FACTORS CONTRIBUTING TO HOME ACCIDENTS AMONG CHILDREN UNDER 12 YEARS IN KENGERE WARD, SOROTI CITY. A CROSS-SECTIONAL STUDY.

Ann Proscovia Nalwoga *¹, Denis Ngabonziza¹, Lloyd Kasekende¹, Jordan Kikanga¹, Swalik Kalule¹, Charles Opio¹, Derick Modi².

Page | 1

¹ Soroti School of Registered Comprehensive Nursing, Soroti District, Uganda. ² Faculty of Public Health, Community Health Department, Lira University. Uganda.

Abstract

Background

In Kengere Ward, Soroti City, there is an increase in Hospital admissions of patients due to home accidents, and this includes children with burns and other kinds of home accidents, therefore, this study assessed the factors influencing home accidents among children below 12 years in Kengere Ward in Soroti City.

Methodology

A Descriptive cross-sectional study design that utilized a quantitative data collection method was used, and ethical considerations were considered. A sample size of 30 respondents was interviewed using a semi-structured questionnaire. Data analysis was done with the help of SPSS and Microsoft Excel. The results were presented as pie charts, tables, and figures.

Results

The study found that the most common type of home accidents was falls (50%), the most affected age group being 0-4 years (46.7%), and the most affected sex being females (56.7%), with most caretakers not watching their children while playing (46.4%). As for socioeconomic factors, 66.7% had family sizes of above 6 members, with the highest number (33.3%) having more than 4 children in the household. 56.7% had a low family monthly income and mostly resided in squatter houses (53.3%). Concerning environmental factors, 60% of caretakers never set clear boundaries for the play areas of their children, and more than half (55.6%) perceived it as overprotection. A majority (60%) prepared meals from verandas and similarly (60%) stored medicines on tables.

Conclusion

The study found the factors that contributed to home accidents among children below 12 years in the Kengere ward in Soroti City as mainly attributed to the child factors, caretaker's practices, and home environment.

Recommendation

There is a need to integrate home safety measures into routine child development measures, provide safety education, and advocate for policy changes promoting home safety standards.

Keywords: Home Accidents, Children under 12 Years, Kengere Ward, Soroti City. *Submitted:* 2025-02-10 *Accepted:* 2025-03-29 *Published:* 2025-04-15 *Corresponding Author:* Nalwoga Ann Proscovia

Email: arrhnprossy@gmail.com

Soroti School of Registered Comprehensive Nursing, Soroti District, Uganda.

Background of the study

A home accident is an unpredicted sudden event that takes place at home or its surroundings and can cause injuries, death, and deformities to a child (Tripura et al., 2015).

Childhood injuries are the leading cause of death, especially after the age of one. Preventable accidents like falls burns, and drowning contribute to the mortality rates. Daily, over 2000 families worldwide experience the loss of a child due to preventable injuries, causing an immensely devastating impact on families and communities. As such, childhood injury is a major public health concern that needs urgent action (Ajun et al., 2024).

The children are particularly vulnerable due to their innate curiosity, inadequate supervision by their caregivers, and mothers' lack of knowledge on the prevention of home accidents, among others (Shinde et al., 2022).

Globally, home accidents claim the lives of 830,000 children every year, which corresponds to approximately 2000 children every day. Furthermore, millions of children

are hospitalized due to accident-related injuries, often resulting in lifelong

disabilities. Home accidents are thought to be the most common type of accidents, being more prevalent than traffic and occupational accidents even though the exact extent of the problem can't be established as hospital records alone

don't represent all relevant figures. When a child Page | 2 experiences an accident, it can have far-reaching effects on their physical, emotional, and social well-being (Akturk et al.,2016).

> Home accidents across the globe were the leading cause of mortality among children between 1990 and 2013; studies revealed that 7.7 million deaths occurred among children and adolescents in 2013, 6.28 million occurred among younger children, 0.48 million among older children, and 0.97 million among adolescents. The leading causes of death were lower respiratory tract infections, diarrheal diseases, and road injuries, respectively (Kyu et al., 2016)

> According to a study carried out in Al-Baha, Saudi Arabia, the results revealed that the majority of the parents (58.2%) reported a history of home accidents (HA) in their children. Of the injured children, 59.5% (122) were males, and 40.5% were females. The most common HA being falls (58.2%), burns (30.7), asphyxia (27.6%), and poisoning (24.4%), with large families having more than 7 members and four or more siblings at a significantly higher risk of experiencing HA (Alamr et al., 2023).

> In the WHO European region, an estimated 42,000 children and young people below 20 die every year due to unintentional injuries, with home accidents claiming the lives of 72 children every day. The UK alone has 30% of child deaths due to unintentional injuries at home, and Turkey, on the other hand, has them as the 2nd

> major contributor to childhood accident referral cases to emergency units (Ener et al., 2022).

> In sub-Saharan Africa, there is a significant rise in injury mortality, ranking third among the leading causes of death. The region has the highest rate of unintentional injury deaths among children globally, especially those of 1-4 years (100.5 per 100,000). In addition to these deaths, those who survive the injuries are left with disabilities or disfigurements that limit their social and economic life. Children, especially the young ones, are more prone to lifethreatening injuries since their physical characteristics, like a larger head-to-body weight ratio, make them more prone to head injuries resulting from falls. As adolescents also take on more household responsibilities like taking care of their younger brothers and sisters and participating in duties like cooking, usually without proper supervision, there is an increased risk for home injuries. Despite this, injuries among children and adolescents remain overlooked (Mendez et al., 2020).

> In East Africa, preventing home accidents among children remains a significant issue, with around 35.7% of unintentional injuries happening in domestic environments.

These accidents place additional pressure on already strained healthcare systems, reduce productivity due to caregivers being absent, and lead to long-term disabilities that hinder children's development. Factors contributing to these accidents include poor housing conditions and traditional child-rearing practices (Obara, 2015).

Research on injuries in Uganda has primarily focused on hospital data, thus neglecting the impact of minor injuries on children and their families. In urban Uganda, injuryrelated deaths occur at a rate of 217 per 100,000 people. A study of 1583 children revealed that 706 experienced 787 unintentional injuries, thus an annual incidence rate of 497 per 1000 children. The most common injuries were cuts, bites, or open wounds (30.6%) and bruises (28.6%), with 75.5% occurring at home (Ssemugabo et al., 2018).

In Soroti, no recently published research has been conducted on factors contributing to home accidents among children below 12 years in the Kengere ward. Therefore, this research proposal seeks to assess the factors contributing to home accidents among children below 12 years old in the Kengere ward in Soroti City.

Methodology Study design and rationale

In this study, a descriptive cross-sectional study design utilized quantitative methods of data collection. It was a cross-sectional type of design because it involved the collection of data from a single point in time and from a group of respondents whose characteristics, such as age, cadre, and experience, were described. The design was descriptive as it described the data from its point of view and enabled the vast quantity of information required for the study to be collected. This research study design was preferred because it easily brought out the correlation between independent variables and the dependent variable. In addition, the nature of the research study that was being made among a few respondents and being done once without repetition made this study design the most suitable to apply.

Study setting and rationale

The study was conducted in the Kengere ward, Soroti city. The ward is found in the Eastern division, Soroti City, Teso subregion. It is 305.3km by road from Kampala, the capital city of Uganda, via the Kampala-Jinja highway. Soroti City is bordered by Amuria District to the north, Katakwi District to the east, Ngora District to the southeast, Serere District to the south, and Kaberamaido District to the west. Kengere Ward has a total population of 343 households.

The area of study was chosen because it had the targeted population and was easily accessible by the researcher.

Study population

The study targeted all caretakers of children under 12 years in the Kengere ward who were willing to voluntarily consent to participate in the study.

Page | 3

Sample size determination.

The sample size consisted of 30 respondents, purposely selected using solving and Mulley's formula for sample size determination given as;

N

n=1+N(e)2

Where;

N is the sample size.

N is the size of the population to be used, and 1 is the constant $% \left({{{\bf{n}}_{\rm{s}}}} \right)$

E is the sampling error; e is 5 percent, which is 0.05. The estimated population size is 34

Therefore n = 34/1+34(0.05)2 n=34/1.15n=30.

The sample size was, therefore, 30 respondents.

Sampling Procedure

The purposive sampling procedure among caretakers involved selecting participants based on predefined criteria relevant to the research objectives. After having defined the research goals, specific criteria such as age, education, income, or health-seeking behavior were identified. A sampling frame was then created, listing potential participants who then met these criteria, often with community leaders' assistance. Participants were then selected systematically from this sample frame and were approached for informed consent. Data was then collected using a suitable well-structured Questionnaire, and subsequent analysis and triangulation of findings were carried out concerning the established criteria. This approach allowed the researcher to focus on specific characteristics within the target population and offered a deeper understanding of the caretakers in the Kengere ward about the research objectives.

Inclusion Criteria

The parents and caretakers had children aged below 12 years and were willing to voluntarily consent to participate in the study.

Exclusion criteria

Parents and caretakers having children below 12 years of age were not willing to voluntarily consent to participate in the study or were absent during the days of data collection.

Independent variables

Individual factors contributing to home accidents among children under 12 years in Kengere ward, Soroti city. Socio-economic factors contributing to home accidents among children under 12 years in Kengere ward, Soroti city. Environmental factors contributing to home accidents among children under 12 years in Kengere ward, Soroti city.

Dependent variable

This is the effect or outcome variable, and, in this study, it was the home accidents among children below 12 years.

Research Instruments

The data was collected from respondents using a semistructured questionnaire with open and closed-ended questions written in the English language designed to assess factors contributing to home accidents among children under 12 years in the Kengere ward in Soroti city. The questionnaires were divided into sections A, B, C, and D, showing demographic characteristics of the respondents, individual, socio-economic, and environmental factors contributing to home accidents among children under 12 years in Kengere ward, Soroti city, respectively. The tool was

pretested with a smaller sample size from another area with similar characteristics, and any questions that were unclear to respondents were modified with the help of the supervisor.

Data collection procedures

After the completion of the research proposal, an introductory letter was received from Soroti School of Comprehensive Nursing, which introduced the researcher to the Town Clerk, who then introduced the researcher to the LC1 Chairperson of Kengere ward. The LC1 chairman then introduced the researcher to the caretakers, who were then briefed on the study's purpose. Afterward, consent was obtained from the respondents, and questionnaires were administered. The caretakers of children under the age of 12 who did not understand English were assisted in interpretation by the research assistants. Those who were literate completed the questionnaires themselves. The collected questionnaires were checked on the spot for completeness, and the data collection exercise took 3 days.

Data management

In the process of data collection, each questionnaire after being filled was checked for completeness and accuracy before leaving the area of study. Filled questionnaires were kept properly in a locker for confidentiality and safety.

Data analysis

The data collected was analyzed using the SPSS version and Microsoft Excel to develop tables, bar graphs, pie charts, and figures from where meaningful interpretations about the study were made.

Page | 4

Ethical considerations

The research committee of Soroti School of Comprehensive Nursing approved the research topic and proposal. A letter of introduction was given by the school to the researcher, which was then presented to the study area authorities. The study area authorities, in writing, granted permission to the researcher to conduct the study. Maximum confidentiality and privacy from the respondents were observed by interviewing them one at a time and separately. This increased their willingness to take part in the study and protected the information recorded.

Results Socio-demographic characteristics of respondents.

Variable	Responses	Frequency (n)	Percentage (%)
Age (years)	16-25	5	16.7

Table 1: Distribution of respondents based on socio-demographic characteristics (n=30).

Age (years)	16-25	5	16.7
	26-35	16	53.3
	Above 35	9	30
Gender	Male	4	13.3
	Female	26	86.7
Education level	Primary	6	20
	Secondary	19	63.3
	Tertiary	5	16.7
	No formal education	0	0
Religion	Muslim	7	23.4
	Christian	22	73.3
	Others (specify)	1	3.3

N = 30, *Primary data* (2024)

Findings from Table 1 showed that the majority of the respondents, 26/30 (86.7%), were females, and 4/30 (13.3%) were males. More than half of the respondents, 16/30 (53.3%), were aged between 25 and 35 years, and a minority, 5/30 (16.7%), were aged between 16 and 25 years.

A majority of the respondents, 19/30 (63.3%), had attained primary education, and a minority, 0%, had no formal education. The highest proportion of respondents, 22/30 (73.3%), were Christians while the least 1/30 (3.3%) were from other religions not in the provided objectives.

Individual factors contributing to home accidents among children below 12 years.





Figure 1shows an overwhelming 93.3% of respondents had children who had experienced home accidents, while 6.7% of the respondents had children who had never experienced home accidents.

Table 2: Showing the type of home accident experienced, the contributing factors, age and sex of the children.

Variable	Frequency (f)	Percentage (%)
Type of home accident experienced (n=28)		
Falls	14	50
Burns	6	21.4
Cuts or bites	5	17.8
Poisoning	3	10.8
Contributing factors to the accidents experienced (n=	28)	
The caretaker never watched the child while they were	13	46.4
playing		
The caretaker was drunk at the time of the accident	2	7.1
No adult was monitoring the child	3	10.7
The child engaged in active games	10	35.8
Age of the child (n=30)		
0-4 years	14	46.7
5-8 years	9	30
9-12 years	7	23.3
Sex of the child (n=30)		
Female	17	56.7
Male	13	43.3

N = 30, *Primary data* (2024)

From Table 2, an average number of 14/28 (50%) of the respondents reported that their children had experienced falls, while the least number of respondents, 3/28 (10.8%), reported that their children had experienced poisoning. The highest number of the respondents, 13/28 (46.4%), reported that the contributing factors to the home accident the child experienced were because the caretaker never watched the child while playing, whereas the minority, 2/28 (7.1%)

reported it being attributed to the caretaker being drunk at the time of the accident.

A significant number of the respondents 14/30(46.7%), had children from 0-4 years, while the minority, 7/30 (23.3%) of the respondents, had children from 9-12 years. More than half of the respondents, 17/30 (56.7%), had female children, while a minority, 13/30 (43.3%), of the respondents had male children.

Socio-economic factors contributing to home accidents among children under 12 years.



Figure 2: Showing respondents' distribution in terms of family size (n=30).

From the figure 2, results showed that a majority of the respondents (66.7%) had a family size of above 6 members while minority (10%) had a family size of 3-4 members.



Figure 3: Showing the distribution of respondents of family monthly income (n=30).

The figure 3, showed that more than half of the respondents (56.7%) had a monthly income of 0-200,000 while minority (10%) of them had a family income above of 500,000.

Table 3: Showing number of children in the	household, type of residential house, and who
takes care of the	e children (n=30).

Variable	Response	Frequency (F)	Percentage (%)
Number of children in the	1	4	13.3
household	2	7	23.4
	3	9	30
	4	10	33.3
Type of residential house	Apartment house	3	10
	Squatter house	16	53.3
	Bungalow	7	23.4
	Others	4	13.3
Who takes care of the children	Mother	16	53.3
	Housekeeper	9	30
	Family members	5	16.7

Table 3 showed that the highest number of the respondents, 10/(33.3%), had 4 or more children staying in their household while only 4 (13.3) had only 1 child staying in the household.

It was also revealed that more than half of the respondents 16, 53.3%) resided in squatter houses while the minority 3, 10%) resided in apartments.

A majority of the respondents, 16 (53.3%), had their children taken care of by their mothers, while a minority, 5 (16.7%), had their children taken care of by family members.

Environmental factors contributing to home accidents among children under 12 years.



Figure 4: Showing the distribution of respondents on the storage places of medicine (n=30).

Results from figure 4, it showed that majority of the respondents 18(60%) stored their medicines on the tables while minority 3(10%) stored them in drawers without locks.



Figure 5: Showing the distribution of respondents according to how they set clear boundaries on the play areas for their children (n=30).

Page | 9

According to the pie chart in Figure 5, 18/30 (60%) of the respondents did not set clear boundaries for the play areas of their children, while 12/30 (40%) of the respondents set clear boundaries for the play areas of their children.

Table 4: Showing distribution of respondents on why they did not set clear boundaries for the play areas of their children.

Variable	Response	Frequency (n=18)	Percentage (%)
Why respondents did not	I perceive it as overprotection	10	55.6
set clear boundaries for	I'm preoccupied with other	5	27.7
play areas.	responsibilities		
	Fear of child raising tantrums	1	5.6
	Emotional exhaustion and lack of	2	11.1
	energy to enforce boundaries		

Table 4 showed that the majority of the respondents who didn't set clear boundaries for play areas of their children perceived it as overprotection, while a minority 1, 5.6%) did not because they feared that children would raise tantrums.



Figure 6: Showing distribution of respondents on where they had their meals prepared from at home (n=30).

Figure 6 showed that a majority 18/30 (60%) of the respondents prepared their meals on the veranda, while a minority 5/30 (16.7%) prepared their meals under a tree.

Table 5: Showing	the respondents'	childproofing	measures	practiced	at home a	nd measures
_	performed to ens	sure a clutter-	free enviro	nment (n:	=30).	

Variable	Response	Frequency (n=30)	Percentage (%)	
Childproofing	Installing cabinet locks	2	6.7	
measures practiced at	Securing all furniture	6	20	
nome	Keeping knives away	14	46.7	
	Others	7	23.4	
Measures taken to ensure a clutter-free	Store items in designated areas	18	60	
environment	Proper organization	12	40	
	I do nothing	0	0	

N = 30, *Primary data* (2024).

The observed results from Table 5 above showed that the highest number of the respondents 14 (46.7%) practiced childproofing by keeping knives away and a minority 2 (6.7%) installed cabinet locks.

It also shows that the majority 18 (60%) of the respondents stored their items in designated areas to ensure a clutter-free environment and 0 (0%) did nothing.

Discussion Socio-demographic characteristics of respondents.

More than half of the respondents, 16/30 (53.3%), were in the age range of 26-35 years, while a minority 5/30 (16.7%) were in the age range of 16-25 years. This implies that many

individuals at this age have completed their education, started careers, and are establishing families.

A majority of the respondents 16/30 (63.3%) ended up in secondary school level. This could be due to the low socioeconomic status in Teso region thus they were not able to attain higher learning so they were forced to get some sustainable survival skills. Most females got married early also made them drop out of school as they were expected to prioritize domestic duties.

Regarding gender, the study findings indicated that 26/30 (86.7%) of the respondents were females, while 4/30 (23.3%) were males because traditional roles in the study area expect women to take care of children as caregiving is seen as a feminine trait.

Individual factors contributing to home accidents among children below 12 years

According to the results of the study, the results showed that 28/30 (93.3%) of the caretakers reported their children having experienced home accidents, half 14/28 (50%) having been affected by falls, and a minority 3/28 (10.8%) affected by poisoning. The researcher attributed this to children playing on high surfaces like beds and furniture and an increased mobility, which can make them roll over surfaces and thus end up falling. This contradicted the findings in the studies of Muriu (2016), which found that burns were the most common type of home accident, but was in line with the findings of Bhubaneswar et al. (2018), who revealed that falls were the most prevalent of home accidents.

The highest number of the respondents, 13/28 (46.4%), reported that the contributing factor to the accident was because the caretaker never watched the child playing, while the minority, 2/28 (7.1%), reported the accident was due to the caretaker being drunk. This could be attributed to the caretaker being preoccupied with domestic duties like cooking and cleaning, limited awareness about the importance of supervision, and fatigue after long hours of work or responsibilities. This finding was similar to that of Nassuna et al. (2023), where 70% of the caretakers never had time to watch their children while playing.

A majority of the respondents had children aged between 0-4 years 14/30 (46.7%) while the minority aged 9-12 years were 7/30 (23.3%). This meant that children aged 0-4 years were more prone to home accidents, and this is possibly due to their limited understanding of danger, impulsive behavior, and lack of coordination and balance as they are still developing motor skills. This was in line with the study

conducted by Bhubaneswar et al. (2018), who found that the most affected age (54.3%) was 1-3 years.

According to this research study's results, more than half of the respondents, 17/30 (56.7%), had female children, meaning more girls experienced home accidents than boys, who were 13/30 (43.3%). This could be attributed to girls being more actively involved in helping out with house chores like cooking, which puts them at a high risk of burns and cuts, and girls being more in the general population. They are also more likely to suffer falls as they help with house chores like cleaning high surfaces while they climb on surfaces and as they try to reach high shelves. This contradicts the findings of Nassuna et al. (2023), who reported that males were the most affected gender.

Socio-economic factors contributing to home accidents among children below 12 years.

Regarding the size of the family, most of the respondents 20/30, 66.7%) had above 6 members in the household, while the minority 3/30, 10%) had 3-4 members. This increased the likelihood of home accidents as the living space is reduced, increasing crowding and hence more collision risks, clutter accumulation creating tripping hazards, and hiding spots for sharps. This finding correlates with the study by Alamr et al. (2023), which found that 81.6% of children from large families experienced home accidents.

Concerning the number of children, most respondents 10/30 (33.3%) had 4 or more children while 4/30 (13.3%) had.1 child. This showed that an increase in the number of children increased the likelihood of home accidents among children, probably due to increased risk of sibling rivalry and conflicts leading to rough play and fights. There is also a reduction in individual child supervision with more children by the caretakers increasing the risk of accidents. This is consistent with a study carried out by Lin et al. (2024), who found that households with 2 or more siblings had a higher risk for HA. In terms of family income, a majority of the respondents 17/30 (56.7%) earned between 0-250,000 shillings while a minority 3/30 (10%) earned above 500,000 shillings. The low income earned makes these families prioritize basic needs like food and clothing over safety equipment for protecting the children like safety gates, cabinet locks for storage of toxic substances, baby walkers, handrails, and so on, thus a higher risk for home accidents. This finding was identical to that of Mohammed et al.. (2014), who found that lower wealth index families were at 38% higher risk of home accidents.

Most of the respondents, 16/30 (53.3%), reported that they resided in squatter houses while a minority, 3/30 (10%), resided in apartment houses. The researcher attributed this to rapid urbanization in Soroti city, which called for informal settlements. This increased the risks for home accidents among children as these squatter houses were overcrowded with reduced space for child play, which increased tripping and falling hazards. This finding matched

with that of Lin et al., who found that underdeveloped areas had more home accidents, and Ajun et al. (2024) concurred that poor urban settlements were one of the risk factors.

Environmental factors contributing to home accidents among children below 12 years

According to the results of the study, the highest number of respondents practiced childproofing measures, 14/30 (46.7%) by keeping knives away, and a minority 2/30 (6.7%) installed cabinet locks. This conflicts with the finding of Rezapur et al.. (2017), who showed that caretakers had a negative perception of childproofing. All respondents ensured a clutter-free environment 18/30 (60%) by storing items in designated areas while 12/30 (40%) by proper organization. These caretakers practiced childproofing measures to have peace of mind, being sure that the environment is safe for the child and being able to focus on other tasks while the child is playing. However, a minority, 2/30 (6.7%), were the ones able to install cabinet locks for storage of hazardous materials as these are expensive, yet most of the respondents 17/30 (56.7%) had low monthly family income.

Concerning setting clear boundaries for the play areas of the children, a majority of 18/30 (60%) of the respondents did not set them, while 12/30 (40%) set them. Out of those who did not set clear boundaries, the majority 10/18 (55.6%) reported that they perceived it as overprotection, and the minority 1/18 (5.6%) said it was due to fear of the child raising tantrums. This is possible because of traditional parenting styles, which emphasize resilience and independence, and community-based child care, where children play together unsupervised. Society also views boundary setting as excessive and a hindrance to self-reliance. This finding was in line with that of Rezapur et al. (2017), who found that caregivers found restricting children as being overprotective.

The study also found that the majority of respondents 18/30 (60%) prepared their meals on the veranda while a minority 5/30 (16.7%) prepared them from under trees. The researcher attributed this to space constraints as kitchens on most houses were small with houses built on small plots; therefore, these families opted to cook from verandas. This increases the risk of HA among children as there is spilling of hot liquids like soups, which can cause burns and falls due to slippery surfaces. This finding was identical to that of Nassuna et al. (2023), whose study revealed that 70% of the study population were cooking on verandas, thus predisposing children to burns.

As for storage of medicines, the majority of the respondents, 18/30 (60%), reported that they stored medicine on tables while the minority 3/30 (10%) stored them in drawers without locks. Most stored medicines on tables are possibly because of limited storage space, lack of knowledge about proper storage guidelines, underestimating medicine safety

risks for the children, and limited financial resources to buy storage facilities like lockable medicine cabinets. This, therefore, increased the risk of poisoning due to drug intake. This finding corresponds with that of Samburu et al. (2024), who found that 68% of cases failed to store medicines out of reach of children and thus ended up getting poisoned.

Conclusion

Based on the research study findings, the most common type of home accidents was falls (50%), the most affected age group being 0-4 years (46.7%), sex being females (56.7%) with most caretakers reporting that the contributing factor was not watching the child while playing (46.4%).

As for socioeconomic factors, 66.7% had family sizes of above 6 members, and most of them (33.3%) had more than 4 children in the household. 56.7% had a low family monthly income, mostly residing in squatter houses (53.3%).

Concerning environmental factors, a majority of 60% of caretakers never set clear boundaries for the play areas of their children, and more than half (55.6%) perceived it as overprotection. The highest number (60%) prepared meals from verandas, and a majority (60%) stored medicines on tables.

Recommendation

The government of Uganda should enforce national home safety standards and through the Ministry of Health establish mandatory home safety inspections. It should integrate home safety education into the curriculum at different levels of education.

Health workers need to integrate home safety measures into routine child development measures, provide safety education, and advocate for policy changes promoting home safety standards.

Implications to the nursing practice.

The study findings will enable nurses to prevent home accidents through educating caretakers on accident prevention and supervision, early identification of high-risk families and children facilitating early interventions.

They will also enable concerned authorities to create more awareness about the causes of home accidents and the preventive measures parents and caretakers can implement.

Acknowledgment

First of all, I thank the Almighty God for the graces bestowed upon me throughout this course and for enabling me to complete this report.

A heartfelt thanks goes to my research supervisor, Mr. Opio Charles, for guiding, mentoring, and sharing with me all the relevant information I needed for my study and for the time and effort invested.

I am forever grateful to my family Mr. Nsubuga Kaggwa Archangel and Ms. Nakaggwa Mariat, Emaru Hope Solome,

Kizito Moses, Nansubuga Winfred, Namutebi Patricia Navvuga Mariam Matovu for their unveiling support and encouragement throughout the journey of this research. Their belief in my abilities and I have played a special portion in keeping me motivated during challenges in the process of finishing this study.

Page | 13 Finally, I want to extend my deepest gratitude to my friends, especially Denis Ngabonziza, Kalule Swalik, Lloyd Kasekende, and Kikanga Jordan, for their invaluable assistance and counsel. I'm forever indebted.

List of Abbreviations

HA: Home accidents
MOH: Ministry Of Health
NGO: Non-governmental organization
RTIs: Road traffic injuries
SDG: Sustainable Development Goals
SPSS: Statistical Package for Social Scientists
UNICEF: United Nations Children's Fund
UNMEB: Uganda Nurses and midwives' examination board
WHO: World Health Organization

Source of funding,

This study was not funded.

Conflict of interest

The author declares no conflict of interest.

Author contributions.

NAP was the principal investigator, DN, KL, and JK collected the data, and SK and DM cleaned the data and entered it for analysis. CO was the research supervisor.

Data availability

Data is available upon request.

Informed consent

All the study respondents consented to this study.

Author Biography

Nalwoga Ann Proscovia holds a diploma in comprehensive nursing from the Soroti School of Registered Comprehensive Nursing.

Ngabonziza Denis holds a diploma in comprehensive nursing from the Soroti School of Registered Comprehensive Nursing.

Kasekende Lloyd holds a diploma in comprehensive nursing from Soroti School of Registered Comprehensive Nursing. Jordan Kikanga holds a diploma in comprehensive nursing from Soroti School of Registered Comprehensive Nursing.

Journal of World Health Research Vol. 2 No. 4 (2025): April 2025 https://doi.org/10.71020/jwhr.v2i4.25 Original Article

Swalik Kalule holds a diploma in comprehensive nursing from the Soroti School of Registered Comprehensive Nursing.

Charles Opio, tutor at Soroti School of Registered Comprehensive Nursing

Derick Modi holds a bachelor's degree of science in Public Health from Lira University School of Public Health.

References

- Ajun, U. N., Sinha, S., Saxena, V., Sriram, S. K., & Salam, A. (2024). Prevalence of unintentional injuries and their risk factors among under-five children residing in urban poor resettlements in Rishikesh.Journal of Family Medicine and Primary Care, 13(8), 2999-3004. https://doi.org/10.4103/jfmpc.jfmpc_1759_23
- Akturk, Ü., & Erci, B. (2016). Determination of Knowledge, Attitudes, and Behaviors Regarding Factors Causing Home Accidents and Prevention in Mothers with a Child Aged 0-5 Years. Journal of education and practice, 7(18), 142-153.
- Alamr, F., Alzahrani, H. M. A., Alghamdi, A. M. A., Alzhrani, A. S. A., Alzahrani, F. A. A., Alkhediwi, L. M. A., ... & Aburaida, O. M. (2023). Prevalence and risk factors of home accidents among children under five years of age in Al-Baha, Saudi Arabia. Cureus, 15(10). https://doi.org/10.7759/cureus.46846
- Bhuvaneswari, N., Prasuna, J. G., Goel, M. K., &Rasania, S. K. (2018). An epidemiological study on home injuries among children of 0-14 years in South Delhi. Indian journal of public health, 62(1), 4-9. https://doi.org/10.4103/ijph.IJPH_428_16
- Ener, D., &Özbey, M. Y. (2022). Frequency of Home Accidents of Children Between 0-6 Years and Levels of Diagnosis of Mothers' Safety Measures. Medical Records, 4(3), 266-273. https://doi.org/10.37990/medr.1070345
- Kyu, H. H., Pinho, C., Wagner, J. A., Brown, J. C., Bertozzi-Villa, A., Charlson, F. J., ... &Yonemoto, N. (2016). Global and national burden of diseases and injuries among children and adolescents between 1990 and 2013: findings from the global burden of disease 2013 study. JAMA pediatrics, 170(3), 267-287

https://doi.org/10.1001/jamapediatrics.2015.4276

 Lin, Z., Iyappan, P., Huang, Z., Sooranna, S. R., Wu, Y., Lan, L., ...& Huang, D. (2024). Logistic regression analysis of risk factors for pediatric burns: a case-control study in underdeveloped minority areas in China. Frontiers in pediatrics, 12, 1365492.

https://doi.org/10.3389/fped.2024.1365492

- Méndez, M. A. P., Kigwangalla, H. A., Bärnighausen, T., & Wilson, M. L. (2020). Injuries among children and adolescents in a rapidly growing urban African metropolis: a crosssectional survey of 1,968 households in Dar es Salaam, Tanzania. PeerJ, 8, e10048. https://doi.org/10.7717/peerj.10048
- Mohammed, Z., Aledhaim, A., AbdelSalam, E. M., El-Setouhy, M., El-Shinawi, M., & Hirshon, J. M. (2020). Factors associated with injuries among preschool children in Egypt: Demographic and health survey results, 2014. BMC Public Health, 20, 1-7. https://doi.org/10.1186/s12889-020-08658-w
- Nassuna, G., Mukomuzibu, C., & Babirye, M. (2023). FACTORS CONTRIBUTING TO HOME ACCIDENTS IN CHILDREN UNDER 5 YEARS IN BULWA ZONE, LUBAGA DIVISION, KAMPALA DISTRICT. A CROSS-SECTIONAL STUDY. Student's Journal of Health Research Africa, 4(12), 17-17.
- 11. Obara, D. R. A. (2015). The determinants and extent of home accidents in children under five years in Kisumu District, Kenya.
- Rezapur-Shahkolai, F., Afshari, M., Moghimbeigi, A., &Hazavehei, S. M. M. (2017). Home-related injuries among under-five-year children and mothers' care regarding injury prevention in rural

areas. International Journal of Injury Control and Safety Promotion, 24(3), 354-362. https://doi.org/10.1080/17457300.2016.1200628

- Sambuu, T., Bayanbat, B. A., Naidan, O., Badarch, T. U., Mukhtar, Y., & Ichikawa, M. (2024). Home safety hazards associated with unintentional poisoning among children aged 0-5 years in Mongolia: A case-control study. Tropical Medicine & International Health, 29(4), 273-279. https://doi.org/10.1111/tmi.13971
- 14. Shinde, S., Patel, R., &Chavan, V. (2022). Assess the prevalence and mothers' knowledge regarding home accidents in under-five children: A descriptive study. Journal of Positive School Psychology, 6(2), 2774- 2782.
- Ssemugabo, C., Mukama, T., Halage, A. A., Paichadze, N., Gibson, D. G., &Kobusingye, O. (2018). Incidence and characteristics of unintentional injuries among children in a resource-limited setting in Kampala, Uganda. International journal of injury control and safety promotion, 25(4), 449-457. https://doi.org/10.1080/17457300.2018.1473445
- Tripura, K., Das, R., Datta, S. S., Bhattacharjee, P., Singh, B., &Hapania, A. (2015). Prevalence and management of domestic injuries among underfive children in a peri-urban area of Agartala, Tripura. Health, 3(2).



