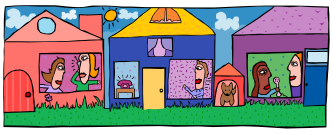

PARENT'S KNOWLEDGE, ATTITUDES & BELIEFS

Parents are more likely to comply with recommended safety practices if they perceive their child to be susceptible to specific injuries however they need to believe that injuries are both preventable and a serious concern to take the steps toward prevention.[37] The following information is the result of research from Canadian and American studies as similar research as not yet been conducted in Australia. Research has been conducted in Australia on specific projects such as the "Hot water burns like fire" campaign where research identified that parents, carers, and the wider population believe that a child is most likely to be scalded from hot tap water, despite data showing children were more likely to be scalded from hot food or hot drinks.

Canadian research shows that most parents know that children can be injured in the home, but they do not always take action to protect their children from injury.[9] They often believe injuries are a normal part of childhood and that these injuries will not be serious and they believe children learn about risk prevention from injury experiences.[38] Parents may also believe that by teaching children safety rules, they are protecting them from injury. Parents may also believe children need less supervision if they know the safety rules. But very young children, especially toddlers, they do not necessarily follow the rules even if they know them.[9] Injury prevention programs that target parents need to focus on increasing awareness of the scope of the problem and altering attitudes and beliefs related to prevention.[38]

Further research suggested that more than half the parents surveyed believed that injuries were more preventable than other health disorders[39] such as cancer or asthma. Despite this, most parents had limited understanding of the major cause of injury and were not specifically concerned about the risk of injury to their children.[39]

The risk of injury and types of injury suffered are strongly associated with sex and age of the child, the area of residence, and the socioeconomic status of the family. For most types of childhood injury, and for every age after infancy, boys are at higher risk of injury than girls. This difference between boys and girls may be related to differences in behaviour or differences in exposure related to traditional male and female roles. Differences in socialisation, operating even at an early age, may also result in differences in risk-taking behaviours between boys and girls.[27]

Parents attitudes towards the Preventability of Childhood Injuries[40]:

- Constant supervision was not realistic even though this contributes to reducing injuries – they believe children were always going to be at some risk of injury
- Individual child characteristic influenced the likelihood of injury regardless of what a parent did in relation to child proofing & supervision
- Children's risk-taking and getting hurt were naturally occurring aspects of play

Knowledge of Safety Issues Relevant to Childhood Injuries[40]:

- The degree of risk was related to the developmental level of the child, personality & gender
- They recognised the importance of specific safety issues such as using child restraints; supervising children when crossing the street; & supervising toddlers around roads as they may run into the street.

Beliefs About Influences on Children's Risk-Taking & Cautiousness Behaviours[40]:

- Children naturally have a lot of energy and are very active during play
- Children don't think about danger during play
- Children imitate risk-taking behaviour of others including adults
- Specific child characteristics.

Parents of lower socio-economic status were particularly likely to underestimate their children's risks for injury, and less likely to mention taking precautions to prevent injuries.[41]

Native Canadian parents were less certain of the control they could exercise over preventing childhood injuries, in comparison to the attitudes expressed by mainstream groups.[40]

A Parents' need for safety information is not consistent with their understanding of injury facts. For example, although falls are the leading cause of child hospitalisations in the home, less than one-third of parents felt they needed more information on preventing falls.[40]

All of these parental misconceptions must be addressed to facilitate and encourage parents' beliefs about injury prevention and to eventually change their behaviour and put knowledge into practice on a daily basis.[37]

Socio-economic Status

International evidence demonstrates that injury is not the same for all people and that lower socio-economic status is associated with an increased risk of injury.[42] It appears that beliefs about the preventability of injuries are related to socio-economic status.[42] Low Socio-Economic status is directly associated with the belief that injuries are unavoidable.[42]

Overall, the Aboriginal and Torres Strait Islander peoples' rate of injury-related hospitalisations in Australia (excluding the Northern Territory) is three times higher than that of non-Aboriginals.[32] It is also believed that the less educated the mother is, the greater the risk for injuries to her children.[37]

Current strategies suggested by the research identifies that there should be an enhanced design for safety in public housing as well as safer packaging of poisons with attention to a wider use of child resistant packaging, and reduced availability of commonly accessed poisons.[42]

As a result, public campaigns to reduce injuries first need to consider the socio-economic status level at which they are aimed, and subsequently seek to modify belief states about injury prevention, as well as the risk behaviours.[42]
In order to reduce the health inequalities when promoting health and preventing injury to children, we can look at many different avenues.[42] Childhood is a particularly crucial time because of the influence of early life on subsequent mental and physical health and development. Interventions arguably have the best chance of reducing future inequalities in health when they relate to present and future parents, especially mothers and children.[42]

A challenge for health professionals and the community is to identify critical periods of increased risk for low socio-economic groups and design interventions that increase the likelihood these groups will negotiate these transitions injury free.[42]

An example of how we can reduce the burden of injury and health inequalities is through an early intervention program such as parent education workshops and home visitation for mothers at risk. In the past these have demonstrated short-term positive outcomes including a 40% decreased infant admission to hospital for injuries and ingestion, and long-term outcomes such as reduced rates of detention and arrest.[42]

SUPPORTED BY Tasmanian Government