil Cerrahi Derg.* 2008;14(1):46-52.
9. Coulibaly A, Sogo AE, Bara A, Wildhaber BE, Inglin S. Domestic accidents of children in the Orodara District of Burkina Faso: mothers' knowledge of first-aid practices. *Int J Environ Res Public Health.* 2024; 21(5):523. doi:10.3390/ijerph21050523
10. Arıkan D, Çelebioğlu A, Tüfekçi FG. Çocukluk dönemlerinde büyüme ve gelişme. Conk Z, Başbakal Z, Yılmaz HB, Bolışık B (eds). *Pediatric Hemşireliği* Ankara. Akademisyen Tıp Kitapevi, 2013.
11. Gulbetekin E, Tufekci FG. A new scale for evaluating home accidents: home accidents awareness scale for mothers with 0-3-year-old children. *Med Bull Haseki.* 2023;61(2):88-95. doi:10.4274/haseki.galenos.2023.8868
12. Ablewhite J, Peel I, McDaid L, et al. Parental perceptions of barriers and facilitators to preventing child unintentional injuries within the home: a qualitative study. *BMC Public Health.* 2015;15(1):280. doi:10.1186/s12889-015-1547-2
13. Simpson J, Fougere G, McGee R. A wicked problem: early childhood safety in the dynamic, interactive environment of home. *Int J Environ Res Public Health.* 2013;10(5):1647-1664. doi:10.3390/ijerph10051647
14. Sleet DA. The Global challenge of child injury prevention. *Int J Environ Res Public Health.* 2018;15(9):1921. doi:10.3390/ijerph15091921



15. Carlsson A, Dykes AK, Jansson A, Bramhagen AC. Mothers' awareness towards child injuries and injury prevention at home: an intervention study. *BMC Res Notes*. 2016;18(9):223. doi:10.1186/s13104-016-2031-5
16. Papachristou E, Deftereos S, Asimakidou M, et al. Parental home safety practices for domestic accident prevention: how prepared were parents for COVID-19 confinement? A cross-sectional study. *Clin Pract*. 2023; 13(6):1449-1459. doi:10.3390/clinpract13060129
17. Alhadrami LM, Habib HS, Osman BK, Alqarni LM, Almutiri SF, Alhomoud SA. Maternal knowledge and awareness of preventive measures for domestic accidents among children in Jeddah, Saudi Arabia. *Cureus*. 2024;16(10):e71226. doi:10.7759/cureus.71226
18. Alamr F, Alzahrani HMA, Alghamdi AMA, et al. Prevalence and risk factors of home accidents among children under five years of age in Al-Baha, Saudi Arabia. *Cureus*. 2023;15(10):e46846. doi:10.7759/cureus.46846
19. Ucuncu M, Ucuncu M, Toprak D. The knowledge, attitude, and behavior of mothers with children aged 0-6 years on home accidents, and preventive measures. *J Ist Faculty Med*. 2019;82(4):219-228. doi:10.26650/IUITFD.2018.0011
20. Al Rumhi A, Al Awisi H, Al Buwaiqi M, Al Rabaani S. Home accidents among children: a retrospective study at a tertiary care center in Oman. *Oman Med J*. 2020;35(1):e85. doi:10.5001/omj.2020.03
21. İnce T, Yalçın S, Yurdakök K. Parents' attitudes and adherence to unintentional injury prevention measures in Ankara, Turkey. *Balkan Med J*. 2017;34(4):335-342. doi:10.4274/balkanmedj.2016.1776
22. Çiçekler CY, Er KR, Pirpir AD, Büyükbayraktar Ç. 0-6 yaş grubunda çocuğu olan annelerin ev kazalarına yönelik güvenlik önlemlerinin çeşitli değişkenlere göre incelenmesi. *Çukurova Üniversitesi Sosyal Bilimler Enstitüsü Dergisi*. 2012;21(3):157-174.
23. Santos RR, Machado MED, Gomes ALM, Aguiar RCB, Christoffel MM. Prevention of domestic accidents in childhood: knowledge of caregivers at a health care facility. *Rev Bras Enferm*. 2022;75(2):e20210006. doi:10.1590/0034-7167-2021-0006
24. Eichelberger MR, Gotschall CS, Feely HB, Harstad P, Bowman LM. Parental attitudes and knowledge of child safety. A national survey. *Am J Dis Child*. 1990;144(6):714-720. doi:10.1001/archpedi.1990.02150300112029