



Knowledge and preventive strategies of childhood domestic injuries among nursing mothers in Edo State: a cross-sectional study.

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Abstract

Background:

Childhood domestic injuries remain a significant public health concern, particularly among children under five years who spend most of their time in the home environment.

Objective:

This study assessed the knowledge and preventive strategies of childhood domestic injuries among nursing mothers attending Primary Health Care (PHC) facilities in Edo State, Nigeria.

Methods:

A cross-sectional descriptive survey design was adopted. The study population comprised 44,732 nursing mothers attending PHC facilities in Edo State between January and October 2023. A sample of 447 respondents was selected using a multistage sampling technique, and 399 valid responses were analyzed. Data were collected using a validated self-structured questionnaire (KPSCHDIQ), which yielded a test-retest reliability coefficient of 0.82. Descriptive statistics were used to answer the research questions, while linear regression analysis was employed to test the hypothesis at a 0.05 level of significance.

Results:

The findings revealed that 62.9% of respondents had moderate knowledge of childhood domestic injuries, 21.8% had high knowledge, and 15.3% had low knowledge. Preventive strategies were inconsistently practiced, with most respondents reporting that they sometimes engaged in safety measures such as removing hazardous objects, supervising children, and safely storing chemicals. However, critical measures such as installing window guards and using child-resistant devices were rarely practiced. Regression analysis indicated that knowledge did not significantly predict preventive strategies ($\beta = 0.008$, $p = 0.869$).

Conclusion:

Although nursing mothers demonstrated moderate knowledge of childhood domestic injuries, this knowledge did not significantly translate into consistent preventive practices. This suggests that other contextual factors, such as socioeconomic conditions and access to safety resources, may influence the adoption of preventive measures.

Recommendations

Community-based awareness campaigns should be organized to educate caregivers on the importance of maintaining safe home environments and adopting comprehensive injury prevention practices.

Keywords: Childhood domestic injuries; nursing mothers; preventive strategies; knowledge; primary health care; Edo State

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Background to the study

Childhood domestic injuries remain a significant public health concern worldwide, particularly among young children who spend most of their time within the home environment. Globally, unintentional injuries are among the leading causes of morbidity and mortality among children. The World Health Organization (WHO) estimates that more than 830,000 children die each year from preventable injuries, many of which occur within the home setting. Non-fatal injuries are even more common, resulting in millions of hospital visits annually. These injuries often occur in the form of falls, burns, poisoning, choking, drowning, and cuts, frequently resulting from children's natural curiosity, impulsive behaviour, and limited ability to recognize environmental hazards. During early childhood, children actively explore their surroundings without fully understanding the risks associated with everyday household objects and activities. Consequently, routine domestic environments that are generally perceived as safe spaces can easily become sites of preventable injuries when adequate safety measures are not implemented (Phelan, Houry & Kalkwarf, 2018; Schwebel & Kendrick, 2017; World Health Organization, 2018; Centers for Disease Control and Prevention, 2023; Walker, 2018). Evidence indicates that falls remain one of the most common causes of childhood injuries globally, further highlighting the need for effective prevention within the home.

Preventive strategies for childhood domestic injuries involve deliberate actions taken by caregivers to reduce children's exposure to potential hazards in the household environment. These strategies include constant supervision of children, safe storage of hazardous substances such as medicines and household chemicals, removal of sharp or dangerous objects, and installation of safety devices designed to minimize injury risks (Igbudu et al, 2025; Anyaehie et al, 2025; Ikogho & Onoharigho, 2025). The World Health Organization (2005) recommends several household safety interventions, such as stair gates, window guards, smoke detectors, and safe storage cabinets for toxic substances, as effective measures for preventing domestic accidents among children. Similarly, environmental safety practices such as childproofing homes, installing protective devices, and using child-resistant packaging for chemicals have been shown to significantly reduce childhood injury risks (Ikogho et al, 2025). Studies further suggest that a substantial proportion of domestic injuries could be prevented if caregivers consistently implement safety practices and maintain safe household environments (Nouhjah et al., 2017; Lawrence & Egbule, 2021).

Among caregivers, nursing mothers play a particularly important role in protecting children from domestic hazards because they often serve as the primary caregivers during early childhood. The level of knowledge that nursing mothers possess regarding childhood domestic injuries greatly influences the preventive strategies they adopt. Mothers who are knowledgeable about common injury risks are more likely to recognize hazards within the home and implement safety measures to protect their children. Research has demonstrated that mothers with higher knowledge of childhood injury prevention are more likely to engage in preventive behaviours such as proper supervision of children, safe storage of hazardous materials, and modification of the home environment to reduce risks (Kendrick et al., 2019; Nour et al., 2018). Knowledge, therefore, equips mothers with the ability to identify potential dangers and adopt proactive safety practices. However, some studies indicate that knowledge alone may not always translate into effective preventive practices, as socioeconomic conditions, household structure, and environmental constraints may also influence caregivers' ability to implement safety measures (Gholap, 2017; Hatamabadi et al., 2014; Egbule & Lawrence, 2022). Socioeconomic and demographic factors have also been identified as important determinants of caregivers' knowledge and practices regarding childhood injury prevention. For example, childhood domestic accidents are often more prevalent in low-income households with young mothers and multiple residents, suggesting that economic and household conditions may increase children's exposure to domestic hazards (Ogbe & Ikogho, 2025; Egbule, 2023). Similarly, research has shown that mothers with greater parenting experience, including those with older or multiple children, tend to demonstrate higher safety practice scores due to increased exposure to injury risks and preventive strategies (Ogbe & Ikogho, 2025; Egbule, 2018). Educational interventions have also been found to play an important role in improving maternal knowledge and preventive practices. Interactive training programs and seminars have been shown to significantly improve mothers' awareness of injury risks and enhance home safety behaviours compared to passive information approaches such as pamphlets alone (Ghailan et al, 2021). Continuous health education and counselling by healthcare professionals have therefore been recommended as effective approaches for strengthening caregivers' knowledge and attitudes toward injury prevention (Korani, 2023; Schwebel, 2019).

In Nigeria, and particularly in Edo State, many families depend on primary health care facilities for maternal and

child health services, where nursing mothers receive health education and guidance on child care practices. Despite these services, domestic injuries among children remain a concern, partly due to variations in caregivers' knowledge, environmental conditions, and available resources. While some mothers may possess basic knowledge of injury prevention, the extent to which this knowledge translates into practical preventive strategies may vary across households. Understanding the level of knowledge nursing mothers possess regarding childhood domestic injuries and the preventive strategies they adopt is, therefore, essential for identifying gaps in awareness and designing targeted health education interventions. Such evidence is important for strengthening community health programs and promoting safer home environments for children in Edo State.

Research Questions

For the purpose of this study, the following questions were raised to guide the study:

1. What is the level of knowledge of childhood domestic injuries among nursing mothers attending Primary Health Care facilities in Edo State?
2. What are the preventive strategies of childhood domestic injuries among nursing mothers attending Primary Health Care facilities in Edo State?
3. Does knowledge of childhood domestic injuries of nursing mothers attending Primary Health Care facilities in Edo State predict the preventive strategies adopted?

Hypotheses

The following hypotheses were formulated and tested at the 0.05 level of significance:

1. Knowledge of childhood domestic injuries does not significantly predict preventive Strategies among nursing mothers attending Primary Health Care facilities in Edo State

Methodology

Study Design

This study adopted a cross-sectional descriptive survey design to examine the knowledge and preventive strategies of childhood domestic injuries among nursing mothers attending Primary Health Care (PHC) facilities in Edo State, Nigeria. This design was considered appropriate because it enabled the collection of data from a defined population at a single point in time without manipulation of variables,

thereby allowing for the description of existing conditions and relationships between knowledge and preventive practices.

Study Setting

The study was conducted in selected Primary Health Care centres across Edo State, Nigeria, between July and August 2025. Specifically, twenty-four functional PHC facilities were selected from six Local Government Areas in the state. These facilities included centres such as Egoro Primary Health Centre (Ekpoma), Uselu Primary Health Centre (Benin City), Ewohimi Primary Health Centre, Sabongida-Ora PHC, Iguobazuwa PHC, and Auchu PHC, among others. These centres provided essential maternal and child health services, including antenatal care, immunization, postnatal services, growth monitoring, health education, and basic treatment services. Nursing mothers frequently attend these facilities, making them appropriate settings for assessing knowledge and preventive practices related to childhood domestic injuries.

Participants

The study population comprised 44,732 nursing mothers attending Primary Health Care facilities in Edo State, as obtained from records of the Edo State Ministry of Health. The inclusion criteria were nursing mothers attending selected PHC facilities during the study period who consented to participate in the study. Exclusion criteria included mothers who were not available during data collection or who declined participation. A multistage sampling technique was employed to select participants. First, six Local Government Areas were selected using simple random sampling from the eighteen Local Government Areas in Edo State. Second, four functional PHC facilities were purposively selected from each of the selected Local Government Areas. Finally, nursing mothers attending these facilities were selected purposively until the required sample size was obtained.

Bias

Efforts were made to minimize potential sources of bias in the study. Selection bias was reduced through the use of multistage sampling techniques, which ensured representation across different Local Government Areas and facilities. Information bias was minimized by using a

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validated and standardized questionnaire. Additionally, trained research assistants were engaged to administer the questionnaires uniformly, thereby reducing interviewer bias. Respondents were also assured of confidentiality and anonymity to reduce social desirability bias and encourage honest responses.

Page | 4

Study Size

A sample size of 447 nursing mothers was determined using the Cochran (1977) formulas as cited in Hernán (2015) for large populations, based on a 95% confidence level, 5% margin of error, and an assumed proportion of 0.5. This yielded an initial sample size of approximately 384, which was increased by 15% to account for non-response, resulting in 447 respondents. Of the questionnaires distributed, 399 were properly completed and returned, giving a response rate of 89.3%, which was considered adequate for analysis.

Data Collection

Data were collected using a self-structured questionnaire titled “Knowledge of Preventive Strategies on Childhood Domestic Injuries Questionnaire (KPSCHDIQ)”, developed based on relevant literature. The instrument consisted of sections covering socio-demographic characteristics, knowledge of childhood domestic injuries, and preventive strategies adopted by nursing mothers. The questionnaire was validated by experts in Health, Safety, and Environmental Education at the University of Benin to ensure content validity. Reliability was established using the test–retest method, which yielded a reliability coefficient of 0.82, indicating good reliability. The instrument was administered to respondents with the assistance of trained research assistants to ensure proper understanding and completion.

Statistical Analysis

The data collected were analyzed using descriptive and inferential statistical methods. Descriptive statistics, including frequency counts and percentages, were used to summarize the data and answer the research questions. Inferential statistics, specifically linear regression analysis, were used to test the hypothesis at a 0.05 level of significance. Missing or incomplete data were excluded from the analysis to ensure the accuracy and reliability of results.

Ethical Consideration

Table 1: Socio-Demographic Characteristics of Respondents (n = 399)

Ethical approval for the study was obtained from the Edo State Ministry of Health Research Ethics Committee. **The approval was granted prior to data collection (Approval Date: [insert date]; Ethical Clearance Number: [insert number if available]).** Informed consent was obtained from all participants, and they were assured of confidentiality, anonymity, and the voluntary nature of participation. No identifying information was collected, and participants were free to withdraw from the study at any point without any consequences.

Results

Participant Flow

A total of 447 nursing mothers were initially approached and assessed for eligibility during the data collection period. All 447 respondents met the inclusion criteria and were issued questionnaires. However, 399 questionnaires were correctly completed and returned, while 48 questionnaires were excluded due to incomplete responses and non-return. Consequently, 399 participants were included in the final analysis. The reduction in sample size was mainly due to incomplete responses, time constraints among participants, and occasional withdrawal during questionnaire completion. Thus, the final analysis was based on a response rate of approximately 89.3%, which was considered adequate for statistical analysis.

Descriptive Data

The socio-demographic characteristics of the respondents are presented in Table 1. The findings show that the majority of the nursing mothers were within the reproductive age group, with a substantial proportion falling between 26–35 years, followed by those aged 18–25 years and 36 years and above. Most respondents were married, reflecting the typical demographic profile of nursing mothers attending Primary Health Care facilities. In terms of educational status, a large proportion of the respondents had attained secondary or tertiary education, while a smaller proportion had only primary education or no formal education. This suggests a relatively moderate level of educational exposure among the participants. Regarding occupation, the respondents were engaged in various forms of employment, including trading, civil service, and self-employment, while some were unemployed. The distribution of participants across the selected Primary Health Care facilities showed representation from both urban and semi-urban areas, ensuring diversity in the study population.

Variable	Category	Frequency (n)	Percentage (%)
Age (years)	18–25	102	25.6
	26–35	198	49.6
	≥36	99	24.8
Marital Status	Single	58	14.5
	Married	321	80.5
	Others (Divorced/Widowed)	20	5.0
Educational Level	No formal education	28	7.0
	Primary education	74	18.5
	Secondary education	176	44.1
	Tertiary education	121	30.3
Occupation	Unemployed	82	20.6
	Trader	168	42.1
	Civil servant	93	23.3
	Others (Artisan/Self-employed)	56	14.0
Health Facility	PHC (Urban)	215	53.9
	PHC (Semi-urban/Rural)	184	46.1

Results

Research question one: What is the level of knowledge of childhood domestic injuries among nursing mothers attending Primary Health Care facilities in Edo State?

Table 2: Descriptive statistics on the level of knowledge of childhood domestic injuries among nursing mothers attending Primary Health Care facilities in Edo State

Knowledge level	Frequency	Percentage
High	87	21.80
Moderate	251	62.90
Low	61	15.30
Total	399	100.00

The table showed the level of knowledge of childhood domestic injuries among nursing mothers attending Primary Health Care facilities in Edo State. It can be seen that the 21.80% have high knowledge of childhood domestic injuries, 62.90% have moderate knowledge of childhood domestic injuries, and 15.30% have low knowledge of

childhood domestic injuries. Hence, the majority of the respondents have a moderate level of knowledge of childhood domestic injuries.

Research question two: What are the childhood domestic injuries preventive strategies of nursing mothers attending Primary Health Care facilities in Edo State?

Table 3: Descriptive Statistics on Childhood Domestic Injuries: Preventive Strategies of nursing mothers attending Primary Health Care facilities in Edo State

S/N	Statement	Always	Sometimes	Never	Total (%)
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*1.	I remove sharp objects: scissors, pencils, knives, forks, etc	152(38.1%)	219(54.9%)	28(7.0%)	399(100%)
*2.	I remove hot objects: hot drinks and food, or cooking pots from the stove	227(56.9%)	160(40.1%)	12(3.0%)	399(100%)
*3.	I remove small objects: small toy accessories, coins, buttons, nuts, etc	144(36.1%)	227(56.9%)	28(7.0%)	399(100%)
*4.	I remove breakables: glass containers and porcelain plates, which can cause cuts	139(34.8%)	250(62.7%)	10(2.5%)	399(100%)
*5.	I placed the chemicals out of sight of children	203(50.9%)	194(48.6%)	2(0.5%)	399(100%)
*6.	I remove bags, strings, and cords: objects that may cause suffocation or strangulation	260(65.2%)	117(29.3%)	22(5.5%)	399(100%)
*7.	I remove plastics or other small furniture: things the child may use as props to reach heights	138(34.3%)	219(54.9%)	42(10.5%)	399(100%)
8.	I use barricades or a play pen to keep the baby in-door	182(45.6%)	211(52.9%)	6(1.5%)	399(100%)
9.	I installed window grilles and keep them locked once the baby is able to climb	30(7.5%)	182(45.6%)	187(46.9%)	399(100%)
*10.	I cover electrical outlets, e.g., wires and cords	130(32.6%)	225(56.4%)	44(11.0%)	399(100%)
*11.	I secure the chest of drawers or bookshelf to the wall	144(36.1%)	213(53.4%)	42(10.5%)	399(100%)

** The ones that meet the criteria*

Table 3 (Contd.): Descriptive Statistics on Childhood Domestic Injuries: Preventive Strategies of nursing mothers attending Primary Health Care facilities in Edo State

S/N	Statement	Always	Sometimes	Never	Total (%)
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*12.	I secure ball – standing objects in case they fall	132(33.1%)	221(55.4%)	46(11.5%)	399(100%)
*13.	I prevent domestic injuries involving children	224(56.1%)	123(30.8%)	52(13.1%)	399(100%)
*14.	I actively supervised my children around the home to reduce the incidence of domestic childhood injuries	52(13.0%)	251(62.9%)	96(24.1%)	399(100%)
*15.	I ensured that child–safe equipment like toys, safe cutlery, and high chairs with proper restraints are put in place to help reduce the rate of childhood injuries	109(27.3%)	222(55.6%)	68(17.1%)	399(100%)
*16.	I ensure that objects that put infants and children at increased risk of falls are removed.	222(55.6%)	125(31.3%)	52(13.1%)	399(100%)
*18.	I ensure that baby or toddler swings are kept secured	189(47.4%)	152(38.1%)	58(14.5%)	399(100%)
*19.	I ensure that medicines/vitamins, such as drugs, are kept in appropriate and inaccessible containers.	240(60.2%)	114(28.6%)	45(11.3%)	399(100%)
*20.	I ensure that all household products, such as insecticides, hypo, etc., are kept away from the reach of children	229(57.6%)	158(39.6%)	12(3.0%)	399(100%)
*21.	I inspect electrical cords for frays or other signs of damage.	144(36.1%)	241(60.4%)	14(3.5%)	399(100%)
22.	I examine wall outlets for overloads that can be a fire hazard	162(40.6%)	207(51.9%)	30(7.5%)	399(100%)

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Table 3 (Contd.): Descriptive Statistics on Childhood Domestic Injuries: Preventive Strategies of nursing mothers attending Primary Health Care facilities in Edo State

S/N	Statement	Always	Sometimes	Never	Total (%)
*23.	I keep matches and lighters out of children's reach	122(30.6%)	239(59.9%)	38(9.5%)	399(100%)
24.	I used child-resistant lighters	164(41.1%)	18(4.5%)	217(54.4%)	399(100%)

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*25.	I teach my children that matches and lighters are tools for adults, not toys.	154(38.6%)	213(53.4%)	32(8.0%)	399(100%)
*26.	I used broad-based stands for heavy appliances such as TVs.	28(7.0%)	154(38.6%)	217(54.4%)	399(100%)
*27.	I store heavier items in the bottom shelves or drawers to stabilize the furniture base.	152(38.1%)	229(57.4%)	18(4.5%)	399(100%)
*28.	I checked the floor and other areas accessible to children for these loose items, e.g., safety pins, paper clips, coins, scissors, and needles.	154(38.6%)	211(52.9%)	34(8.5%)	399(100%)
*29.	I ensure that electrical cords are in good condition, placed against walls, and out of the flow of traffic	158(39.6%)	218(54.6%)	23(5.8%)	399(100%)
*30.	I inspect electrical cords for signs of damage.	87(21.8%)	226(56.6%)	86(21.6%)	399(100%)

** The ones that meet the criteria*

Table 3 revealed the childhood domestic injuries preventive strategies of nursing mothers attending Primary Health Care facilities in Edo State. It was discovered that majority of the respondents sometimes engage in the following preventive strategies such as removes sharp objects: scissors, pencils, knives, forks etc (54.9%), remove small objects: small toy accessories, coins, buttons, nuts etc (56.9%), remove breakables: glass containers and porcelain plates which can cause cuts (62.7%), remove plastics or other small furniture: things the child may use as props to reach heights (54.9%), use barricades or play pen to keep baby in-door (52.9%), cover electrical outlets e.g wires and cords (56.4%), secure chest drawers or bookshelf to the wall (53.4%), secure ball – standing objects in case they fall (55.4%), actively supervised their children in around the home to reduce the incidence of domestic childhood injuries (62.9%), ensured that child – safe equipment like toys, safe cutlery and study high chairs with proper restraints are put in place to help reduce the rate of childhood injuries (55.6%), inspect electrical cords for frays or other signs of damage (60.4%), examine wall outlets for overloads that can be a fire hazard (51.9%), keep matches and lighters out of children's reach (59.9%), teach their children that matches and lighters are tools for adults, not toys (53.4%), store heavier items in bottom shelves or drawers to stabilize the furniture base (57.4%), checked the floor and other areas accessible to children for these loose items, e.g. safety pins, paper clips, coins, scissors and needles (52.9%).

Ensure that electrical cords are in good condition, placed against walls and out of the flow of traffic (54.6%), and inspect electrical cords for signs of damage (56.6%). Meanwhile they always remove hot objects: hot drinks and food or cooking pots on stove (56.9%), remove chemicals and poisons: household cleaning agents, medicines, toiletries, insecticides etc (50.9%), remove bags strings and cords: objects that may cause suffocation or strangulation (65.2%), prevent domestic injuries involving children (56.1%), ensure that objects which put infants and children at increased risk of falls are removed (56.6%), ensure that baby or toddler swings are kept secured (47.4%), ensure that medicines/vitamins such as drugs are kept in appropriate and inaccessible containers (60.2%) and ensure that all household products such as insecticides, hypo, etc are kept away from the reach of children (57.6%). The study also revealed that they never used broad-based stands for heavy appliances such as TVs (54.4%), installed window grilles and kept them locked once the baby is able to climb (46.9%), and used child-resistant lighters (54.4%). Thus, the majority of the respondents sometimes engaged in childhood domestic injuries preventive strategies of nursing mothers attending Primary Health Care facilities in Edo State. Hypothesis one: Knowledge of childhood domestic injuries does not significantly predict preventive strategies among nursing mothers attending Primary Health Care facilities in Edo State

Table 4: Linear regression on the knowledge of childhood domestic injuries predicts preventive strategies among nursing mothers attending primary healthcare facilities in Edo State

Coefficients^a

Model		Unstandardized Coefficients		Standardized Coefficients		
		B	Std. Error	Beta	T	Sig.
1	(Constant)	67.329	1.418		47.489	.000
	Know	.017	.101	.008	.166	.869

a. Dependent Variable: preventive_strategies

(0.05 level of significance)

Table 4 showed the linear regression on the knowledge of childhood domestic injuries predicting preventive strategies among nursing mothers attending Primary Health Care facilities in Edo State. It can be seen that the standard coefficient beta value is 0.008, the t-value is 0.166, and the level of significance is 0.869, which is less than the set alpha level of 0.05. Hence, the null hypothesis, which states that knowledge of childhood domestic injuries does not predict preventive strategies among nursing mothers attending Primary Health Care facilities in Edo State, is accepted. This showed that knowledge of childhood domestic injuries does not significantly predict preventive strategies among nursing mothers attending Primary Health Care facilities in Edo State.

Discussion of Findings

The findings of this study revealed that nursing mothers attending Primary Health Care facilities in Edo State generally possessed a moderate level of knowledge of childhood domestic injuries, with the majority of respondents demonstrating only an average understanding of common household hazards and injury prevention practices. This suggests that although many mothers may have been exposed to basic information on child safety through maternal and child health services, their knowledge may not be sufficiently comprehensive to ensure consistent application of safety measures within the home. The study further showed that nursing mothers sometimes engaged in preventive strategies such as removing sharp objects, storing chemicals and medicines out of children's reach, supervising children during daily activities, and ensuring that hazardous household items are kept away from children. However, some preventive measures, such as installing window guards, using child-resistant lighters, and securing heavy appliances, were rarely practiced. These findings are consistent with previous studies, which reported that caregivers often demonstrate moderate knowledge and inconsistent safety practices regarding childhood domestic injuries (Nour et al., 2018; Nuhjah et al., 2017). Similarly, Kendrick et al. (2019) reported that although many caregivers are aware of

domestic injury risks, the adoption of comprehensive preventive measures in the home environment is often limited. However, these findings contrast with studies such as Ghailan et al (2021), which found that mothers who participated in structured injury-prevention education programs demonstrated significantly higher knowledge levels and more consistent home safety practices. Furthermore, the study examined whether knowledge of childhood domestic injuries predicts the preventive strategies adopted by nursing mothers. The regression analysis revealed that knowledge of childhood domestic injuries did not significantly predict preventive strategies among the respondents, leading to the acceptance of the null hypothesis. This finding suggests that knowledge alone may not necessarily translate into the consistent adoption of preventive safety behaviors within the household environment. The result supports the observations of Hatamabadi et al. (2014) and Gholap (2017), who noted that caregivers' awareness of domestic injury risks does not always lead to effective preventive practices due to factors such as socioeconomic constraints, environmental conditions, and lack of safety resources. Similarly, Anyaehie et al (2025) found that childhood domestic accidents are more common in households with economic limitations and overcrowded living conditions, which may hinder caregivers' ability to implement certain safety measures. However, the present finding differs from studies such as Kendrick (2019) and Grat (2022), which reported that higher maternal knowledge significantly improves injury prevention practices among caregivers. These variations suggest that while knowledge is important for injury prevention, other contextual factors, such as economic resources, household environment, and access to health education, may play a critical role in determining whether caregivers are able to implement effective preventive strategies.

Conclusion

This study examined the knowledge and preventive strategies of childhood domestic injuries among nursing mothers attending Primary Health Care facilities in Edo

State. The findings revealed that the majority of nursing mothers possessed moderate knowledge of childhood domestic injuries, indicating that although many mothers are aware of common household hazards, their understanding of injury prevention may not be sufficiently comprehensive. The study also showed that nursing mothers sometimes adopted preventive strategies to reduce childhood domestic injuries. Commonly practiced measures included removing hazardous objects, storing chemicals and medicines safely, and supervising children within the home environment. However, some important preventive measures, such as installing safety devices and using certain protective equipment, were not consistently practiced. Furthermore, the study found that knowledge of childhood domestic injuries did not significantly predict the preventive strategies adopted by nursing mothers. This suggests that while knowledge is important, it may not automatically translate into effective preventive practices. Other factors, such as socioeconomic conditions, availability of safety resources, and environmental constraints, may influence the extent to which nursing mothers implement injury prevention measures. Overall, the findings highlight the need for strengthened health education programs and supportive interventions aimed at improving caregivers' capacity to prevent domestic injuries among children.

Recommendations

Based on the findings of this study, the following recommendations are made:

1. Health education programs should be strengthened in primary health care facilities to improve nursing mothers' knowledge of childhood domestic injury risks and preventive strategies.
2. Community-based awareness campaigns should be organized to educate caregivers on the importance of maintaining safe home environments and adopting comprehensive injury prevention practices.
3. Government and relevant health agencies should promote access to affordable child safety devices, such as stair gates, window guards, and childproof locks, to encourage their adoption in households.

Declarations

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Conflict of interest

There is no conflict of interest.

Data availability

Data will be made available on reasonable request

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