



زانكۆی پۆلیتیه كنیکی هه ولیر

ERBIL POLYTECHNIC UNIVERSITY

**PREVLANCE OF HOME ACCIDENT MONG CHILDREN  
ATTENDING AT WEST ERBIL EMERGENCY HOSPITAL**

A STUDY IS SUBMITTED TO THE COUNCIL OF THE DEPARTMENT OF NURSING IN  
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We the members of the evaluation committee certify that after reading this study and examining the students in its contents, it is adequate for the award of the degree of Technical Diploma in Nursing for the academic year 2023-2024

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## **Abstract**

Injuries are the leading cause of death in childhood and a significant cause of morbidity. Although the home should be a haven of safety, for children under the age 15 years old, and especially for pre-schoolers, this setting represents the most frequent site of injury occurrence. Among the most serious of potential hazards are falls, suffocation, burns, and poisoning. Therefore, in the study we aimed to assess socio demographic characteristics of parents and children and to assess types and rates of child home accident. A non-probability (purposive sample) consists from 100 children each mother was interview in west emergency hospital . A constructed questioner format used for socio demographic data collection form the mother and children and type of child injury. This study was conducted from January, February 2023. It was found that the most common risk to injury in child age between 3 – 6 years of age and male more than female risk to injury as in total case 62 boys and 38 girls, all It was found that most common Cause of injury children in home such as falling building 15 children, Burn Hot liquid & vapours 41 children and Struck by ( Cut / Pierce ) 12 children . The study recommended providing home safety one of the important point to decrease the rate of this injury. Educate parents regarding the most common hazard at home, as well as recognized by their child.

***Chapter one***  
***Introduction and***  
***literature Review***

## **1.1. Introduction:**

Accidents occurring in and around homes, which are regarded as one of the major public health problems, because they are frequent, they can lead to disability or death and can be prevented. The World Health Organization (WHO) has indicated that about 95% of the injuries resulting in death take place in countries with low or moderate income levels and that injuries are responsible for about 40% of the child and adolescent deaths in these countries. It is also reported that falls, burns and poisoning most of which occur in the home account for approximately 25% of all the injuries in the world, and that these injuries were among the first 20 causes of death in the 0-14 age group in 2012 (Cevik, et al,2017).

Children in the 0-6 age group constitute the most important risk group in terms of home accidents, because they spend most of their time at home, they are curious to explore their surroundings, they are more susceptible to environmental risks, their needs and characteristics are not taken into account when the living area is designed and they do not have developmental skills to protect themselves from accidents. Therefore, it can be said that it is the adults' responsibility to determine the risks of accidents in the living area of children in this age group and to protect them against accidents and that in the Turkish society, mothers who spent more time with the child take a more active role in the fulfilment of this responsibility( Selcuk, et al,2017).

Injuries are the leading cause of death in childhood and a significant cause of morbidity. Although the home should be a haven of safety, for children under

the age 15 years old, and especially for preschoolers, this setting represents the most frequent site of injury occurrence.

Among the most serious of potential hazards are falls, suffocation, burns, and poisoning. Such injuries are numerous, not only because of increased exposure, but also because a young child's rapid physical development surpasses their ability to recognize and avoid potential dangers in their environment. As many injuries sustained by children in the home are related to a lack of appropriate safety measures (King, et al, 2005).

### **1.2. Objective:**

1-To assess socio demographic characteristics of parents and children.

2- To assess types and rates of child home accident.



### **1.3. Child Injury**

**Injury:** Unintentional injury can be defined as ‘injury occurring as a result of an unplanned and unexpected event which occurs at a specific time from an external cause. killed by unintentional injuries, mostly from drowning , burns , falls and poisonings. A child's environment plays a critical role, both in the occurrence and the severity of an injury. Most injuries take place in or near a child's home where unsafe play areas and play things may often be found, as well as access to chemicals, medicines, poisons and other dangers.

### **1.4. Cause of Injury**

Age , sex and economic factors are important determinants of injury incidence and severity. Not only are children particularly prone to injuries, but also the types of injuries depend on age: very young children tend to be more at risk for fall, poisoning, drowning and burns while. Males are nearly two times more at risk than females, both in terms of disease burden and death from injuries.

### **1.5. Type of Injury**

- **Drowning**
- **Fire related burn**
- **Fall**
- **Poisoning**

**1- Drowning:** Children under five have the highest Drowning mortality rate in the world

Over half of the global mortality and 60% of healthy days of life lost due to drowning occur among children under 15.

**2- fire-related burns:** are one of the 15 leading causes of death and burden of disease among

children and young adults, ages under 1\_15 years. Over 90% of fatal fire-related burns occur in low- and middle- income countries.

**3- Fall:** Children, more than any other age group, suffer injury from falls. Where and how children fall is closely related to their age, older children likely to fall from playground equipment and stair.

**4- Poisoning:** Children can encounter toxic exposures, or Poisonings, in many different places but most occur in the home setting. Some workplaces may pose poisoning risks to child and adolescent workers.

### **1.6. Home safety and prevention of home accidents in children:**

The general practitioner, as a family physician, plays an important role in educating the family on home safety. Parents may seek his advice and are extremely receptive on preventive measures on home safety, especially when their precious one is seeking medical attention for an injury sustained at home. This article will give practical tips on how to prevent avoidable accidents in the home so that the child can develop himself in a safe environment.

#### **Three factors involved:**

There are **3** factors that must come together to result in an accident:

- 1- The child
- 2- The object
- 3- The environment**

#### **The child:**

Parents have to be extra vigilant during circumstances that increase the likelihood of accidents in the child

- 1- Hunger/fatigue
- 2- Illness /stress

### 3-Change in care-giver

#### **To minimize the risk**

- Teach the child what is safe and what is unsafe (and why)
- Build a vocabulary of warning words like hot, sharp, ouch etc
- Teach the child not to play when he has food in his mouth to prevent choking
- Avoid loose clothing and long cords that may get entangled and cause suffocation-
- Teach the child about fire safety.

#### **The Object:**

Parents should avoid using things that pose a higher risk to their children :

- Use high chairs with a waist strap and a broad base to reduce the risk of toppling over
- Keep sides of playpens and cribs up always .
- Check toys to make sure they contain non-toxic, non-poisonous materials
- Ensure that toys have no small parts that could be detached off and swallowed
- Avoid feeding young children nuts, hard candies, and popcorn. Cut hot dogs into small bites and not round slices
- Keep all sharp objects (knives, razors, needles, pens, glass etc) out of reach
- Buy products and medicine with child-proof caps
- Avoid jewellery like necklace or those with small beads that may come off the chain.

#### **The Environment:**

This is especially important as most parents are working and their children are left in the care

of maids. Even when the parents are back after a day's hard work, they are usually too tired to keep an eye on the children all the time. By manipulating the home condition, parents can make the home a safer place for their children.

### **The Kitchen**

The kitchen is the most dangerous room for the children.

- Use the back burners and turn the pot-handles towards the center or rear of the stove so the child can't reach them.
- Always know about your child whereabouts when you are carrying hot drinks or food.
- Never store hazardous substances in unmarked or food containers .
- Never use a microwave oven to warm baby's bottle or food in jars.
- Don't sit your child on a counter top to play while you work.
- Store lighters and matches out of reach of children.
- Do not allow your child into the kitchen when you are cooking.

### **The Bathroom**

- Never leave your child alone in the bath room .
- Ensure that the doors can be unlocked from both sides.
- Use rubber mats on the floor to prevent slipping.
- Never leave the bath-tub or pail filled with water when not in use as they present a drowning hazard.
- Never leave your child unattended in the bath tub .
- Keep the water temperature  $< 45^{\circ}\text{C}$  by installing taps that are able to control the degree of temperature of the water if your child can access the taps easily.

## **1.7. Role of the paediatric nurse:**

Paediatric nurses are involved every aspect of a child's and families growth and development. Nursing function vary according to regional job structure, individual education and experience, and personal career goals. Just as patient (children and their family) have unique background, each nurse brings an individual set of variables that affects the nurse – patient relationship. No matter where paediatric nurses practice, their primary concern is the welfare of the child and family.

*Chapter two*  
*Methodology*

## **Patient and Methods**

### **2.1. Design of the study:**

A quantitative ( purposive sample consists from 100 children ) descriptive study conducted to assess prevalence of home accident among children attending at west Erbil emergency hospital in Erbil city

### **2.2. Setting of study:**

This study was conducted at West Erbil Emergency Hospital in Erbil city during the period of January, February 2023.

### **2.3. Sample of the study:**

A non-probability ( purposive sample) obtained through taking interview mothers who admitted to West Erbil Emergency Hospital selected as study sample.

### **2.4. Method and tool of data collection**

A questionnaire constructed by investigator then reporting for data collection. It was comprised of two major parts.

part 1 : to socio demographic characteristics of parents and children.

Part 2: to assess types and rates of children home accident.

### **2.5. Ethical consideration:**

An official permission was be obtained from directorate of health through, Erbil Medical Technical Institute for data collection. Also oral consent was be taken from mother of child and Researchers will promise to keep the clients' information, confidential, and use these data for this study only then explain the purpose of this study to each participant.

**2.6. Statistical analysis:** Data was analyzed through using SPSS version 23.  
Through application of frequencies and percentage



# *Chapter three*

## *Results*

### 3.1 Introduction

This chapter will present the main findings of the study. Firstly it will illustrate sociodemographic status and secondly the Type of Children Injur.

**Table (3.1) : Social – Demographic Data of the Child .**

<b>Social demographic data.</b>	<b>Category</b>	<b>Frequency (n=100)</b>	<b>Percentage (%)</b>
<b>Age</b>	>1 year	9	9
	1->3 years	28	28
	3->6 years	31	31
	6->9 years	14	14
	9->12 years	9	9
	12->16 years	9	9
<b>Sex</b>	Male	62	62
	Female	38	38
<b>NO. Childern at home.</b>	1 – 3 child	63	63
	4 – 6 child	36	36
	7 – 9 child	1	1
<b>Presence chronic disease.</b>	Yes	0	0
	No	100	100
<b>Residential area .</b>	Urban	82	82
	Rural	18	18
<b>Family socioeconomic status</b>	High	2	2
	Middle	94	94
	Low	4	4

Table (3.1) shows characteristic of the sample according to the sociodemographic data of the child. The finding of the present study showed that the majority of the sample (% 31) their age were within ( 3->6) years old , while the lowest percentage ( % 9 ) was (>1yr & 9->12 yrs & 12->16 yrs ) . In regard sex the result showed that the highest percentage (% 62) the male were female

,and remaining were female (% 38) . The relative to the sample number of children at home highest percentage (% 63) were (1-3) child ,but the lowest percentage (1) was (7-9) child . And regarding the present chronic disease , the result all no present disease .Concerning the residential area ,the majority of the sample (% 82) were from urban, other was from rural (% 18) . Finally about family socio economic status majority percentage (% 94)were middle economic ,and (% 4) were low economic ,and (% 2) high economic .

**Table(3.2): Social – Demographic Data for the Mother .**

<b>Social-demographic characters mother.</b>	<b>Category</b>	<b>Frequency(n=100)</b>	<b>Percentage (%)</b>
<b>Age</b>	18 – 23	13	13
	24 – 29	24	24
	30 – 35	32	32
	36 – 41	25	25
	>42	6	6
<b>Occupation</b>	Employed	8	8
	Non employed	92	92
<b>Level education</b>	Illiterate		
	Primary	34	34
	Secondary	39	39
	College or	18	18
	institute	9	9

Table (3.2) shows characteristic of the sample according to the socio demographic data for the mother. The finding of the study showed that the majority of the sample (% 32) , their age were within (30-35) years old ,while the lowest percentage (% 6) was (>42) years old . And about occupation of mother majority of the sample (% 92) were non employed, and the remaining were employed (% 8) . Finally regarding level education of mother highest percentage (% 39) were primary school ,and second highest percentage (% 34) were illiterate

,and (% 18) were secondary school, and the lowest percentage (% 9) was college & institute.

**Table (3.3): Type of Children Injury .**

Type of children injury.	Category	Frequency(n=100)	Percentage (%)
<b>Falling</b>	Building	14	45.2
	Stairs	5	16.1
	Playground & equipment	4	12.9
	Furniture	8	25.8
<b>Total(Falling)</b>		31	31
<b>Burn</b>	Hot liquid& vapors	41	71.9
	Fire & Flame	5	8.8
	Contact with hot object	11	19.3
<b>Total(Burn)</b>		57	57
<b>Struck by</b>	Cut & pierce	12	12
<b>Poisoning</b>	Chemical substance & medication	0	0
<b>Forage body</b>	Food & non food	0	0
<b>Drowning</b>	Bathtub & swimming pool	0	0
<b>TOTAL</b>		100	100

Table (3.3) shows type of children injury. The highest percentage (% 57) of burn injury so the highest percentage of burn injury (% 71.9) of hot liquid & vapors, and (% 19.3) burned by hot object, and (% 8.8) by fire & flame. Then second highest percentage of child injury (% 31) of falling , so the highest percentage falling (% 45.2) of building , and (% 25.8) of furniture , and (% 16.1) of stairs , and (% 12.9) of playground & equipments . The lowest percentage of children injury (% 12) of struck by (cut & pierce) .so not present in study another type of injury such as: (poisoning & foreign body & drawing) .

# *Chapter four*

## *Conclusions and recommendations*

This chapter presents conclusions and recommendations which are derived out from the study.

### ***1. Conclusions***

#### **Based on the results, it can be concluded that:**

- The majority children ages were between (3-6) years old.
- The most of children were male
- The following shows that most of the mothers were housewife and had secondary graduated level of education.
- The most of children Causes of injury children in home such as falling building 15 children, Burn Hot liquid & vapours 41 children and Struck by ( Cut / Pierce ) 12 children .

#### **Recommendation**

- Educational materials need to be age-specific, developed and piloted for particular ages of children
- Home visits as a routine part of child surveillance can be used for tailored safety advice .
- Attitudes and concerns of boys and girls need to be addressed (eg boys and girls have different attitudes towards wearing bicycle helmets) (Few interventions have targeted gender issues.)

- Free or low-cost safety equipment needs to be provided
- Equipment needs to be installed by professionals
- Specific advice focused on the needs of target groups is required
- Home visits can be utilised to provide support and advice
- Lay workers from the same community as the target group can be recruited and trained
- Specific groups and injuries need to be targeted (eg window guards provided for tenants of high-rise flats to prevent window-fall injuries)
- Programmes may need to emphasis different cultural values (eg a holistic view of health)

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### *Appendices*

#### **Prevalence of Home Accident Among Children Attending at West Erbil Emergency Hospital**

##### **Part I: - Social- demographic data of the child:**

- 1- Age of child:
- 2- Sex of child :      male                      female
- 3- Number of children at home:
- 4- Presence of chronic diseases in the child :      yes              No
- 5- Residential area:                      Urban                      Rural
- 6- Family soci – economic status:      high              middle                      low

##### **Part II: - Social- demographic data of the mother:**

- 1- Mothers age:
- 2- Occupation of mothers:      Employed                      Non employed
- 3- Level of mothers education:      Illiterate                      primary school  
secondary school                      College or Institute



**Part III: Types of children Injuries:**

Items	
<b>Falling</b>	
Fall Furniture	
Buildings	
Stairs	
Playground equipment	
<b>Poisoning</b>	
Medication	
Chemical substance	
<b>Transportation</b>	
Pedestrian	
Motor vehicle occupant	
<b>Foreign body</b>	
Airway obstruction—food	
Airway obstruction—nonfood	
<b>Burn/fire</b>	
Hot liquids and vapors	
Fire/flame	
Contact with the hot object	
Electrical burn	
<b>Submersion/drowning</b>	
Bathtub	
Revere	
Swimming pool	

<b>Bites and stings</b>	
Animal bites	
Children bites	
<b>Struck by</b>	
Cut/pierce	



وهرطرتنى رووداووكانى مندا لة مالفوودا لة نهخوشخانهى  
فرياكوتتى روؤناواى ههولى رَ

نامادة كردنى لة لايقن قوتابى

بهسه رپه رشتى

م هناء عثمان سعدي

