



**Parents' voices: perceptions of the barriers and facilitators
to prevent unintentional home injuries among young
children**

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Background: Young children face injury as a potentially life-threatening problem. Injury still has considerable financial, emotional and social effects on families and society as a whole. A variety of interventions are known to prevent child injuries. The literature, however, provides meagre information on what factors enable or inhibit the implementation of these interventions for controlling home injuries in Iran.

Methods: Qualitative study using eighteen semi-structured interviews with parents attending urban health centres in Tehran City. The recorded interviews were transcribed verbatim and the data was analysed using thematic analysis.

Findings: Factors believed to influence the prevention of home injuries among urban children aged under 5 years are presented as five major themes. These were: the nature of injury and injury prevention, child-related factors, parent-related factors, living environment and society-related factors.

Conclusions: The findings highlighted the need for greater support for parents. Half of the parents were struggling with barriers such as money and time. The study has implications for further research and practice to promote child safety at home.

Keywords: injury prevention; child; home injury; qualitative; parent perceptions

Introduction

Injury both globally and within Iran is one of the leading causes of mortality, morbidity and disability in children (Peden, Oyegbite et al. 2008, Naghavi, Pourmalek et al. 2010). According to the latest figures in Iran, from 2001 to 2006 the injury mortality rate for children aged 1-4 years old was 33 per 100,000, constituting 42% of total deaths and establishing injury as the major cause of mortality for this age group (Naghavi, Pourmalek et al. 2010). There is also considerable evidence that besides the physical and psychological impacts of injuries on injured children and their families, there are

also economic impacts on the health system and society as a whole (Miller, Romano et al. 2000, Naghavi, Abolhassani et al. 2009, Dalal and Svanström 2015).

In analysing child injuries, home as a location of injuries is important because children, particularly pre-school children spend the majority of their time there, (The European Child Safety Alliance 2007, Sengoelge, Hasselberg et al. 2010).

Unfortunately, due to the inadequate data systems in Iran, the precise epidemiological pattern of home injuries are not available (Soori, Akbari et al. 2010).

Parents of children aged under five years can protect their children against many home injuries and provide a safe living environment for them through a combination of strategies in line with their child's age and stage of development (Ablewhite, McDaid et al. 2015). Research has revealed that despite a positive attitude of parents regarding the preventability of injuries, their practices in terms of protecting their children from injuries have met some hindrances including not being able to constantly supervise their children and lack of knowledge about the causes of injuries (Vincenten, Sector et al. 2005). Other parental barriers to the provision of safe homes for their children included the prohibitive costs of some safety devices and not owning the property and thus not having the authorisation to install some safety devices (Smithson, Garside et al. 2011, Ingram, Deave et al. 2012, Ablewhite, Peel et al. 2015). Nevertheless, parents' safety practices such as parental supervision and adapting homes were seen as enablers for reducing injury risk (Ablewhite, Peel et al. 2015). Further, social networks can help mothers raise their awareness through other parents' experiences and to adhere to child safety advice (Khanom, Hill et al. 2013, Ablewhite, Peel et al. 2015).

Although there have been a number of studies which have adopted a quantitative methodology towards understanding child home injuries in Iran, there is a lack of in-depth qualitative studies to understand what influences parents' practices when trying to

prevent home injuries. Based on the idea that parental concerns and attitudes can influence their adopted safety measures at home, the purpose of this research is to explore the perspectives of parents regarding barriers and facilitators faced by parents when trying to control child injuries.

Methods

Sampling and recruitment

The research was undertaken in Tehran, the capital of Iran. As the age of children and social class of families have important influences on child home injuries (Santer and Stocking 1991, Kendrick, Mulvaney et al. 2005, Edwards, Roberts et al. 2006), these two factors were considered as criteria for quota sampling (table 1). Social class of families was estimated by a combination of three main variables (Lynch and Kaplan 2000): income, occupation and education.

Table 1- Quota sampling strategy and numbers of families

Social class	Low	Middle	High
Child's age			
Under 3 years	5	3	2
3-5 years	4	2	2

To recruit families, Tehran was divided into three sections in terms of their urban welfare level: low, middle and high (Mohamadzadeh-Asl, Emamverdi et al. 2010). One urban health centre was randomly selected from each section as a study site. Families were recruited on a first-come basis from the three urban health centres. While they were waiting to receive immunization services for their children aged under five, the main investigator (AB) handed out an information sheet and a separate invitation letter containing some questions relating to inclusion criteria for the study. Families who met the following criteria were eligible for participation and contacted by phone to set an interview appointment:

- a child aged under five years old
- attending selected health centres
- able to give written informed consent

All interviews took place in participants' homes as agreed in advance.

Recruitment and interviews occurred between October 2013 and March 2014. Of 27 potential participants approached 21 responded, of whom 18 were eligible for the study and were subsequently interviewed. As the data collection included home observation, the six families who declined to participate cited "privacy intrusion" as their reason for declining.

Data collection

The study employed in-depth semi-structured interviews. They were conducted by the lead author (AB) in Persian using an interview guide consisting of three sections: introduction and warm-up questions, main questions exploring thoughts and feelings regarding the topic, and finishing with an opportunity for an interviewee to freely comment on any aspect of the issue. An English version of the guide was checked for content validity by the two other authors (MW, CM) and a pilot interview was conducted to ensure that the Persian version was clearly understood by interviewees. After the pilot no major amendments were needed.

All interviews were audiotaped with permission and reflective field notes were recorded after each interview. All interviews were transcribed and reviewed several times for accuracy. To preserve anonymity each interviewee was assigned a code comprising of two parts: alphabetical characters indicating socioeconomic group of an interviewee and a number showing the order of conducting an interview (e.g. L2 refers to 2nd interviewee in the low socioeconomic group).

Ethical approval was obtained from both the University of Nottingham Medical School Research Ethics Committee (OVSA11072013SNMP) and the Ministry of Health & Medical Education (MOHME) in Iran.

Analysis

Inductive thematic analysis was adopted to analyse the transcribed interviews (Braun and Clarke 2006). Analysis was performed by hand.

To ensure the validity of findings, 25% of the transcripts were also analysed by the two other authors (MW, CM) who worked independently and were blinded to the codes and themes previously developed. Subsequently, all authors met together and reached a consensus (Brownlee, Schraw et al. 2011).

Results

The demographic characteristics of 18 interviewees are displayed in table 2. Although the aim of this study was to interview both parents, almost all interviewees (N=16) were mothers. The majority of participants were Persian, followed by Afghan, Azeri and Kurd, respectively. While most of the mothers were stay-at-home mothers, most of the fathers had permanent fulltime jobs. High SES occupations included lecturer and dentist; the middle SES group had jobs such as bank employee and shopkeeper; and low SES occupations included construction workers and bakery assistants. Low SES families had lower literacy levels.

More than half of the children were under three years old and the gender distribution was equal. The number of children in a household ranged from one to four, with one or two children under five years old.

Overall, five overarching themes are identified as barriers and facilitators for tackling child home injuries from the families' perspectives (see table 3). Some major themes had subthemes.

The nature of injury and injury prevention

Some mothers stated that child injuries are inevitable and it is impossible to totally control this phenomenon:

"If we consider all safety aspects at home and increase our attention towards children, the injury numbers will be reduced but it will not reach zero. You close the door but it comes from window. This is the story of injury. Eventually, a child confronts an injury and it is inevitable." (M1)

Further, they believed that the protective role of close and constant supervision is impossible to implement:

"It is impossible to control a child all the time. For example, you may go to the toilet or go to the bathroom for washing clothes for ten minutes. In the meantime, an injury may happen." (H1)

Child-related factors

Children's characteristics

Some interviewees considered that children's characteristics were facilitators for prevention of injuries at home. These characteristics were listed as birth order, child's age and the developmental stage of the child. For instance, some mothers mentioned that their first born child experienced less injuries compared to other siblings because s/he was an only child and had parents' full attention.

Other mothers stated that the number of children negatively influenced their supervision practices:

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“They are two boys. I cannot watch out them. When I am attentive about one, I cannot be attentive about the other. If I had only one, I could control him better.”
(L3)

Children’s behaviour

Some of the parents positively stated that in response to the risky behaviour of their children, they made the home safe after an injury and adapted the home environment to the child’s behaviour.

A few mothers, however, mentioned that the curiosity of children was an uncontrollable barrier. Additionally, two mothers believed that sometimes injury happened as a result of natural behaviour by children, like running or jumping, and it was not rational to curtail their physical activity for the prevention of possible injuries.

Parent-related factors

Knowledge and awareness

Nearly all families stated that their knowledge about injury risk factors helped them to protect their children from injuries in a number of ways such as recognizing high-risk places, and taking preventive measures:

“The floor of our flat is tiled and we tried to cover it with rugs as much as possible to prevent falls.” (M5)

In contrast, almost all participants explained that their injury knowledge had some deficiencies in different aspects, including injury risk factors, child’s abilities and prevention methods. For example, a mother of an injured girl stated:

“If I had been educated beforehand, I would have known that in a second a seven-month old baby could fall over. If I had known, it would have never happened.”
(L7)

Attitude

Some families had a positive attitude regarding injury prevention and their abilities which led to taking safety measures at home. Their positive attitude was reflected in being welcoming towards safety programmes such as home visits, having beliefs in preventability of injuries, giving priority to safety issues and their readiness for adapting their home. As a mother voiced:

“If we have money to buy the bars for separating the kitchen from the living room, my husband can install them. He is a construction worker and already installed those bars for the porch.” (L8)

However, some other respondents perceived injury prevention to be a luxury, citing that they had more significant priorities in their lives and household budgeting:

“We have not thought about injury prevention because our basic needs are not satisfied. Actually the stove and the fridge are out-of-order now. You are talking about injury prevention while we confront other important daily problems.” (L2)

Moreover, a few mothers thought that God supports their children against all kind of injuries. Having this attitude stopped them from implementing certain safety measures.

Resources

Half of the participants had some resource barriers. A number of parents from all family groups mentioned that a lack of time hindered them from making their home safe and from increasing their safety knowledge by studying or participating in educational classes. The following quote is illustrative:

“I comprehend the necessity of safety proofing the home and I am economically able to do that. However, I do not have time to implement it.” (H2)

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3 Additionally, finance was considered a barrier in two ways. Firstly, some parents
4 bought low-priced and unsafe toys for their children. They explained that financial
5 restrictions underpinned their choice. Secondly, some parents were unable to make
6 changes to their homes, such as, installing injury prevention devices, because they could
7 not afford them. In relation to separating the kitchen and living room with a safety
8 guard, one mother from low SES group stated:
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18 “We cannot afford it. We just have money for rental payment and subsistence. It is
19 two months since we have paid the rental payment. Having and installing safety
20 guard needs money.” (L8)
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25 ***Living environment***
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28 A few interviewees mentioned that their home characteristics in terms of size and type
29 were barriers for preventing injuries. For example:
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34 “Since there is lack of space in this home, I did not buy baby cot for my son. He
35 still sleeps in our bed beside me and his dad..... Although I put pillows at both
36 sides of the bed, he fell over sometimes and was injured” (H3)
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40 Some of the mothers expressed that they were unable to adapt their home due to living
41 in temporary accommodation:
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46 “We have not done any specific safety measures because we want to move from
47 here.” (L6)
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51 ***Society-related factors***
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54 ***Cultural issues***
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57 Afghan participants highlighted their cultural traditions of hospitality by which they
58 support each other in many ways, such as living in the same neighbourhood, keeping
59 their home doors open all the time and frequently dining together. However, they
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believed that this hospitality culture can prevent them from supervising their children properly or participating in educational classes and increasing their knowledge about injury prevention:

“If we go out for educational classes, we should close the entrance door. Our family and friends get annoyed when they ring the bell and see that nobody is at home.” (L3)

Family support

A few respondents appreciated support from their extended family in terms of supervising and taking care of their children as well as learning safety knowledge. A mother explained:

“I have two older sisters and each has two kids. They did many things through trial and error. I was young and learned all of them. Now, I apply their experiences and knowledge in my life for raising and caring my son.” (M5)

Another mother whose son nearly drowned before being rescued by her older daughter believed that members of a family can support their parents in caring their younger siblings and prevent injuries.

Safety education

The majority of families stated both parents and children are somewhat equipped with safety knowledge through the activities of different organisations, including the media (especially TV), health centres, fire and safety services, day nurseries and private specialists. For example, some mothers stated that TV broadcasts were effective at injury prevention:

“In the past meat grinders were always on the surfaces of kitchen units. Since different injury experiences caused by meat grinders were transmitted on TV,

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almost none of the mothers leave meat grinders on the surfaces of kitchen units nowadays.” (H1)

It is of note that all families believed that the safety education they received was not comprehensive and could not address all their needs for protecting their children against injuries.

A lead organization

Almost all participants believed that lack of a lead organization for injury prevention has a negative effect on three areas: inefficient safety educational services, lack of supportive legislations and a market that does not support safety.

The majority of participants mentioned that the current education services are inefficient and expressed their discontent over the safety education they received from health centres, reporting it to be of poor quality:

“..... the health professional says many things but very quickly and mentioned that there are some materials about your child on the wall, please read them. That’s it. There is not any organization that holds educational classes for mothers.” (M5)

According to one mother, providing a safe environment for children is impossible without supportive legislation particularly in relation to the construction of homes. She explained that issuing a home license should be conditional on the construction of a safe home or implementation of known safety standards:

“Fire and rescue organization said that new homes should use a certain lift because its energy consumption is lower than others. I want to say that fire and rescue organization should say for example ‘if you want us to confirm your construction, the protection of the balcony should have a certain height,’ otherwise a confirmation for getting a home license will not be issued.” (M2)

Some of the mothers stated that Iran’s market does not supply and distribute safety

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3 devices properly, as they have difficulty in accessing these devices.
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6 Conversely, two participants (both high SES) believed that the market acts as a
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8 positive factor in prevention of child injuries at home as it supplies standard, safe and
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10 reliable objects:
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14 “There are a series of expensive toys with X brand in the market. They are really
15 firm and not separated. Their pieces are not tiny.” (H4)
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Table 2-Families' characteristics

Characteristics		Number of Families
		Total (N=18)
Age of children	Under 3 years old	10
	3-5 years old	8
Sex of children	Girl	9
	Boy	9
Number of young children in a household	1	7
	2	9
	3 or more	2
Marital status of parents	Married	16
	Divorced	1
	Widowed	1
Ethnic group	Persian	10
	Azeri	3
	Kurd	1
	Afghan	4
Geographical movement in last 5 years	Yes	6
	No	12
Mother's age	20-29	8
	30-39	10
Father's age	20-29	2
	30-39	12
	40-49	2
	Not known	2
Mother's job	Stay at home mother	11
	Part time	3
	Full time	4
Father's job	Part time	4
	Full time	12
	Not known	2
Educational level of mother	Illiterate or low literacy	9
	Undergraduate	4
	Postgraduate	5
Educational level of father	Illiterate or low literacy	7
	Undergraduate	4
	Postgraduate	5
	Not known	2

Table 3-The perception of families about facilitators and barriers

Themes	Subthemes
The nature of injury and injury prevention	
Child-related factors	Children's characteristics
	Children's behaviour
Parent-related factors	Parents' knowledge and awareness
	Parents' attitude
	Parents' resources
Living environment	
Society-related factors	Cultural issues
	Family support
	Safety education
	A superior/head organization

Discussion

The purpose of this study was to understand families' perceptions of what may influence the prevention of unintentional home injuries among under-fives. Rich data was obtained through interviews with 18 parents having diverse characteristics. Similar to other studies (Smithson, Garside et al. 2011) and theories such as the social ecological model, (Gielen and Sleet 2003), this study found that families' practices for injury prevention are influenced by a variety of factors.

Most of the parents noted that they have some safety knowledge that helps them to adopt certain safety practices, but they did not consider it sufficient and asked for more education and support from relevant organisations. This confirms findings from other national and international studies advocating the importance of enhancing parental knowledge regarding child safety as they proved a positive correlation between mothers' practice, attitude and knowledge (Kendrick, Young et al. 2013, Hatamabadi, Mahfoozpour et al. 2014). Our research relates a lack of parental knowledge about child

injuries to parental age and educational achievements (Tomruk, Soysal et al. 2007, Eldosoky 2012) that could not be addressed through targeted safety education.

In this study, resource problems in terms of money and time were expressed as hindrance for injury prevention by half of the families. A link between low SES and risk of injury has been found in other studies (Peden, Oyegbite et al. 2008) . Financial constraints prevents the purchase of safety equipment (Fauth and Ellis 2010, Ablewhite, Peel et al. 2015), means living in small unsafe houses, or having less access to and use of child safety information and health services (Fauth and Ellis 2010).

This study also suggests the importance of family support; and problems relating to the lack of a lead organisation (Peden, Oyegbite et al. 2008) and cultural issues (Ingram, Deave et al. 2012). Thus, successful home safety strategies for protecting young children should be designed in the light of the above identified barriers and facilitators.

Strengths and limitations of the study

This is the first qualitative study to investigate the barriers and facilitators to the prevention of home injuries among under-fives in Iran. It furthers our understanding of the issue by illuminating families’ perspectives and contextualizing this data with in a local environment (Kahlke 2014).

Nevertheless, this study has limitations. Firstly, only parents referred to the health centres to receive health services could have a chance to be recruited. However, we purposively gathered data from families with different experiences and backgrounds (Patton 1990). Secondly, the identified gender differences among participants may have arisen because all the interviews were performed during working hours when fathers were more likely to be at work, or because of the societal assumption that childcare is

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3 primarily a maternal responsibility. This issue is of significance when developing
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5 targeted educational interventions. Thirdly, the findings might be unique to the
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7 relatively small number of participants in a particular locale which has limited
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9 generalizability. The diversity amongst interviewees, however, provide rich and detailed
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11 description of the studied phenomenon and allow readers to compare it with those that
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13 they may have seen in other situations (Shenton 2004). Finally, the study approach
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15 involves the interpretation of data by the researchers which inevitability entails
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17 subjectivity. Double coding, peer debriefing and maintaining a reflexive research diary
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19 were applied to reduce the subjectivity and enhance the credibility of this study
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25 (Shenton 2004).
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28 **Implications for practice and further research**

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31 This study found that the majority of parents have inadequate safety knowledge and
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33 skills and some of them have negative attitudes towards injury prevention. To tackle
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35 this problem, as proposed by previous theories such as three E's, special education
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37 targeting parents with children aged under five can change their attitudes and increase
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39 both their knowledge and self-efficacy about injury prevention (Gielen and Sleet 2003,
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41 Christoffel and Gallagher 2006, Peden, Oyegbite et al. 2008). It is suggested that safety
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43 educational programmes should correspond to needs and conditions of audiences, and
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45 be provided in various settings and formats. Simultaneously, the introduction of
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47 supportive safety laws and their rigorous enforcement as well as environmental
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49 modification (e.g. via use of safety equipment) are suggested.
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55 The interviews highlighted obstacles confronted by parents, particularly money
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57 and time. These findings are in line with the social ecological (Gielen and Sleet 2003)
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59 and iceberg models (Hanson, Hanson et al. 2005), which consider family characteristics
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as parts of the social environment that, can influence child injuries. The universal prevention approach suggests adopting appropriate macroeconomic, social, and political policies conducive to economic growth and poverty reduction which may generally alleviate many injury risk factors inherently associated with poverty and low SES (Bloom and Canning 2008). In addition, a targeted prevention approach to financially support vulnerable children living in deprived families and paying particular attention to social stratification, tackling inequalities throughout the society, would remove many intrinsic risks (CSDH 2008).

Regarding implications for further research, conducting interviews with families whose children were seriously affected by home injuries might identify valuable information in terms of barriers and the ways to overcome them for injury prevention. Further, the findings reflect the status of this topic in a metropolitan area of Iran and many of the main lessons are likely transferable to other areas with shared challenges. However, further research in small cities and rural areas would be fruitful.

Conclusion

The data of this study revealed that child home injury is a complex and multifactorial issue influenced by a variety of personal and situational factors. Further, it demonstrates that parents have a pivotal role as facilitators in preventing child home injuries while struggling with specific concerns related to the subject. Therefore, the introduction of multi-level comprehensive policy and initiative involving a combination of interventions with behaviour change approach is essential.

The findings will be of use to health professionals in collaborating with and supporting parents of young children to ensure the understanding and the provision of safe environment at home. Policy makers who strive to build a safer society can also

employ the study findings when determining practices to prevent home injury in children.

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References

- Ablewhite, J., et al. (2015). "Approaches used by parents to keep their children safe at home: a qualitative study to explore the perspectives of parents with children aged under five years." BMC Public Health **15**(983).
- Ablewhite, J., et al. (2015). "Parental perceptions of barriers and facilitators to preventing child unintentional injuries within the home: A qualitative study." BMC Public Health **15**(280).
- Bloom, D. and D. Canning (2008). Population health and economic growth. Background paper for the Commission on Growth and Development. Washington, DC, USA, World Bank.
- Braun, V. and V. Clarke (2006). "Using thematic analysis in psychology." Qualitative Research in Psychology **3**(2): 77-101.
- Brownlee, J., et al. (2011). Personal Epistemology and Teacher Education. New York, Routledge.
- Christoffel, T. and S. S. Gallagher (2006). Injury Prevention And Public Health: Practical Knowledge, Skills, And Strategies, Jones & Bartlett Learning.
- CSDH [Commission on Social Determinants of Health] (2008). Closing the gap in a generation: health equity through action on the social determinants of health. Final Report Of the Commission on Social Determinants of Health Geneva, Switzerland, World Health Organization.

- Dalal, K. and L. Svanström (2015). "Economic Burden of Disability Adjusted Life Years (DALYs) of Injuries." Health & Place **7**(4): 487-494.
- Edwards, P., et al. (2006). "Deaths from injury in children and employment status in family: analysis of trends in class specific death rates." BMJ **333**(7559): 119.
- Eldosoky, R. (2012). "Home-related injuries among children: Knowledge, attitudes and practice about first aid among rural mothers." Eastern Mediterranean Health Journal **18**(10): 1021-1027.
- Fauth, R. and A. Ellis (2010). **Reducing unintentional injuries in childhood**. London.
- Gielen, A. C. and D. Sleet (2003). "Application of Behavior-Change Theories and Methods to Injury Prevention." Epidemiologic Reviews **25**(1): 65-76.
- Hanson, D., et al. (2005). "The injury iceberg: an ecological approach to planning sustainable community safety interventions." Health Promotion Journal of Australia **16**(1): 94-99.
- Hatamabadi, H., et al. (2014). "Evaluation of factors influencing knowledge and attitudes of mothers with preschool children regarding their adoption of preventive measures for home injuries referred to academic emergency centres, Tehran, Iran." International Journal of Injury Control and Safety Promotion **21**(3): 252-259.
- Ingram, J. C., et al. (2012). "Identifying facilitators and barriers for home injury prevention interventions for pre-school children: a systematic review of the quantitative literature." Health Education Research **27**(2).
- Kahlke, R. M. (2014). "Generic Qualitative Approaches: Pitfalls and Benefits of Methodological Mixology." International Journal of Qualitative Methods **13**(1): 37-52.
- Kendrick, D., et al. (2005). "Relationships between child, family and neighbourhood characteristics and childhood injury: a cohort study." Soc Sci Med **61**(9): 1905-1915.
- Kendrick, D., et al. (2013). "Home safety education and provision of safety equipment for injury prevention." Evidence-based child health: A cochrane review journal **8**(3): 761-939.
- Khanom, A., et al. (2013). "Mothers' perspectives on the delivery of childhood injury messages: a qualitative study from the growing up in Wales, environments for healthy living study (EHL)." BMC Public Health **13**(806): 1-9.
- Lynch, J. and G. Kaplan (2000). Socioeconomic position. Social epidemiology. L. Berkman and I. Kawachi. Oxford, Oxford University Press.
- Miller, T. R., et al. (2000). "The Cost of Childhood Unintentional Injuries and the Value of Prevention " The Future of Children **10**(1): 137-163.
- Mohamadzadeh-Asl, N., et al. (2010). "Ranking Indicators of urban welfare in different regions of Tehran." Research and Urban Planning Journal **1**(1): 85-106.

Naghavi, M., et al. (2009). "The burden of disease and injury in Iran 2003." Popul Health Metrics 7(9): 1-21.

Naghavi, M., et al. (2010). "The burden of injuries in Iranian children in 2005." Population Health Metrics 8(5): 1-9.

Patton, M. (1990). Qualitative evaluation and research methods. CA, SAGE.

Peden, M., et al. (2008). World report on child injury prevention. Switzerland, World Health Organization; UNICEF.

Santer, L. J. and C. B. Stocking (1991). "Safety practices and living conditions of low-income urban families." Pediatrics 88(6): 1112-1118.

Sengoelge, M., et al. (2010). "Child home injury mortality in Europe: a 16-country analysis." European Journal of Public Health 21(2): 166-170.

Shenton, A. K. (2004). "Strategies for ensuring trustworthiness in qualitative research projects." Education for Information 22(2): 63-75.

Smithson, J., et al. (2011). "Barriers to, and facilitators of, the prevention of unintentional injury in children in the home: a systematic review and synthesis of qualitative research." Injury Prevention 17(2): 119-126.

Soori, H., et al. (2010). "Epidemiological pattern of non-fatal Injuries in Iran." Pak J Med Sci 26(1): 206-211.

The European Child Safety Alliance (2007). Facts: Childhood Home Safety. Amsterdam, Consumer Safety Institute in the Netherlands.

Tomruk, O., et al. (2007). "First aid: Level of knowledge of relatives and bystanders in emergency situations." Advances in Therapy 24(4): 691-699.

Vincenten, J. A., et al. (2005). "Parents' perceptions, attitudes and behaviours towards child safety: A study in 14 European countries." International Journal of Injury Control and Safety Promotion 12(3): 183-189.