



Parents teaching young children home safety rules: Implications for childhood injury risk



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ABSTRACT

Teaching safety rules is a common practice but little is known about this. Fifty-eight parents of children 2 to 2.5 or 3 to 3.5 years of age reported on the safety rules they have, the factors that prompted these rules, the strategies used to teach these rules, and how they react to noncompliance with these rules. Results revealed more safety rules for children in the older group than the younger group, and greater emphasis on teaching the rule than teaching the basis for the rule at younger than older ages. Only about half the rules restricted the child from doing the risk behavior completely, whereas the remaining rules allowed for the behavior under certain circumstances. Parents assumed safety rules would prevent injuries and mostly implemented rules in reaction to evidence of injury risk. Parents equated noncompliance with not understanding, assuming that if children understood they would comply. Implications for childhood injury risk are discussed.

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Unintentional injury is one of the most prominent worldwide health threats to children today (Harvey, Towner, Peden, Soori, & Bartolomeos, 2009; World Health Organization (WHO), 2008). For example, in both the United States and Canada, as in most developed nations, injury is the leading cause of death for children over one year of age (Canadian Institute of Child Health, 2002; WHO, 2008). Past research has shown that the nature and location of injury vary as a function of developmental level, which has implications for prevention (Gielen, Sleet, & DiClemente, 2006; Schwebel & Gaines, 2007). School-age children are more likely to be hurt when playing outdoors, with peers, and unsupervised (Morrongiello & Dawber, 2004; Schwebel & Gaines, 2007; Shanon, Bashaw, Lewis, & Feldman, 1992). Thus, prevention programs often target children's individual beliefs about injuries and risk taking (Morrongiello & Mark, 2008; Morrongiello & Matheis, 2007). In contrast, toddlers and preschool children are more likely to be injured in residential settings and when they are presumably in the care of a responsible caregiver (Morrongiello, Ondejko, & Littlejohn, 2004a,b; Rice & MacKenzie, 1989; Shanon et al., 1992). Hence, understanding what caregivers do to prevent injuries to young children and what motivates these actions is essential knowledge so that these factors can be targeted in interventions aimed at promoting parents' implementation of home safety practices. Addressing this issue, the present study examined parents teaching children from 2 to 3.5 years of age about home safety rules.

Managing injury risk in the home

Most parents report being concerned about young children's safety and that they take precautions to prevent home injuries (Gärling & Gärling, 1993, 1995; Morrongiello & Dayler, 1996; Peterson, Ewigman, & Kivlahan, 1993). Examining the nature of these precautions has revealed that caregivers use three strategies to manage injury risk for young children in the home: supervision (i.e., attention and proximity), implementation of environmental changes to prevent access to hazards (e.g., using cabinet locks), and teaching safety rules that children are then expected to follow (Morrongiello et al., 2004a, 2004b; Peterson, DiLillo, Lewis, & Sher, 2002; Wortel & de Geus, 1993).

Historically, most research has focused on understanding parents' implementation of environmental changes that prevent access to hazards, including how to increase their use of this injury prevention strategy (Gielen, Wilson, Faden, Wissow, & Harvilchuck, 1995; Kelly, Sein, & McCarthy, 1987; Peterson, Mori, & Scissors, 1986; Wortel, de Geus, & Kok, 1995). More recently, there has been a shift in focus to studying parental supervision and how this impacts children's injuries within the home (Morrongiello, Corbett, McCourt, & Johnston, 2006a, 2006b; Morrongiello, Kane, & Zdzieborski, 2011; Morrongiello et al., 2004a, 2004b). In contrast, much less is known about how parents teach young children (e.g., 2–4 years) about home safety. This is surprising given that this is a common strategy that parents use to manage injury risk (Morrongiello et al., 2004a; Peterson, Farmer, & Kashani, 1990) and that emphasis on this approach to safety begins when children are as young as two years old (Gärling & Gärling, 1995; Gralinski & Kopp, 1993).

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Importantly, research that has related the various risk management strategies that parents use to unintentional injury indicates that some strategies are more effective at protecting young children from injury than others. For example, environmental modifications and supervision, when used together or independently, have been shown to have a protective effect and, therefore, to predict reduced frequency of injuries in the home (Morrongiello et al., 2004a,b). However, greater implementation of teaching strategies has been associated with more frequent injuries among young children 2–3 years of age, in comparison to injury rates when parents supervise and/or remove access to hazards (Morrongiello et al., 2004a, 2004b; Peterson et al., 2002). How it is that teaching elevates young children's risk of home injury cannot be ascertained from the measures taken in past research, but this was explored in the current study.

Parental teaching of home safety rules

The majority of studies that have investigated the nature of parental teaching of safety rules have focused on children who are 6 years or older, with the aim being to determine how well prepared they are to stay at home unsupervised (e.g., Jones, Kazdin, & Haney, 1981; Peterson et al., 1986). For example, Peterson's research revealed that there are a number of important aspects of home safety that even 8- to 10-year-old children do not understand (e.g., what to do in case of fire or a severe cut, what not to say to a stranger on the phone when home alone), and level of understanding did not relate to how frequently the child was allowed to remain at home alone after school (Peterson et al., 1986).

A few studies have examined parental teaching of safety rules among preschool-aged children 4 to 6 years old, however, these studies have been narrow in scope. For example, one study focused on determining if parenting style influences extent of teaching about safety (Morrongiello, Corbett, Lasenby, Johnston, & McCourt, 2006), and others considered how children's knowledge of safety rules compares with what their parents think they know (Mayes, Roberts, Boles, & Brown, 2006). Generally, the evidence indicates that children do not understand the safety issue addressed by rules as well as parents presume they do, and that compliance with the rules is a key determinant of frequency of injury (Morrongiello, Midgett, & Shields, 2001; Peterson et al., 1986). Notably lacking, however, is information on what prompts parents to implement a safety rule, how parents teach rules, and what they do in reaction to noncompliance with safety rules. The current research addressed these gaps in research and also assessed whether and how parental teaching about safety varies as a function of children's developmental level. Although one might expect developmental changes to evoke different parenting strategies for teaching about safety, this issue has not been examined previously.

Present study

The current study considered what prompts parents to teach about safety, the strategies parents use to teach young children safety rules, and how parents react to noncompliance with these rules. The dearth of research on parents' teaching young children about safety limited our capacity to develop a conceptual model or formulate specific hypotheses to test herein. Nonetheless, based on social-cognitive models of factors that motivate adults' health-enhancing behavior (Conner & Norman, 2005), we reasoned that perception of injury vulnerability and beliefs about potential severity were likely to impact parents' teaching practices (Gielen & Sleet, 2003).

The need to apply a broader conceptual approach that incorporates developmental considerations in child injury research is a longstanding recognized gap in this area. For example, as early as 1996 Peterson, a prolific researcher in childhood injury, argued for "the importance of attending to development" (p. 155), and the same concern still persists (e.g., Harvey et al., 2009; Morrongiello & Schwebel, 2008; Schwebel &

Barton, 2005). In order to advance understanding of how injury vulnerability or protective factors change as children age and acquire new cognitive and social-emotional competencies there needs to be more inclusion of multiple age groups in injury research (Morrongiello & Schwebel, 2008; Peterson, 1996). Addressing this need for more focus on developmental considerations in child injury research, the current study included parents of children who were either 2 to 2.5 years (younger group) or 3 to 3.5 years (older group). These two age groups were included because past research indicates parents begin teaching about safety by 2 years of age (Gärling & Gärling, 1995; Gralinski & Kopp, 1993) and this safety-promotion strategy is still used for children 4 to 6 years of age (Morrongiello et al., 2001), but nothing is known about if there are differences in the scope or nature of teaching as children age; comparing data from our younger and older groups allowed us to address this issue.

To gather data on teaching about home safety, parents completed a structured interview in their home in which they answered a variety of questions about home safety issues about which they were teaching their young child.

Method

Participants

A power analysis was conducted to estimate the sample size needed for identifying significant effects related to teaching. As recommended (Cohen, 1992), effect size was estimated based on findings from past related research (e.g., Morrongiello et al., 2006a, 2006b) and corresponded to what Cohen describes as 'moderate' to 'large' effects (.25 to .40). Hence, for power of .80 and significance at .05, the necessary total sample size was estimated to be between 26 and 62.

The sample included 58 mothers of preschool aged children, 29 having children 2 to 2.5 years old ($M = 2.17$ years, $SD = 1.84$ months) and 29 having children aged 3 to 3.5 years ($M = 3.19$ years, $SD = 1.67$ months), with each group balanced based on child sex and all children developing normally as reported by parents. Participants were randomly selected from 13,000 available in a database of families interested in research participation; these are recruited throughout the community on an ongoing basis. The majority of participants were Caucasian (93% total), had at least some university or college experience (62%), a household income of at least \$60,000 (70%), and were in two-parent households (93%). All parents granted written consent and approval had been obtained from the university Research Ethics Board.

Materials

A demographic information sheet was completed, followed by a structured interview. All interviews were audio recorded to ensure compliance with the protocol and accuracy in coding interview responses.

Structured interview

Mothers were presented, one at a time, with each of 38 behaviors and asked to indicate if they had a rule about the safety issue that they had taught or were currently teaching their child (i.e., *Is there any specific rule you have related to this safety issue that you have tried to teach your child?*). These 38 behaviors, listed in Table 1, were identified based on a review of past research in which mothers of young children reported on home safety concerns (e.g., Mayes et al., 2006; Morrongiello et al., 2001; Peterson & Saldana, 1996; Peterson et al., 1986). The 38 items comprised safety issues addressing falls, cuts, burns, and poisoning, which are common types of injury that young children experience in/around the home (WHO, 2005). Once they identified all the items for which they had rules, they then were interviewed in greater depth about each of these rules.

First, for the behaviors for which they had a rule, they were asked to indicate the nature of the rule by selecting from three response

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