



PERCEPTION OF CAREGIVERS AS TO THE EFFECTIVENESS OF THEIR MEASURES FOR THE PREVENTION OF CHILDREN'S ACCIDENTS IN THE HOUSEHOLD

PERCEPÇÃO DOS CUIDADORES SOBRE A EFICÁCIA DE SUAS MEDIDAS
DE PREVENÇÃO DE ACIDENTES DE CRIANÇAS NO DOMICÍLIO

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Abstract

Objective: To evaluate the perception of caregivers regarding the prevention of accidents to their children in the domestic environment. **Methodology:** Cross-sectional observational study. Sixty people in charge of students from a municipal public school in Salvador/Bahia were interviewed. The data collection took place from December 2014 to October 2015. The perceptions of safety and domestic risks were evaluated, as well as accidents and preventive measures adopted. **Results:** Most of those responsible people were highly concerned about the risks of domestic children's accidents and considered extra-community environments as more prone. Although measures were taken to create protection against accidents, all children had already suffered some kind of injury. **Conclusion:** those responsible people knew the risks of accidents with children at home and ways to prevent it. Despite the precautions taken, accidents still occurred.

Keywords: Child; Domestic accidents; Prevention.

Resumo

Objetivo: Avaliar a percepção de cuidadores quanto à prevenção de acidentes com seus filhos no ambiente doméstico. **Metodologia:** Estudo observacional transversal. Foram entrevistados 60 responsáveis por alunos de uma escola pública municipal de Salvador/Bahia. A coleta de dados ocorreu no período de dezembro de 2014 a outubro

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de 2015. Foram avaliadas as percepções sobre segurança e riscos domésticos, bem como acidentes e medidas preventivas adotadas. **Resultados:** A maioria dos responsáveis mostrou-se bastante preocupada com os riscos de acidentes domésticos com crianças e considerou os ambientes extracomunitários os mais propensos. Embora medidas tenham sido tomadas para criar proteção contra acidentes, todas as crianças já haviam sofrido algum tipo de lesão. **Conclusão:** os responsáveis conheceram os riscos de acidentes com crianças no domicílio e as formas de evitá-los. Apesar dos cuidados tomados, acidentes ocorreram.

Palavras-chave: Criança; Acidentes domésticos; Prevenção.

INTRODUCTION

The fragility of childhood requires that all adults commit themselves to act to legitimize the child's health in the institutional, family, and social spheres¹. In this context, it is the promotion to the health of the child, in the scope of the primary attention and where it includes the child security, that aims to guarantee the follow-up and the surveillance of the development of it, with integrality and longitudinality of the care and, especially, considering the maternal values and family conditions².

The study of the theme reveals that the role of the family, as the protector of the child, is essential in order to be the center of the domestic and social relations of the child. It is up to family members to care for their children first and, to this end, it is necessary for them to understand that care represents acceptance, bonding, and accountability³. Thus, it is the responsibility of the caregiver to know that the child seeks to satisfy their desires, curiosities, and needs, even if they do not have the cognitive, physical, and emotional conditions to predict the consequences of their actions. And for that reason, the adult should protect the child and, gradually, enable them to anticipate harmful events and act in a preventive way⁴.

Among the various environments in which children are inserted, their home is the place of greater permanence of the child, and for that reason, it becomes very conducive to accidents for them. Therefore, it is very important to continuously evaluate such context in order to carry out interventions aiming at reducing child vulnerability to harm.



Thus, this study aimed to evaluate the perception of parents and caregivers regarding the prevention of accidents to their children in the domestic environment.

METHOD

It is a cross-sectional observational study in which parents or guardians of students from a municipal school in Salvador/Bahia were interviewed from December 2014 to October 2015.

The instrument of data collection was a structured questionnaire prepared by the authors of the study. Its content was based on the literature on the subject and based on the questionnaires used in the research entitled *Accidents with Children: quantitative and qualitative analysis of the knowledge and perception of mothers from 5 Brazilian capitals: Curitiba/Paraná, Brasília/Distrito Federal, Manaus/Amazonas, Recife/Pernambuco, and São Paulo/São Paulo*, carried out by the Ipsos Institute in 2008 and 2010, commissioned by the Non-Governmental Organization Child Safe Brazil⁵.

A previous test of the instrument was performed with a sample equivalent to 10% of the total enrollment in 2014 to evaluate the level of understanding of the participants regarding the questions formulated. The necessary adaptations were proposed by three professionals (judges) with extensive knowledge on the subject.

The research was approved by the Research Ethics Committee of the University Hospital Professor Edgar Santos (Hospital Universitário Prof. Edgar Santos - HUPES) of the Federal University of Bahia under Opinion No. 761.633 and by the Education Department of Salvador. All participants signed the Free and Informed Consent Form and, when appropriate, the Assent Form.

The collected data was analyzed using descriptive statistics, and it was described by absolute and relative frequency through the statistical package Statistical Package for the Social Sciences (SPSS), version 23.0 for Windows.



RESULTS

The sample consisted of 60 parents/caregivers of children under ten years of age. It was evidenced that fifty children (83.3%) were cared for most of the time by the mother, followed by the adult/caregiver (8.3%), father (5.0%), sibling (1.7%), and grandparents (1.7%). The places where children usually spend time, referred by the interviewees, were indoors (93.3%), outside the house (56.7%), different places (street, park, local field, school), and the house of neighbors and relatives (41.7%).

Most of them considered their concern about the safety of children very high (41.7%), high (16.7%) or intermediate (40.0%). Table 1 describes how parents or guardians perceive their behavior regarding their children safety.

Table 1 - Perception of 60 caregivers in relation to child safety in the period from December 2014 to October 2015, in Salvador/Bahia

QUESTIONS	N	%
The safety of my child(ren) comes first for me.	60	100
I teach my child(ren) about the risks of accidents.	59	98,3
I am the best person to take care of my child(ren).	58	96,7
I am afraid of what may happen to my child(ren).	57	95,0
I get desperate when my child(ren) gets(get) hurt.	56	93,3
I must be more concerned with the risks of the street than of the house.	53	88,3
When it must happen, it happens. Even though I'm around.	50	83,3
I'd like to put them in a protective bubble to keep something from happening to them.	48	80,0
Overprotection is bad for my child(ren).	47	78,3
I look for information to prevent accidents with my child(ren).	46	76,7
I believe my accident protection measures are enough.	44	73,3
At home, only minor accidents happen.	43	71,7
I moved housekeeping to reduce the risk.	40	66,7
I take good care of my child(ren); they even say that I am exaggerated.	40	66,7
I have control of what happens to my child(ren) at home	38	63,3
There's no use in doing anything because they always get a way of being naughty.	35	58,3
When my child(ren) is(are) injured, I always think it was my fault.	32	53,3
Mild accidents help the child(ren) develop.	32	53,3
I have time to worry about the risks.	31	51,7
I think it's more important to know how to help than to prevent accidents.	25	41,7
I find it impossible to prevent accidents with children.	24	40,0
I only realize the danger when something has already happened.	22	36,7
Accidents only happen to younger children.	14	23,3



Table 2 describes the caregivers' view of the type, location, and time of the child's greatest exposure to the risk of an accident.

Table 2 - View of 60 caregivers regarding the risk for their children from December 2014 to October 2015, in Salvador/Bahia.

QUESTIONS	N	%
The riskiest place		
In different places (street, parks, school, etc.)	36	60,0
At home or in the house of others	14	23,3
Both outside and inside the house	10	16,7
When the child is at greater risk		
At any time	33	55,0
On weekends, on vacation or holidays	14	23,3
During the week	9	15,0
At no time	4	6,70
Risks your child is exposed to		
Fall	46	74,7
Hitting the body against an object	34	56,7
Electric shock	24	40,0
Burn	23	38,3
Cut	22	36,7
Accidents with animals	9	15,0
Holding part of the body	6	10,0
Poisoning	5	8,30
Getting stuck somewhere	5	8,30
Suffocation	4	6,70
Drowning	-	-

When asked about the occurrence of accidents with their children, 50 interviewees (83.3%) stated that there were accidents. Table 3 describes information on accidents and preventive measures that should have been adopted by the caregivers.

Table 3 - Report of parents/caregivers regarding the occurrence of accidents with children from December 2014 to October 2015, in Salvador/Bahia

QUESTIONS	N	%
How many times		
Between 1 and 4 times	30	50,0
More than 5 times	30	50,0



Location of the house where the accident occurred		
Living room	29	48,3
Bedroom	16	26,7
External areas	13	21,7
Kitchen	6	10,0
Bathroom	3	5,0
Type of accident		
Fall	40	66,7
Hitting the body against an object	12	20,0
Burn	8	13,3
Cut	6	10,0
Shock	4	6,7
Accidents with animals, Poisoning, Being stuck in some place or Suffocation (each)	1	1,7
Needed medical attention	33	55,0
Injury had sequel	22	36,7
The accident could have been avoided		
Yes	35	58,3
No	15	25,0
Maybe	10	16,7

Table 4 shows the preventive behaviors in the domestic environment that the responsible people said they have done or are doing to prevent accidents with children.

Table 4 - Preventive behaviors adopted by parents in the domestic environment (n = 60) from December 2014 to October 2015, in Salvador/Bahia.

QUESTIONS	N	%
Collect objects from the floor often	59	98,3
The panhandles are far from children's reach on the stove	58	96,7
I do not leave the child alone in the pool; I leave out sharp objects, do not put chemicals in reachable containers, do not put hot liquids within reach of the child, I do not leave electric wires or cords within reach (each)	56	93,3
The furniture stays away from the windows, hiding matches, lighters and alcohol and watching the food that the child eats to avoid gagging (each)	55	91,7
Eliminates any object that can be swallowed	54	90,0
I leave medicines and other chemicals out of reach, do not leave the child alone in the bath (each)	53	88,3
I use the back of the stove more; I check the presence of animals next to the child, I do not leave children alone at home, the child is always supervised (each)	52	86,7
I do not leave pillows, clothes or toys in the cot / bed	51	85,0
Withdrawal / holding of objects that offer a risk of falling	50	83,3
I do not leave plastic bags within reach	49	81,7
I isolate the sockets and wires of electrical appliances	48	80,0
I cover power outlets	46	76,7



Mobile removal / repositioning	45	75,0
I do not leave buckets / bowls with water in the reach; I do not allow the child to play with animals that could injure her (each)	44	73,3
I keep watch when the washer is on, keep dangerous places locked (each)	43	71,7
I protect the glasses of the house	38	63,3
I hide the keys to the doors	35	58,3
I put protective screens or grids	29	48,3
I use protectors and / or locks on drawers, doors, and windows	26	43,3
Signaling or isolating zones of risks - steps, corners, and so on	25	41,7
Protect / eliminate objects that the child can hold part of the body	22	36,7
I put protectors on the corners of furniture	15	25,0

DISCUSSION

In this study, most of those responsible were very concerned about child safety and judged extradition environments to be more prone to accidents. The children stayed with their mother most of the time, and they had all suffered some sort of accident. However, more than half of those responsible believed that the accident could have been avoided.

Other studies have also demonstrated the mother's role as the main responsible for the children, and this fact is generally justified by the strong connection between mothers and their children and due to the greater responsibility socially attributed to them regarding the care and show of affection for their children⁶, and the level of maternal schooling has a great influence on the prevention of domestic accidents⁷.

The physical structure of the house also contributes to children's accidents, especially in low-income families that, for the most part, live in houses built in a disorderly way and with little space for the child to play⁸. In this work, the residence was pointed out as the main place where the children played.

All interviewees stated that child safety came first, and almost everyone considered themselves the best person to care for them; however, their fear that something bad could happen was clear. Other studies also revealed that concern about accidents is great and constant for mothers, including adolescents⁹ and feelings of guilt, fear, and despair are the most perceived and expressed by families¹⁰.



In an antagonistic fashion, there were also many claims that they lacked time to worry about the risks or that they should be more concerned about the dangers of the street. Direct negative prevention was confirmed when those responsible people said that there was no point in doing so because their children always get a way of being naughty, and almost half said that it was impossible to prevent children's accidents.

This contradiction between concern and denial of preventive measures can be explained by the difference between the perceptions of collective risk and individual risk. A study of the feelings of parents of children injured in cars without using a safety seat explains that people generally know that many deaths occur in traffic, but what predominates is the feeling that "it will never happen with me". Effectively, from the point of view of the individual, a death in traffic is a very rare event to cause concern, which leads them to a too optimistic behavior¹¹. And that thought seems to be similar for all kinds of child safety.

In this study, it was noted the belief that domestic accidents are events with little impact on life when they stated that only minor accidents occur at home and only involve smaller children. They also stated such accidents help the child's development.

In a positive way, almost all of them affirmed teaching their child about the risks, in the event an opportunity to develop health education with the community is perceived, and this is one of the strategies suggested by the Brazilian Ministry of Health as a health-promoting practice¹².

Most of the participants stated that the child was more at risk on the street than at home, although all children interviewed had already suffered some injuries at home, which corroborates with other findings that more than half of the injuries studied occurred at home, and that the younger the child is, the higher the percentage of accidents¹³.

As for the perception that accidents are possible at any time, leisure periods were mentioned by some, although the literature shows that most traumatic events occur in the summer, late afternoon and early evening, during weekends, holidays and school holidays¹⁴.



They have all shown that they recognize a number of risks to which children are exposed on a daily basis and have pointed to children's risk of falls in the first place. However, no one claimed there was a risk of drowning at home. Other investigations have highlighted the possibility of burns, falls, shocks, and poisoning caused by cleaning products. Among the most suitable places for the occurrence of accidents were the kitchen, bathroom, windows, and power plugs and sockets¹⁵.

The place with the greatest occurrence of misfortunes was the living room, and falls were the most common accident. The predominance of fall as the most common event can be seen in another study¹⁶.

As a result of the accidents, more than half of the children of the interviewees needed medical attention. This report also appears in another study where the interviewees stated that they take their children to the health clinic, the emergency room, or the hospital in cases of accidents¹⁷.

Regarding the preventive measures taken in the domestic environment, attention was drawn to the fact that all the participants stated that there is no risk of drowning in their home. In addition to the levels of protection against burns and poisoning that were the largest and the smallest for the impact of injury respectively, the participants also mentioned the risk of trapping body parts somewhere.

The underestimation of the occurrence of drowning in the home environment seemed to be related to the absence of a swimming pool in the houses; however, it should be clarified that other mechanisms contribute to this type of accident at home, such as buckets with water, children's baths, water reservoirs, and even toilets.

Concerns about burn injuries and poisoning are pertinent and seem to be perceived as more serious by those responsible for their children. It was noted that they understood that burns cause physical and psychological trauma in the child because the lesions cause great pain and changes in appearance¹⁸. This study points to scalding by hot liquid as the main cause of burns in children, and it usually occurs in the kitchen¹⁹. This is directly related to the low-income population and to the education background of the mother²⁰.



It can be perceived in the present work a reduced concern regarding the mechanisms of injury that cause trauma; however, it is worth mentioning that trauma is the leading cause of death in children. It is also warned that preventive measures regarding children's traumas should be prioritized in order to reduce health expenditures in Brazil, given that the amount spent in such events is well above those of developed countries²¹.

Also contributing to the occurrence of accidents is the parents' lack of knowledge about the limitations of their children in each phase of life, and the lack of habit of thinking about the dangers to which children may be exposed. Many adults expect children to realize the risks themselves; however, this only begins to occur at age seven, and such parents need to know and consider to act on the safety of their children²².

In view of this, the need to guide the families for protective care, raising the position of these individuals in the interactions, building accountability plans, sharing knowledge and experiences, is necessary to ensure greater comprehensiveness of the child's attention and the effective exercise of the right to health²³.

It should be aimed, for example, to alert caregivers to their responsibility to the situation, to integrate the community into direct prevention actions, to encourage the creation of community agents who are knowledge multipliers and to monitor children's safety.

As limitations, this study presented the subjectivity of the respondents in relation to the responses given, in addition to the retrospective nature of the information provided, as its source is the participants' memories of events.

CONCLUSION

This study revealed that the participants had great concern about home accidents in childhood and that they adopted protective measures at home; however, the high percentage of accidents with the children of the interviewees warns against the real effectiveness of such safety procedures.



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