Original Article

# Examination of Mothers' Home Accident Awareness and First Aid Self-Efficacy

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**Abstract**

**Background**: A mother has a more active role in the care of children, to provide safe childcare in the home environment, awareness and self-efficacy in-home accidents must be established.
**Aim:** This study was conducted to examine mothers' awareness of house accidents and their self-efficacy in first aid.
**Method:** This defined, cross-sectional study was completed with 252 mothers with children aged 0-3 years. The data were collected using the "Introductory Information Form," "Mother Home Accidents Awareness Scale" and " Self-Efficacy of First Aid Scale for Home Accidents". Number, percentage, age distributions, average and standard deviation, were used for descriptive features in the analysis of the obtained data. T-test and ANOVA tests were used to compare the promotional features of the participants with total scale scores and subscale scores. A Pearson correlation test was performed to determine the relationship between parametric data.
**Results:** The research concluded that mothers with an educational status, number of children, a job generating an income, with children aged 0-3 and being a mother after the age of 20 affected household accident awareness by mothers. It has been revealed that your mother's work on a job affects her first-aid self-efficacy. Mothers who were not in a house accident and were therefore not hospitalized have been found to have high awareness of the home accident.
**Conclusion:** It has been determined that unemployed mothers are undereducated, young mothers with too many children and children who have house accidents have a lower level of first-aid self-efficacy and awareness of home accidents.

**Keywords:** Mother, Child, Home Accidents, Awareness, First Aid, Self Efficacy

## Introduction

Due to its developmental and physical characteristics, children may be exposed to injuries in various accidents. Home accidents are also the leading causes of childhood injuries (Ozturk & Bektas, 2013; Caliskan et al., 2018; Altundag et al., 2020). Home accidents are preventable incidents that may negatively affect a child's health, whether in or around the house (Yalaki et al., 2010). It is a significant health issue as it is widespread worldwide and in Turkey (Dogan & Ozturk, 2021). The World Health Organization ranks unintentional accidents as the leading cause of death among children aged five and over. It has also reported 18,000 deaths from injury to children under 15 (WHO). The Ministry of Health reported that

45.4 % of home accidents occurred in children between the ages of 0 and 6 in Turkey (Ministry of Health). Children aged 0-3, particularly, have a higher exposure to house accidents as they spend most of the day at home (Altundag et al., 2020; Demirkose et al., 2021). Therefore, parents are responsible for taking precautions for home accidents and creating a safe living space for the child (Gunduz & Aytekin, 2015). To create this safe space, a parent must strike a balance between an overprotective attitude and freedom granted to a child to learn his/her environment (Sackitey, 2018). Mothers' awareness of house accidents and self-efficacy of first-aid are crucial for reducing mortality and morbidity. Proper first aid is required when house accidents cannot be avoided (Elmas et al., 2020). The mother is one of the people responsible for the care of the child. As the first person to intervene in a house accident, the mother knows first-aid and acts collected, applying first-aid techniques and applying to the nearest health institution will save the child's life. Therefore, the mother needs to have a high level of basic knowledge about first aid and perform first aid treatments (Altundag et al., 2020). Home accidents are a problem for any age group. The situation may become more dangerous, especially because children in the 0-3 age group, who are trying to understand everything by their mouth, have curious and active structures that may not be able to protect themselves (Elmas et al., 2020). In such a case, the parents are the first to be able to provide first aid to the child in-home accidents. However, since a mother has a more active role in the care of children, to provide safe childcare in the home environment, awareness and self-efficacy in-home accidents must be established. This study examined mothers' awareness of house accidents and their self-efficacy in first aid.

## Material and Method

**Type of Research:** The research is descriptive and cross-sectional.

**Universe and Sample of Research:** The survey's data was collected 10 June- 10 July 2022. Mothers with children aged 0-3 in Gaziantep province constituted the universe of the research. In the G-power, a power analysis program, a 95% confidence interval and a 0.05-error margin were used to determine the study's sample size, with a sample size of 111 persons. Participants were selected based on a simple random sampling method. We have completed the study with a total of 252 mothers with children between 0-3 years of age who accepted to take part in the study, who do not have any problems related to communication and who do not have any problems with vision.

**Data collection tools:** The data were collected using the "Introductory Information Form," “Mother Home Accidents Awareness Scale," and "Self-Efficacy of First Aid Scale for Home Accidents".

***Introductory Information Form:*** In accordance with the literature by researchers (Gunduz & Aytekin, 2015; Yorulmaz & Hisar, 2020; Celep & Yardimci, 2021), this form comprises 12 questions questioning the demographic characteristics of mothers.

***Mother Home Accidents Awareness Scale:*** Mother Home Accidents Awareness Scale was developed by Gulbetekin (2020) to assess the awareness of mothers with children aged 0-3 about house accidents. Attendance or non-participation rates of mothers' in-home accidents are rated from 1 to 5. (1. Strongly Disagree, 2: Disagree, 3: Neutral, 4: Agree, 5: Strongly Agree). There is no reverse applied matter on the scale. The scale is comprised of four sub-dimensions: Awareness of Drops, Awareness of Burns, Awareness of Suffocation and Toxicity, and Awareness of Injury from Sharp and Perforating Tools. Factor and overall awareness scores are calculated by adding item values and dividing by the number of items. The sub-factors and overall awareness score range from 1 to 5. When the overall and low factor scores of the scale increase, mothers' awareness of their level of knowledge about home accidents rises. By dividing the width of 4 points (4/5=0.8) from the scale into 5 equal parts, 1.00-1.79 points=very low, 1.80-2.59 points=low, 2.60-3.39 points= medium, 3.40-4.19 points= high, 4.20-5.00 points= very high. The Alpha coefficient of the Mother Home Accidents Awareness Scale is .968. In this study, the alpha value of Cronbach was calculated as 0.964.

***Self-Efficacy of First Aid Scale for Home Accidents:*** The original scale name is "Self-Efficacy of First Aid Scale for Home Accidents" by Wei et al. (2013). The Cronbach-Alpha value of the original scale is 0.89. The validity and reliability of the scale in Turkish society were calculated by Altundag et al. (2020) with a total Cronbach alpha value of 0.86. The first-aid self-efficacy scale consists of 12 articles that include

the steps that the mother can take in the case of home accidents. The first aid in-home accidents score a five-point Likert evaluation on the self-efficacy scale. Strongly agree (100%) and strongly disagree (0) were clarified. The fact that the score is approaching 1 to 5 shows high perceptions. High scores show better self-efficacy in first aid. In this study, the alpha value of Cronbach was calculated as 0.898.

**Data collection:** The forms were sent to the participants using online methods. The first page of the form contains an informed consent page. The participants were able to view the survey questions following their approval. Each participant's online form response time was approximately 20-25 minutes.

**Data evaluation:** Data was analyzed electronically in the Statistical Package for Social Sciences (SPSS) Package 23.0. Number, percentage, age distributions, average and standard deviation, were used for descriptive features in the analysis of the obtained data. T-test and ANOVA tests were used to compare these features with scale total scores and scale sub-dimension scores. A Pearson correlation test was performed to determine the relationship between parametric data. The internal consistency of the scale and sub-dimensions is evaluated by Cronbach's alpha coefficient. The results were assessed between a 95% confidence level and a 0.05 level of statistical significance.

**Ethical aspects of research:** Written permission was taken from the Ethical Board of Non-Interventional Clinical Studies (Decision No: 112.17.01). The participants were informed that they should leave the survey at any time. In addition, permission was obtained via e-mail from the authors (Eda Gülbetekin and Sebahat Altundag), who validated and trusted the scales to be used in the research.

**Research limitations:** The most important limitation of this research is conducting the survey online due to the COVID-19 pandemic.

## Results

It has been determined that 81.7 % of the participants have a nuclear family, 57.1 % have equal income expenses, 48.8 % have university or higher education, 75.8 % do not work in an income-generating job, 77 % have social security, 43.3 % have one child, 81.7 % have a mother after 20 years, and 83.7 % have one child between 0 and 3 years old. It was determined that 21 % of mothers had had previous house accidents, 19 % of their children had house accidents, and 4.8 % had stayed at the hospital as a result of house accidents (Table 1). An analysis of the total and lower dimension scores on the Mother Home Accidents Awareness Scale by mother's education level reveals that; Awareness against falls, burns, suffocation and poisoning a statistically significant difference was identified between the sub-dimension scores ($p<0.05$). The difference between the level of education in Post-hoc analysis and the sub-dimension of awareness about drop is as follows: we have determined that the sources of these scholarships are from primary and secondary schools, primary and high schools, and primary schools and university and higher education groups. In Post-hoc analysis, it was observed that the difference between the level of education and awareness of burns is caused by primary school and university/higher education groups. In post hoc analysis, the difference between educational attainment and prevention awareness was found to be caused by groups of primary and tertiary education ($p<0.05$, Table 1).

A statistically significant difference was identified between the child count and the awareness versus fall, burns, suffocation and poisoning sub-dimension scores and total awareness score ($p<0.05$). The difference between the number of children and their awareness of drops in a posthoc analysis is as follows: groups with one child, four or more children, two children, and four or more children. The difference and difference between the number of children and their awareness of burns in posthoc analysis are; groups that have four or more children with one child, two children, and four or more children. The difference between the number of children in post hoc analysis and awareness of suffocation and poisoning; Groups with one child, four or more children, two children and four or more children were found to be the source of their results. Post-hoc analysis showed that the difference between the number of children and total awareness score was as follows: Groups with one child, four or more children, two children and four or more children ($p<0.05$, Table 1).

Statistically significant differences were detected among the employees in an income-generating task (4.6±0.3), those who were pregnant against suffocation and poisoning ($t=2.240$, $p=0.027$),

and those who were mothers after 20 (4.6±0.4) in the gap between the burns awareness scores (t=2,134- p=0.034). There was a statistically significant difference between the "Awareness of suffocation and poisoning" and "Awareness of sharp and perforating instrument injuries" scores of the mothers who stated that their children had not had a home accident. Furthermore, for mothers whose children have not been hospitalized due to a house accident: their awareness and total awareness scores are statistically significantly higher for drops, suffocation and poisoning ($p<0.05$, Table 1).

No significant difference was found between age, family type, income level, social security, the number of children between 0-3 years, the mother's previous accident situation, and the total and lower dimension scores of the mother home accident awareness scale (Table 1). Employees in an income-generating job (31.5±11.4) compared to the first-aid self-efficacy scale, and the promotional characteristics were found to be significantly high in their self-qualifications (t=2,054- p=0.041) (Table 1). In our study, a striking finding is that 25 % of the children who had a home accident had an accident that required hospitalization (Table 1).

**Table 1. Demographic Characteristics of the Participants and Comparison of the Total Score of Self-Efficacy of First Aid Scale for Home Accidents and Mother Home Accidents Awareness Scale Sub-Dimensions (n=252)**

| Demographic Features | | | Self-Efficacy of First Aid Scale for Home Accidents (X±SS) | Mother Home Accidents Awareness Scale Total and Sub-scale scores (X±SD) | | | | |
|---|---|---|---|---|---|---|---|---|
| | | | | Awareness OF Falls | Awareness Of Burns | Awareness of Suffocation and Poisoning | Awareness of Sharp and Perforating Tools Injuries | Total Mother-Home Accidents Awareness Scale |
| **Age** (X±SD: 29.2 ± 5.1) | | n (%) | r: -0.010<br>p: 0.873 | r: -0.055<br>p: 0.381 | r: -0.002<br>p: 0.977 | r: -0.017<br>p: 0.793 | r: 0.009<br>p: 0.881 | r: -0.025<br>p: 0.690 |
| **Family type** | **Nuclear family** | 206 (81.7) | 29.0 ± 10.4 | 4.6 ± 0.4 | 4.6 ± 0.4 | 4.6 ± 0.5 | 4.5 ± 0.5 | 4.6 ± 0.4 |
| | **Extended family** | 46 (18.3) | 29.3 ± 10.8 | 4.6 ± 0.4 | 4.6 ± 0.3 | 4.5 ± 0.4 | 4.5 ± 0.5 | 4.5 ± 0.4 |
| | **t-p** | | t -0.170 - p:0.865 | t -0.035 - p:0.972 | t 0.033 - p:0.973 | t 0.268 - p:0.789 | t -0.105 - p:0.917 | t 0.059 - p: 0.953 |
| **Income level** | **Income is less than expense** | 81 (32.1) | 29.3 ± 11.4 | 4.5 ± 0.4 | 4.6 ± 0.4 | 4.6 ± 0.4 | 4.5 ± 0.4 | 4.6 ± 0.3 |
| | **Income equals expense** | 144 (57.1) | 29.2 ± 10.0 | 4.6 ± 0.5 | 4.6 ± 0.5 | 4.5 ± 0.5 | 4.5 ± 0.6 | 4.6 ± 0.5 |
| | **Income is more than expense** | 27 (10.7) | 28.1 ± 10.5 | 4.6 ± 0.4 | 4.5 ± 0.3 | 4.6 ± 0.5 | 4.4 ± 0.6 | 4.6 ± 0.3 |
| | **F-p.** | | F: 0.143- p:0.867 | F: 0.329- p:0.720 | F: 0.250- p:0.779 | F: 0.222- p:0.801 | F: 0.115- p:0.891 | F: 0.001 - p: 0.999 |
| **Educational Background** | **Primary School** | 39 (15.5) | 27.5 ± 11.2 | 4.3 ± 0.4 | 4.4 ± 0.4 | 4.4 ± 0.6 | 4.4 ± 0.5 | 4.4 ± 0.4 |
| | **Secondary School** | 23 (9.1) | 28.4 ± 11.4 | 4.6 ± 0.6 | 4.5 ± 0.6 | 4.5 ± 0.6 | 4.6 ± 0.6 | 4.6 ± 0.6 |
| | **High School** | 67 (26.6) | 29.1 ± 10.4 | 4.6 ± 0.5 | 4.6 ± 0.5 | 4.5 ± 0.6 | 4.5 ± 0.6 | 4.6 ± 0.5 |
| | **University and higher** | 123 (48.8) | 29.7 ± 10.2 | 4.6 ± 0.3 | 4.7 ± 0.3 | 4.6 ± 0.3 | 4.5 ± 0.5 | 4.6 ± 0.3 |
| | **F-p.** | | F: 0.439- p:0.725 | F: 3.166- **p:0.025** | F: 2.979- **p:0.032** | F: 2.675- **p:0.048** | F: 0.524- p:0.666 | F: 2.624 - p: 0.051 |
| **Mother's working status** | **Running** | 61 (24.2) | 31.5 ± 11.4 | 4.6 ± 0.3 | 4.6 ± 0.3 | 4.6 ± 0.3 | 4.5 ± 0.4 | 4.6 ± 0.3 |
| | **Not employed** | 191 (75.8) | 28.3 ± 10.1 | 4.6 ± 0.5 | 4.6 ± 0.5 | 4.5 ± 0.5 | 4.5 ± 0.6 | 4.5 ± 0.4 |
| | **t-p** | | t 2.054- **p:0.041** | t 0.268- p:0.789 | t 1.097- p:0.274 | t 2.240- **p:0.027** | t 0.828- p:0.409 | t 1.052 - p: 0.294 |
| **Social Security** | **Available** | 194 (77.0) | 29.0 ± 11.0 | 4.6 ± 0.4 | 4.6 ± 0.4 | 4.6 ± 0.4 | 4.5 ± 0.5 | 4.6 ± 0.4 |
| | **None** | 58 (23.0) | 29.3 ± 8.7 | 4.5 ± 0.6 | 4.5 ± 0.5 | 4.5 ± 0.6 | 4.4 ± 0.6 | 4.5 ± 0.5 |
| | **t-p** | | t -0.162- p:0.872 | t 1.349- p:0.179 | t 1.018- p:0.310 | t 1.282- p:0.201 | t 0.598- p:0.551 | t 1.254- p:0.211 |
| **Number of children** | **1.** | 109 (43.3) | 27.8 ± 11.2 | 4.6 ± 0.4 | 4.6 ± 0.4 | 4.6 ± 0.4 | 4.5 ± 0.5 | 4.6 ± 0.3 |
| | **2.** | 82 (32.5) | 30.7 ± 9.2 | 4.6 ± 0.3 | 4.6 ± 0.3 | 4.6 ± 0.4 | 4.5 ± 0.5 | 4.6 ± 0.3 |
| | **3.** | 39 (15.5) | 30.8 ± 10.7 | 4.5 ± 0.6 | 4.5 ± 0.7 | 4.4 ± 0.7 | 4.5 ± 0.7 | 4.5 ± 0.6 |
| | **4 and more** | 22 (8.7) | 26.6 ± 10.2 | 4.3 ± 0.5 | 4.3 ± 0.5 | 4.3 ± 0.5 | 4.3 ± 0.5 | 4.3 ± 0.4 |
| | **F-p.** | | F: 1.982- p:0.117 | F: 3.847- **p:0.010** | F: 3.328- **p:0.020** | F: 4,393- **p:0,005** | F: 0,874- p:0.455 | F: 3,765- **p:0.011** |
| **Age of Maternity** | **Before age 20** | 46 (18.3) | 29.9 ± 9.9 | 4.5 ± 0.4 | 4.5 ± 0.4 | 4.5 ± 0.4 | 4.5 ± 0.4 | 4.5 ± 0.4 |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | **After age 20** | 206 (81.7) | 28.9 ± 10.6 | 4.6 ± 0.4 | 4.6 ± 0.4 | 4.6 ± 0.5 | 4.5 ± 0.5 | 4.6 ± 0.4 |
| | **t-p** | | t 0.557- p:0.578 | t -0.662- p:0.509 | t -2.134- **p:0.034** | t -1.255- p:0.211 | t 0.468- p:0.640 | t:-1.079- p:0.282 |
| **Number of children 0-3 years of age** | **1.** | 211 (83.7) | 29.0 ± 10.8 | 4.6 ± 0.4 | 4.6 ± 0.4 | 4.6 ± 0.4 | 4.5 ± 0.5 | 4.6 ± 0.4 |
| | **2.** | 41 (16.3) | 29.3 ± 8.9 | 4.5 ± 0.3 | 4.5 ± 0.4 | 4.4 ± 0.5 | 4.4 ± 0.5 | 4.5 ± 0.4 |
| | **t-p** | | t -0.172- p:0.863 | t 0.469- p:0.639 | t 1.331- p:0.184 | t 1.840- p:0.067 | t 0.921- p:0.358 | t 1.213 - p: 0.226 |
| **Previous house accidents of the mother** | **Yes** | 53 (21.0) | 27.5 ± 10.2 | 4.5 ± 0.4 | 4.6 ± 0.3 | 4.5 ± 0.4 | 4.4 ± 0.4 | 4.5 ± 0.3 |
| | **No** | 199 (79.0) | 29.5 ± 10.5 | 4.6 ± 0.4 | 4.6 ± 0.4 | 4.6 ± 0.5 | 4.5 ± 0.5 | 4.6 ± 0.4 |
| | **t-p** | | t -1.234- p:0.218 | t -0.397- p:0.691 | t 0.285- p:0.776 | t -0.290- p:0.772 | t -0.555- p:0.580 | t -0.261- p: 0.794 |
| **Child's house accidents** | **Exists** | 48 (19.0) | 29.7 ± 9.4 | 4.5 ± 0.3 | 4.5 ± 0.3 | 4.4 ± 0.4 | 4.3 ± 0.5 | 4.5 ± 0.3 |
| | **Non-existing** | 204 (81.0) | 28.9 ± 10.7 | 4.6 ± 0.5 | 4.6 ± 0.4 | 4.6 ± 0.5 | 4.5 ± 0.5 | 4.6 ± 0.4 |
| | **t-p** | | t 0.483- p:0.630 | t -0.404- p:0.687 | t -0.787- p:0.432 | t -2.067- **p:0.040** | t -2.818- **p:0.005** | t:-1.426- p: 0.155 |
| **Child hospitalized due to house accident** | **Yes** | 12 (4.8) | 28.9 ± 10.2 | 4.2 ± 0.5 | 4.4 ± 0.3 | 4.3 ± 0.4 | 4.2 ± 0.5 | 4.3 ± 0.3 |
| | **No** | 240 (95.2) | 29.1 ± 10.5 | 4.6 ± 0.4 | 4.6 ± 0.4 | 4.6 ± 0.5 | 4.5 ± 0.5 | 4.6 ± 0.4 |
| | **t-p** | | t -0.072- p:0.943 | t -2.377- **p:0.018** | t -1.815- p:0.071 | t -2.057- **p:0.041** | t -1.822- p:0.070 | t:-2.280- **p: 0.023** |

**Table 2. Relationship between Self-Efficacy of First Aid Scale for Home Accidents and the Sub-scale Dimensions of the Mother-Home Accidents Awareness Scale (n=252)**

| | Awareness of Falls | Awareness Of Burns | Awareness of Suffocation and Poisoning | Awareness of Sharp and Perforating Tools Injuries | Total Mother-Home Accidents Awareness Scale |
|---|---|---|---|---|---|
| **Self-Efficacy of First Aid Scale for Home Accidents** | r=0.351* | r=0.280* | r=0.235* | r=0.256* | r=0.316* |
| **Awareness of Falls** | 1. | r=0.815* | r=0.762* | r=0.685* | r=0.926* |
| **Awareness Of Burns** | | 1. | r=0.828* | r=0.695* | r=0.922* |
| **Awareness of Suffocation and Poisoning** | | | 1. | r=0.812* | r=0.931* |
| **Awareness of Sharp and Perforating Tools Injuries** | | | | 1. | r=0.842* |

*p=0.000

A positive, low-level meaningful relationship was established between the participants' self-efficacy in first aid and the total and lower dimensions of the mother home accidents awareness scale (p=0.000). A high, meaningful, positive relationship was found between the total and all sub-dimensions of the Mother Home Accidents Awareness Scale (p=0.000, Table 2).

## Discussion

Mothers who are children in the 0-3 age group who are mostly exposed to house accidents due to their developmental characteristics and spending most of the day at home must have a high level of awareness and high self-efficacy to respond to potential home accidents. In this respect, mothers' awareness of home accidents and self-efficacy in first aid should be determined. The research found that the awareness level of primary school graduates against falling, burns, suffocation, and poisoning was significantly lower than that of higher-level educated mothers. Mothers have become more aware of home accidents as education levels increase. In several studies on educational attainment and security measures against home accidents, it was found that primary school graduates are significantly lower than those with a secondary or higher education level (Demirkose et al., 2022; Celep & Yardimci, 2021; Yorulmaz & Hisar, 2020; Tural Buyuk & Gudek Seferoglu, 2020; Şekerci & Inal, 2016; Turan & Ceylan, 2007). Based on this, it has been concluded that the mother's education level is an essential criterion for preventing childhood home accidents. It is also thought that the mother's awareness of child development characteristics is due to increased education, factors that may cause home accidents in children, and her knowledge of ways to prevent them.

The research findings show that the level of awareness of mothers of income-generating work against suffocation and poisoning is significantly higher than the mothers who were not working. A study by Yorulmaz and Hisar (2020) found that taking precautions against house accidents by working mothers was more meaningful than those who did not work. In another study, awareness and prevention rates of home accidents were higher among working mothers than those who did not (Ucuncu et al., 2019). Similarly, Gunduz and Aytekin (2015) study have shown that working mothers have a higher attitude when protecting their children from home accidents than unworking mothers. This can be associated with having responsibilities at home and workplace, increasing awareness of working mothers as they encounter more incidents and people, paying more attention to house accidents because their children cannot be with them continuously, and having a high education level of mothers participating in the study.

The research found that working mothers had higher first-aid self-efficacy scores than unemployed mothers. This finding, Elmas et al. (2020), Aslan et al. (2015), Dereli et al. (2010), Uskun et al. (2008). This situation is thought to arise from the high level of education of working mothers, the environment enables people to be informed about different issues such as first aid, and the mothers improve themselves in first aid.

The study found that mothers with four or more children had less awareness of home accidents than other mothers. A study conducted by Unver Korgali (2019) to determine the risk factors of home accidents and the awareness levels of mothers on home accidents revealed that mothers with single children have higher awareness levels than mothers with two children. Demirkose et al. (2022), Gunduz and Aytekin (2015), Turan and Ceylan (2007) have concluded that as the number of children living in the house increases, the measures taken by the mothers to prevent home accidents decrease and the number of children affects the mothers' attitude to protect their children from home accidents. This can be explained by the fact that the mother's primary focus falls apart as the number of children increases, the time and play hours children spend with each other at home, and the time devoted by the mother to each child decreases, the mother is unable to take control of the child and gives less importance to the precautions taken at home.

The study found that those who are mothers after 20 are more aware of burns. As the age of motherhood grew, it was expected that the mother would become a witness to the incidents that occurred with burns, especially in children, and develop the educational experience to increase awareness of accidents.

In our study, we found that the "Awareness of Suffocation and Poisoning" and "Awareness of Sharp and Perforating Tools" levels of mothers who stated that their children did not have a home accident were significantly higher. Gunduz and Aytekin's (2015) study has shown that the mothers of children who did not have house accidents are at a better level in terms of preventing their children from accidents than the children who had house accidents are at the same level as the mothers of children who had house accidents. This finding is consistent with the results of our study. It is expected that mothers whose children do not have house accidents will take more measures and thus have no home accidents. Furthermore, mothers whose children did not go to the hospital due to a house accident during the study have significantly higher awareness and general awareness of drops, suffocation, and poisoning. With this in mind, mothers' awareness to protect their children from home accidents is that it protects them from accidents and hospitalization.

**Conclusion and Recommendations:** The research concluded that mothers with an educational status, number of children, a job generating an income, with children aged 0-3 and being a mother after the age of 20 affected household accident awareness by mothers. It has been revealed that your mother's work on a job affects her first-aid self-efficacy. Mothers who were not in a house accident and were therefore not hospitalized have been found to have high awareness of the home accident.

In our research, a striking result is that 25 % of the children who have had a home accident had an accident that requires hospitalization. Based on this, it may be recommended to raise the awareness of mothers about house accidents and to increase the training on first aid practices as the first responder of the mother. It may be recommended to create national policies and guidelines that will raise social awareness regarding first aid in home accidents and house accidents, to organize campaigns, and especially to advise the disadvantaged groups, especially those mothers who are not working, are low-educated, are young-age mothers, have too many children and have children who have home accidents.

**Acknowledgement:** We thank all the mother who participated in the study.

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