



Recognition of home injury risks by novice parents of toddlers

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ABSTRACT

Objective: Unintentional injury in the home is a leading cause of death for toddlers. The majority of injuries occur at home; parents play a significant role in injury prevention. Health-related behavior change theory suggests that behavior change is only possible if individuals (a) recognize the problem, and (b) believe they are vulnerable. This study examined these characteristics among novice parents of toddlers by investigating how well parents recognize hazards in the home and whether they believe their toddlers are vulnerable to those hazards.

Methods: Three types of participants were recruited: novice parents of toddlers ages 12–36 months, day-care employees, and pediatric healthcare workers. All participants were examined three rooms simulating a typical toddler's bedroom, a living room, and a bathroom. Participants marked any hazards they recognized with stickers. Parents completed the hazard identification task twice, once identifying hazards for all toddlers and another time identifying hazards for their child.

Results: Participants identified less than half the hazards present in the simulated rooms; parents identified more hazards than comparison groups. Parents identified significantly fewer hazards for their own child than they identified for other children.

Discussion: Although parents identified more hazards than the professionals, they failed to identify a large portion of hazards and they perceived their own children to have less vulnerability than toddlers more broadly. Results indicate that education about toddler's vulnerability to injury in the home, as well as instructing parents about what situations are hazardous, might be considered during development of toddler home injury prevention programs.

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1. Introduction

Unintentional injuries are the leading cause of death for toddlers in the United States (National Center for Injury Prevention and Control [NCIPC], 2008). In 2005, more than 1300 one- and two-year-old American children died from unintentional injuries (NCIPC, 2008). The repercussions of unintentional childhood injury to toddlers extend far beyond family life. Danesco et al. (2000) calculated that pediatric injuries resulted in nearly \$350 billion dollars annually in the costs of medical care, future lost wages, and lost quality of life.

Family homes represent the most frequent setting for unintentional injuries to toddlers (Morrongio et al., 2004; Rivara et al., 1989). To prevent home injuries to toddlers, most experts cite the need to target behavioral change on the part of parents (Morrongio and House, 2004; Morrongio, 2005), both in the form of higher quality supervision and through the elimination of hazardous household conditions. Although scientific discussion about how parent supervision might prevent toddler home

injuries has emerged as a prominent topic over the past decade (Morrongio, 2005; Saluja et al., 2004), several gaps in knowledge remain. One gap is our understanding of how well parents of toddlers recognize and eliminate the hazards present in their home. A second is how well parents recognize their own children's vulnerability to those hazards. This study was designed to examine these two aspects of parent supervision of toddlers.

From a theoretical perspective, the capacity of parents to recognize risk and judge vulnerability to risk is critical to create the behavioral response of adequate supervision (Rosenstock, 1990). Descriptive data on home environments suggest that capacity might be poor, as evidenced by the lack of preventative safety measures found in many homes. Almost half of homes with young children have bathwater hot enough to scald children, and more than two-thirds of homes with young children store household chemicals in an unlocked location (LeBlanc et al., 2006; Runyan and Casteel, 2004). Of course, the presence of risks is not equivalent to failure to recognize risk. Several studies suggest many parents might recognize there is risk present, but view unintentional injuries to children as "accidents" that are unavoidable rather than unintentional events that might be prevented through appropriate action (Gable and Peterson, 1998; Morrongio and Dayler, 1996; Peterson et al., 1990; Roberts et al., 2004). Parents may also

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Table 1
Participant Characteristics.

Variable	Parents	Daycare employees	Healthcare professionals	Full sample
Gender (% female)	75%	97%	100%	92%
Race/ethnicity				
African-American	9.1%	37.5%	30.0%	27.9%
White	84.1%	62.5%	65.0%	63.3%
Other	6.8%	0.0%	5.0%	8.8%
Mean age (SD)	30.69 (6.19)	24.78 (11.66)	24.32 (4.47)	24.86 (7.91)
Highest level of formal education				
HS or AA	0.0%	21.8%	0.0%	23.7%
Some college	22.1%	68.8%	73.7%	49.3%
College degree	35.6%	9.4%	10.5%	14.5%
Graduate work	42.3%	0.0%	15.8%	12.5%
Parenting training				
Parenting class	68.2%	40.6%	20.0%	39.1%
CPR class	56.8%	75.0%	66.7%	56.3%
College course on Child development	66.7%	34.4%	35.0%	37.7%
Mean parenting Media exposure (SD)				
Magazines	1.11 (1.70)	0.41 (0.63)	0.36 (1.30)	0.56 (1.28)
TV	2.39 (2.79)	2.13 (3.91)	1.53 (2.34)	2.21 (4.18)
Newspapers	1.36 (2.18)	0.92 (1.27)	1.47 (2.21)	1.24 (2.29)
Hours per week				
With toddlers (SD)	55.53 (25.86)	13.47 (15.31)	8.10 (28.82)	21.87 (29.75)

feel overwhelmed by their responsibility to protect their children from what they perceive to be uncontrollable environmental hazards (Dixey, 1999). Little research has specifically examined the extent to which parents of toddlers recognize their children's vulnerability to environmental risks in their homes.

1.1. The present study

This study was designed to study the ability of parents of toddlers to recognize hazards in a simulated home environment, and their perception of the vulnerability of their own children to those hazards. We recruited a sample of novice parents whose oldest child was age 1 or 2, and asked them to identify hazards in three laboratory rooms that were designed to represent a typical toddler's bedroom, living room, and bathroom. We compared parents' ability to recognize risk to the ability of two groups of professionals whom one might consider to be "experts" in recognizing safety hazards for young children: pediatric health care professionals and individuals working in daycare centers. We also assessed parents' education, both broadly and on parenting topics, to determine if more educated parents might recognize risk more accurately. If so, we reasoned, parenting interventions might benefit from inclusion of hazard recognition lessons. Finally, to examine perceived vulnerability to risk, we compared parents' perception of risk in the home environment for their own child with their perceived risk for all children of the same age. Novice parents, those without older children, were recruited in order to limit noise due to previous experiences with children of this age group and current sibling dynamics.

We posited four hypotheses. First, we expected that novice parents would recognize some, but not all, hazards present in the simulated toddler home environment. Second, we expected novice parents would recognize fewer hazards than "expert" comparison groups comprised of pediatric healthcare professionals and daycare workers. Third, we expected education, as measured both by years of formal education and through experience in parenting classes, would correlate with parents' recognition of household hazards. Last, we hypothesized parents would report more hazards were

present for "other children" than for their own child, demonstrating a lack of perceived vulnerability for their own children.

2. Methods

2.1. Participants

A total of 94 individuals participated. The study was conducted in a psychology laboratory at the University of Alabama at Birmingham, an urban campus located in Birmingham, Alabama. The sample was composed of three subgroups: parents ($n = 44$), daycare employees ($n = 30$), and pediatric healthcare professionals ($n = 20$). More specific information on each sub-sample, including their ethnicities and recruitment sources, are detailed below and in Table 1.

Parents were novice parents whose oldest child was between the ages of 12–36 months (mean = 21.51 months, $SD = 6.57$). They were recruited through newspaper advertisements and through flyers distributed in local daycare facilities. Eighty-four percent of the parent sample was Caucasian, 9% African-American, and 7% Asian-American. Mean age of parent participants was 30.69 years ($SD = 6.19$). The parents tended to be well-educated, with 36% having a college degree and another 42% some graduate-level work. The parent group included 33 mothers (75%) and 11 fathers.

Daycare employees were recruited from undergraduate psychology courses and from local daycare centers. All worked at least part-time in a professional childcare setting within the past 6 months; many worked full-time. Nannies and babysitters were excluded. Sixty-three percent of the sub-sample was Caucasian and 38% was African-American. The majority of the daycare employees had some college education (69%), and another 22% had a high school diploma or associate's degree. The mean age of daycare employees was 24.78 years ($SD = 11.66$). The daycare employee group was 97% female.

The majority of the health care professionals were pediatric nurses, although some physicians and therapists also participated. All were actively employed as health care professionals practicing with pediatric populations. These participants were recruited from local children's hospitals. Sixty-five percent of the health care

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