

Assessment of Home Accident Among children with Retinoblastoma

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Abstract

Background: Accidents are common among children, although these accidents were not adequately managed by community. And lack of environmental safety worldwide child with retinoblastoma label to home accident. **Aim:** assessment of home accident among children with retinoblastoma. **Design:** descriptive analytic design. **Setting:** at cancer children hospital 57357 and parent home. **Sampling:** A purposeful samples of 100 parents according to specific criteria **Tools:** three tools were used for data collection. **First tool:** was an interviewing Questionnaire, (a) Socio – demographic characteristics (b) Assessment of child health need and problem (c) Assessment of parent knowledge about retinoblastoma (d) Assessment parent knowledge and practice according to prevention of home accident. **Second tool:** Home environment observation check list for assessing the children home safety. **Third tool:** medical record analysis regarding diagnosis. **Results:** The most of parent had unsatisfactory knowledge about prevention of home accident among their children with retinoblastoma, the most of parent had inadequate practices related prevention of home accident among their children with retinoblastoma, unsafe home environmental measure around two third were unsafe home. **Conclusion:** the most of parent had unsatisfactory knowledge and inadequate practice to prevent home accident among their children with retinoblastoma, the most of parents had unsatisfactory knowledge about retinoblastoma. Also there is unsafely measure to provide safe home environment for their children. **Recommendations:** Implement health education regarding prevention of home accident among child with retinoblastoma, instruction of prevention of home accident, First aid training should be provided to parents as an essential need.

Key words: children with retinoblastoma, home accident.

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Introduction

Home accidents among children differ from country to another due to many factors such as economic , cultural factors, physical status and disability. The largest number of accidents happens in the living room; however the most serious accidents happen in the

kitchen. Life cannot be risk free but utilizing household safety measures can prevent most household accidents. Injury that results from unintended exposure to physical agents including heat, mechanical energy, chemicals or electricity The main causes of accidents in the home are falls, fires , burns, drowning, suffocation, choking, poisoning , cuts and

lacerations). Accidents are one of the five leading causes of death in industrialized and developing countries. Long term of disability in this age group from 1 to 5 years. Injuries arising from home accidents are increasing community health problems (**National Safe Kids, 2015**).

Home accidents among children in Egypt are a major cause of morbidity and mortality in children below 5 years. In Egypt in 2015, the overall prevalence of injuries in indoor home environment was 72.5% among children below 5 years. Prevention and control of home accidents among children has been recently a target and very important area for health promotion. The community health nurse will try to ensure that parent know how to prevent home accidents. The dangers to young children will be pointed out; parent will be informed of their responsibility to make their home a safe environment and to teach their children how to live safely in the environment. (**WHO, 2016**).

Health needs for child with retinoblastoma are identified as a complementary actions needs to promote healthy development, to prevent health problems, home accident and maintain wellbeing. The child suffering from retinoblastoma needs to feel that loved and cherished, As well they have special needs because of their condition that includes satisfying the physiological, social, psychological needs, safety environment to protection them from home accident, Adaptive self-help skill development in the child refers to the development of skills to perform the activities of daily living, social need the parent should give a lot of encouragement and situation to help them to satisfy the social needs through developing their social skills and gradually engaging in social activity to interact with other children, reduces child selfishness and teach to share (**Wong, et al, 2016**).

Retinoblastoma is the most frequent malignant intraocular tumor of childhood. It occurs with an estimated frequency of 1 in 15,000 children. Prior to the 20th century, the disease occurs most often in children younger than 5 years old, and accounts for about 3 percent of all cancers in children. Retinoblastoma was a uniformly fatal disease. Today, survival is better than 95% in developed countries. However, delayed diagnoses are still problems in developing world, resulting in lower survival rates. It has been reported that only 20% of children with Retinoblastoma survive in Africa, 7,202 – 8,102 children who develop Retinoblastoma annually approximately 40% die the die mostly in Asia and Africa Most cases (about 60 percent) involve only one eye (unilateral), but in some children, both eyes may be involved (bilateral), there is the risk of loss of vision, loss of one or both eyes due to the disease for this the child label to home accident more than normal child for this should be provide safety environment at home to keep child safety (**Carol, 2015**).

Living with a child with retinoblastoma can be challenging and stressful. Although some parent may have an indication at the beginning of treatment that their child vision will be impaired, for some families that recognition is one that they struggle to accept, involving the appropriate visual services at an early stage can help some families deal with the practical day – to- day issues but this need to be instigated after discussion with parents and at their pace. As the child grow he /she will become increasingly aware of their own disability. The presence of an artificial eye can be an additional factor. One must not underestimate the effect of a false eye on the child and potential negative body image. Extra psychological support may be needed at home (**Singer, et al., 2014**).

Causes of home injuries are included the house condition such as the house floor is too smooth, unsafe balcony, untidy objects, in

houses, electric equipment, hot or burn objects and other issues like chemicals, spoiled food, well or water container without covers, animals specially dogs without muzzles, sharp objects etc. some factors like number of children of the family or family economic conditions related to an increasing rate of home injury. The largest proportion of accidents is falls from stairs or steps with over 60 per cent of deaths resulting from accidents on stairs. Fifteen per cent of falls are from a chair or out of bed (**Kliegman, R, et al, 2012**).

Children with retinoblastoma often experience one or more physiologic changes that increase their risk for falls and other accidental injuries. muscle weakness and walking or gait problems are the most common factors of accidents among children with retinoblastoma, environmental hazards in homes as wet floors, poor lighting, incorrect bed height. Electrical gadgets that are faulty e.g. fans, wall sockets, exposed wires etc. Toys and bicycles ridden near the steps or uneven surfaces, Barefooted walk over sharp objects (**Kendrick et al., 2012**).

The main types of accidents in the home among children with retinoblastoma are falls, fires and burns, suffocation, choking, poisoning, cuts and lacerations. Accidents are one of the five leading causes of death in industrialized and developing countries. Injuries arising from home accidents are increasing community health problems. Also every year many children are injured or killed are as a result of accidental poisoning, burns, and bits. Sometimes these accidents are caused in the home. Also accident is the leading cause of death and is a major reason for hospital admission and long term of disability (**Mahalakshmy et al., 2013**).

The Parents can play an important role as team members of the health care delivery team of their children suffering from retinoblastoma. Parents has three essential roles which are; protect their children from harm, promoting emotional as well as physical

health, enforcing boundaries to ensure their children's safety and optimizing their children's development. Parents are usually the primary decision makers on matters affecting their children's health. Moreover, Parents function as role models for their children and therefore, Parents own hygienic habits are very meaningful. In addition, Parents ' characteristics and beliefs may be an important consideration in attempts made to improve their children's health care (**Tuck, 2014**).

Primary prevention aims to prevent accident or injury before it ever occurs. This is done by preventing exposures to hazards that cause disease or injury, altering unhealthy or unsafe behaviors that can lead to disease or injury, and increasing resistance to disease or injury should exposure occur. Legislation and enforcement to control the use of hazardous products (e.g. asbestos) or to mandate safe and healthy practices (e.g. use of seatbelts and bike helmets) education about healthy and safe habits (e.g. eating well, exercising regularly, not smoking), immunization against infectious diseases (**Judith & Cheric, 2014**).

Secondary prevention aims to reduce the impact of a accident or injury that has already occurred. This is done by detecting and treating accident or injury as soon as possible to halt or slow its progress, encouraging personal strategies to prevent re-injury or recurrence, and implementing programs to return children to original health and function to prevent long-term problems. Examples include: first aid which the parent applying after injury the community health nurse design education program for the parent to deal with their child after injury to improve their knowledge and practice, also follow and evaluate the first aid which done after injury by parent (**Higgins&Katz, 2014**).

Tertiary prevention aims to often the impact of an ongoing illness or injury that has lasting effects. This is done by helping parents manage long-term, often-complex health

problems and injuries (e.g. chronic diseases, permanent impairments) in order to improve as much as possible their ability to function, their quality of life and their life expectancy. Examples include: rehabilitation programs, support groups that allow members to share strategies for living well, vocational rehabilitation programs to retrain for normal life they have recovered as much as possible. Tertiary prevention focuses on child who are already affected by an injury (Catherine, et al. 2015).

Significant of the study:

Children suffering from retinoblastoma are most at risk from a home accident the age under 5 years age group. Most of these accidents are preventable through increased awareness, improvements in the home environment and greater product safety. Children have accidents; because children are often absorbed in their own immediate interests they can be oblivious to their surroundings. They only have a limited perception of the environment because of their lack of experience or development and their disease. They are not aware of the consequences of the many new situations that they encounter daily. Beside they are having visual disability due to retinoblastoma (WHO, 2016).

The largest number of home accident accidents happens in the living or dining room, but the most serious accidents happen in the kitchen and on the stairs. 'Every year more than 67,000 children experience an accident in the kitchen and 43,000 of these are aged fewer than five. Children under the age of five years old have the most accidents at home and boys are more likely to have accidents than girls. Retinoblastoma could occur unilaterally or bilaterally for that the child suffering from vision impairment. (Sheila merrill, 2015).

Modifying and repairing the home can help prevent accidents and make most homes safer for children. Research suggests that one-third to one-half of home accidents can be prevented by such modification or repair. Adapting or modifying the home environment of children may be required in order to mitigate identified hazards and facilitate greater participation in daily activities, exercises to enhance mobility (particularly balance, strength, and gait training), and promotion of the safe performance of daily activities. (National Institute on Aging, 2016).

Aim of the study:

Assessment of home accident among children with retinoblastoma through:

- Assessing the parent knowledge and practice toward prevention of home accident for their children with retinoblastoma.

Assessing the home safety environment to provide safety and prevention for children with retinoblastoma.

Research question;

-Is there a relation between parent' knowledge and their practice regarding prevention of home accident ?

-Is there effect of home environment on safety of children with retinoblastoma?

Subjects and methods:

Research design:

Descriptive design was used to achieve the aim of this study.

Setting: The study was conducted in children cancer hospital Egypt 57357 outpatient. The researcher during her home visit observe environmental safety measure in home through standardized checklist.

Sampling: A purposeful sample of parents with the children suffering from retinoblastoma was used from the pre mentioned setting, with a total number of around 10% of total number of parent who attended the holding area with their child were followed up till December 2017 study sample 100 parent and take the agreement from statistical department in the setting .

Data collection tools:

Data collection tools:

The first tool: An interview Questionnaire

This tool was written simple Arabic to assess parents and their children with retinoblastoma, it included the following parts:

Part I: It is concerned with demographic data of the children with retinoblastoma disease that included, sex, age...). & demographic data of the parents that included age, educational level, and occupation...).

Part II: Concerned with past medical history for parents and their children with retinoblastoma

Part III: it was concerned with health problems for children with retinoblastoma.

Part IV: Concerned with health needs for children with retinoblastoma

Scoring system:

- (A) Achieved 2,
- (B) Sometimes achieved 1
- (C) Never achieved zero.

The total score was classified as follows:

Achievement : < 60%.

Non-achievement (> 60 %)

Part V: parent's knowledge regarding children with retinoblastoma:

Scoring system:

- (A) Correct answer 1,
- (B) Incorrect answer ... 0

The total score was classified as follows:

"Satisfactory knowledge "scored < 50%.

"Unsatisfactory knowledge "scored > 50%.

Part VI: parent's knowledge regarding preventive home accident:

Scoring system

- (A) Correct answer 1,
- (B) Incorrect answer ... 0

The total score was classified as follows:

"Satisfactory knowledge "scored < 50%.

"Unsatisfactory knowledge "scored > 50%.

Part VII: Assess parent practice as reported about preventive home accident among their children with retinoblastoma.

Scoring system:

(A) Inadequate Practices 0,

(B) Adequate Practices 1

The total score was classified as follows:

"Adequate practices "scored < 50%.

"Inadequate practices "scored > 50%.

Second tool: Assessment of environmental safety measure in home through standardized observation checklist of safe home environment **National Safe Kid, (2015)**

Scoring system:

(A) Unsafe 0,

(B) Safe 1

Was classified into two categories as follow:

"Safety environment "scored < 60%.

"Unsafety environment" scored > 60%.

Third Tool:

Children Medical Record analysis in order to identify (degree of disease, health problem etc...).

Ethical Consideration:

The ethical research considerations in this study include the following:

-The research approval was

obtained from Scientific Research Ethical committee in Faculty of Nursing at Ain Shams University before starting the study.

-Approvals were obtained from administrators of the Children's Cancer Hospital in Egypt (57357). It has been approved by the Scientific Medical Advisory Committee (SMAC) and Internal Reviser Board (IRB).

-The researcher clarified the objective and aim of the study to the participants included in the study.

-The researcher assures maintaining anonymity and confidentiality of the subject data.

-A written consent was obtained from participants after explaining the purpose of study.

-Each participants had right to withdraw from the study at any time.

Operational design:

The operational design includes preparatory phase, Pilot study and field work.

A-Preparatory phase:

It includes reviewing current and past, local and international related literature and theoretical knowledge of various aspects of the study using books, articles, internet, periodicals and magazines to develop tools for data collection related to educational strategies. The developed tools were examined by experts to test their reliability to the study. Researcher made needed modification on tools of data collection after their revising by experts

B. Pilot Study

A pilot study was carried out on 10 from parents have children with retinoblastoma from the sample to test the applicability of the tools, techniques. The obtained results from pilot study helped in the necessary modification of the tools.

C. Field Work:

After an approval was taken from the manager of the mentioned study setting, .The interview was conducted individually for each participant to collect the required data.

•study was carried out from the beginning of Marsh 2018 till the end of September 2018 in cancer children Hospital Egypt, outpatient (recovery unit) and parent home to assess the safety measure, interviewed in unit's 3 days per week (Sundays, Mondays, and Wednesday) in

the shift from 8:00am, to 4:00pm. Tools of data collection will be taking approximately 20-30 min.

Statistical analysis:

Results were tabulated and statistically analyzed using standard computer program using Microsoft office Excel 2016 and SPSS V.21 program for Microsoft windows 10

Two types of statistics were done:

Descriptive statistics: that included the following

- the description of data was in the form of mean, SD for quantitative data, frequency and proportion for qualitative data.

- The mean is the sum of all observations by the number of observation. While the standard deviation is measures the degree of scatter of individual varieties around their mean.

Analytical statistics: that included the following test:-

- Chi-Squared (χ^2): It is used to compare between two groups or more regarding one qualitative variable.

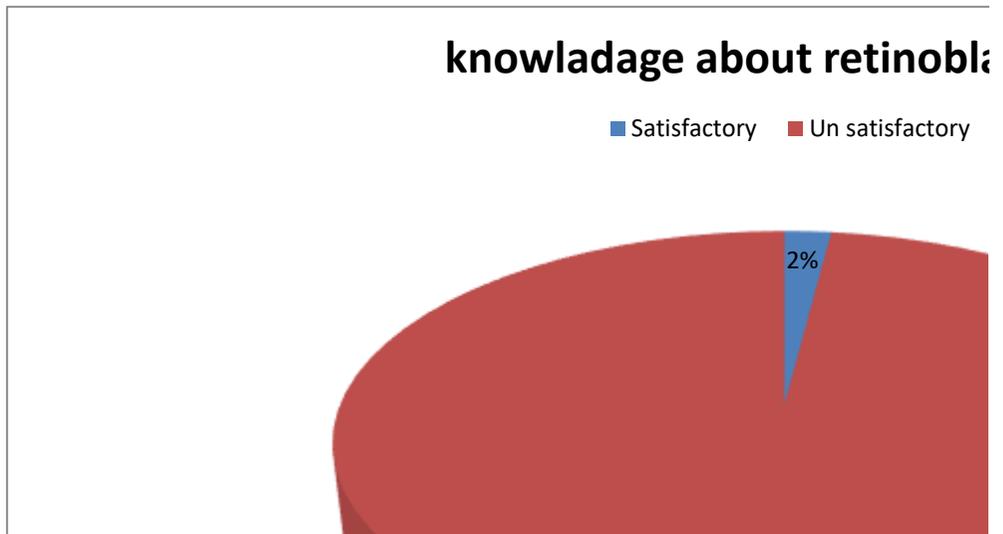
Results

Table (1): Distribution of study sample according to their socio-demographic characteristics (n=100).

	Items	No	%
Mothers' age n=64	20-<30 years	32	51.0
	30-<40 years	24	38.0
	40 < 50 years	8	11.0
	Mean age = 32.33± 4,601		
Mothers' educational level	Illiterate	13	20.1
	Read / write	15	23.2
	Diploma.	26	40.1
	Bachelor	10	15.6
Mothers job	House wife	34	53.9
	Employee	30	46.1
Fathers' age n=36	20-<30 years	7	19.0
	30-<40 years	18	50.0
	40 < 50 years	11	30.0
	Mean age = 36.13±5.9		
Fathers' educational level	Illiterate	6	16.0
	Read / write	8	22.0
	Diploma.	12	33.0
	Bachelor	10	27.0
Fathers' job	Employee	21	58.8
	Free job	15	41.2
Residence	Rural	60	60.0
	Urban	40	40.0
Family income	Sufficient	53	53.0
	Insufficient	47	47.0
Family size	3:4	58	58.0
	4+	42	42.0

Table (1) shows that the mean age of the mothers' was 32.33± 4,601 years while mean age of the fathers' was 36.13±5.9 years. 20.0% of mothers and 19.0% of fathers were considered illiterate, 53.9% of mother were house wife and only 46.3% of them were employees,. As regards family residence for 60% of family live in rural area and 40% of them live in urban with insufficient family income for 47% and 58% of them from 3 to 4 family members.

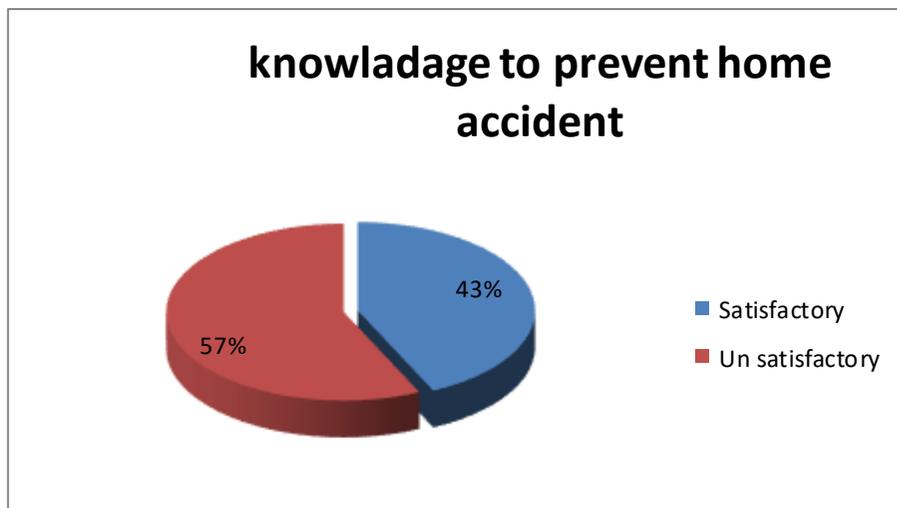
Figure (1): Distribution of study sample according to their knowledge about retinoblastoma (n=100).



*** Highly statistical significant relation*** Highly statistical significant relation

Figure (1) presents that around 98.0% of parents had unsatisfactory knowledge about retinoblastoma .

Figure(2): Distribution of study sample according to their knowledge about prevention of home accidents (n=100).



Figure(2) shows that knowledge about prevention of home accidents for children with retinoblastoma there were 43% of parents had satisfactory knowledge about the prevention of home accidents.

Figure (3): Distribution of study sample' healthy adequate first aid practices of home accident among children with retinoblastoma (n=100).

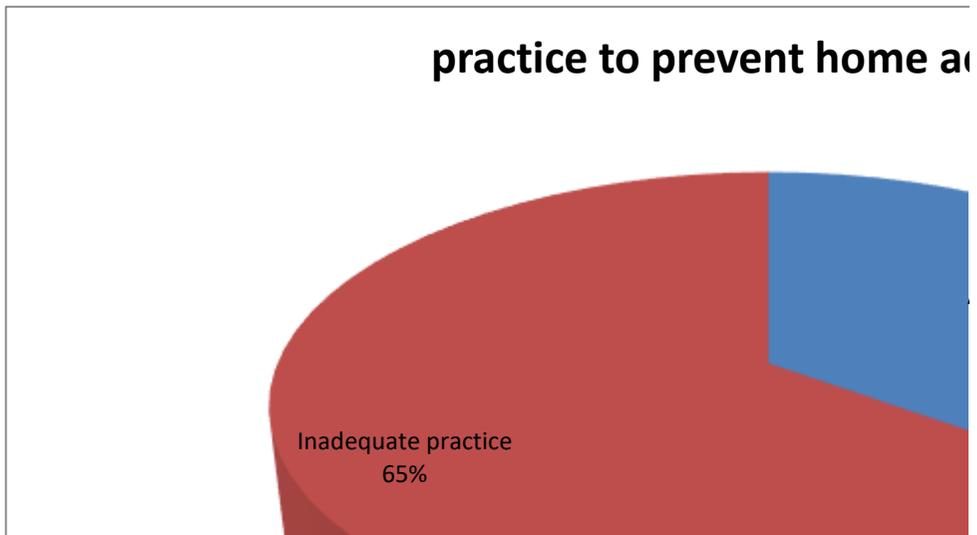
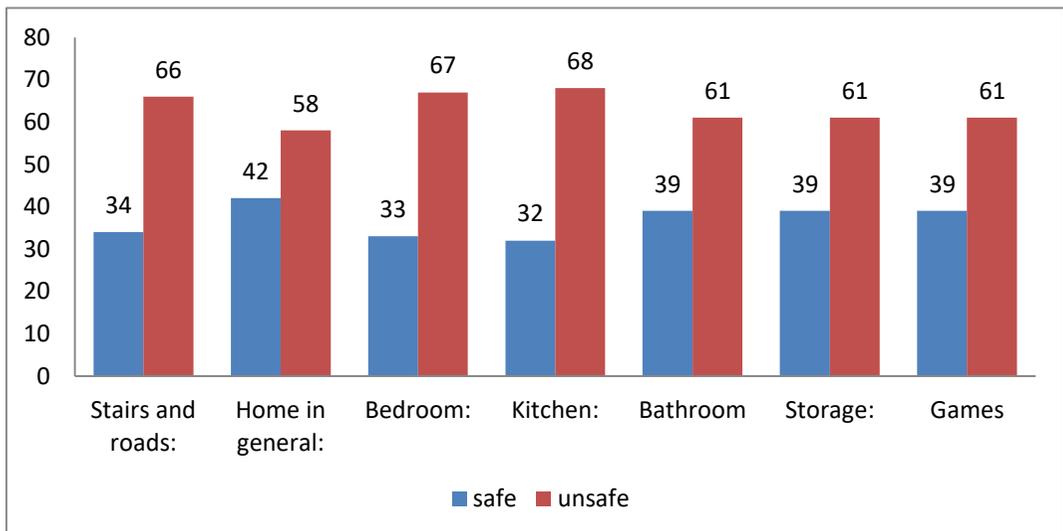


Figure (3) reflects that 35% of the parents' have adequate practices regarding prevention of home accident among children with retinoblastoma.

Figure (4): Distribution of study sample according to their home safe environmental (n=100).



*significant

Figure(4) indicates that the home environmental safety measures between children with retinoblastoma according to their home safe environmental there were the total safety

measures present in stairs and road 33.5%, 41.3 % in the house as general, 32.2% in the bedroom, 31.2% in the kitchen 38.7 % in the bathroom and 38.3% the in storage. 46% in the choice the games. And show that the total safety measure in home around 37.4%.

Discussion

The accident is a major cause of morbidity and mortality worldwide. Parents need to have sufficient information and strategies that can help them come to terms with having a child with retinoblastoma so that they, in turn, can help their children cope more effectively. Families especially require reliable information about accessing services to meet their children's needs communicating with health professionals, interacting and finding support in the community (England et al., 2015). The result of the current study compared with recent literature and other related studies.

Socio-demographic characteristics of parents.

As regards parents socio-demographic characteristics (table 1), the present study shows that above half of the studied mother's age ranged between 20-30 years. And shows that around half of the studied father's age ranged between 30-40 years This finding agreed with Grace (2013), who studied " Mother's Education, Age and Knowledge about Home Accident Prevention among Children in Ilesa Metropolitan City: A Relational Approach". Found that 80% of the respondents were between 26-30years. This may be due to in rural setting, this the age of reproduction and this finding contradicted with (Hussein, 2011) in Egypt who found that less than 50% of mothers were in age group of 20 – 29 years.

According to education level, the present study illustrated that the around one third of the studied parent were illiterate, and approximately around half of them had a primary education, as well,

one quarter of them had of them have highly education (collage). Expectedly, the low educational level of the parent were had its impact on their understanding of the child condition, and should be taken into account in conducting any education program. This was no supported by the study conducted by Ibrihem and Salem (2010), who found in their study about Drug Compliance in cancer Children in IRAQI that the 84% of the parent of cancer children were of low education. Furthermore, Nadkarni et al., (2011), found in their study about Quality of life in children with cancer in India, that, the 85% of the mothers of children were illiterate. Also Esegbe et al., (2015) found in their study about Perspectives of parent on Childhood in Kaduna, Northern Nigeria, that, slightly more than 66% of the parent had a primary education

The knowledge of the parents toward retinoblastoma among their children.

Regarding to the parents' knowledge figure (1) about retinoblastoma show that the majority of parents had unsatisfactory knowledge about causes, symptoms, Complications of retinoblastoma. The most of them had unsatisfactory knowledge about the benefits and The care of the artificial eye, These results were in an accordance with results of Myrel et al (2013) who studied eye cancer in pediatrics in France and described that most of the studied sample knew the definition, causes and complications of retinoblastoma in the childhood.

These findings also were not in an accordance with the findings of Ali ,etal,

(2014) study. In Baghdad on the parents' knowledge concerning children undergoing stated that there was a knowledge about retinoblastoma e deficit of parents in some aspects related to type of treatment. This disagreement might be due to the keen effort of the Children's Cancer Hospital (57357) to increase the awareness of children and their families.

Knowledge about prevention of home accident:

Regarding to parents' knowledge about prevention of home accidents for their children with retinoblastoma figure (2) there were three quartier of parents had unsatisfactory knowledge about the types of injuries at home accidents preprogram implementation. Also the study sample show several misconceptions were identified among the parents that near two thirds of parents who had satisfactory knowledge regarding accident prevention, this disagrees with **wafee 2015** in Egypt. These findings were higher than the present study because of different methodology and different age structure) these might be related to the need of parent to have knowledge and safety practices

Practices regarding prevention of home accident:

figure (3); regards the parent practice towered prevention of home accidents for children with retinoblastoma reflects that around one thirty of the parents' have adequate practices regarding prevention of home accident among children with retinoblastoma

This result disagrees **Sparrow (2010)** who studies Childhood Home Injuries a nursing student approach to preventing Childhood Home Injuries report that about half of the participants could deal with child after bleeding with

correct techniques, this due lack of training regarding eye injury in the rural setting. this finding also supported by **Alazab, (2012) in Egypt and Eldosoky, (2012)** in Eastern Mediterranean concluded that and clarified that parents had deficit knowledge in the pretest regarding children's accidents. There was statistical significant differences between pre and post supportive strategy in relation to These results can be related to the effect of supportive strategies and can be varied according to other factors, such as parents' past experience and educational background, as well as the presence of supportive family members. A continued educational efforts can play a key role in helping parents learn to live with their children to understand measure and its effects over the life span, prevents misconceptions, and reduces concerns about complication.

Assessment of safe home environment to prevent home accident.

figure (4) indicates that the home environmental safety measures between children with retinoblastoma according to their home safe environmental there were the total safety measures present in stairs and road around one thirty . forty present in the house as general, around one thirty in the bedroom, around one thirty in the kitchen 38.7 % in the bathroom and near forty present. in storage. Around half in the choice the games. while show that the total safety measure in home around one thirty .

With the points of view of the results are in agreement with studies Study by **Alasya, E., (2012)**. "The Incidence of Home Accidents among Children Aged 1-6 Years and the Practices of Mothers With Home Accidents". in Australia agreement with the study as reported that in general, extrinsic risk factors for falls are

prevalent in the homes and hazard such as floor rugs, mats, stopovers, and steps. Moreover domestic environmental hazards (e.g. poor lighting, uneven floor surfaces, and absence of grab bars in the bathroom) may increase the prevalence of home accident by more than fifty percent. The home safety is an important issue,

This result disagrees with **Mohammed (2013)** who study attendance of home accident among children with vision disability in Qaver Esam El-Gharbia Governorate report that the majority of the study sample have un safe environment. and also This result disagrees with **Afkar, M.R. (2013)**. “Supportive Strategies Regarding Accidents Prevention for Mothers of Children Under Five Years Old”.

The current study showed that low percentage of safety measures found in the kitchen, bedroom, bathroom, storage and the stairs pre education program, The current study shows that the main place that child suffering for home accident in the bath room and the kitchen With the points of view of many researchers as **Carter, et al (2016)** in Australa agreement with this study that the homes inspected had at least one hazard and more than one third had more than five hazards. The bathroom was identified as the most hazardous room .

Conclusion:

In Conclusion the current study revealed that shows that the mean age of the mothers' was 32.33 ± 4.601 years while mean age of the fathers' was 36.13 ± 5.9 years. More than thirty of parent were considered illiterate, around half of mother . As regards family residence for two thirty of family live in rural area with insufficient family income for around half . around half also of them from 3 to 4 family members. The most of

parents had unsatisfactory knowledge about retinoblastoma. And knowledge about prevention of home accidents for children with retinoblastoma also reflects that around one thirty of the parents' have adequate practices regarding prevention of home accident among children with retinoblastoma . And show that the total safety measure in home around one thirty.

Recommendation:

- Implement health education sessions in holding area regarding prevention of home accident among child with retinoblastoma
- Involve the instruction of prevention of home accident among children with retinoblastoma in the patient education program.
- Follow up the children with retinoblastoma to help in grow and develop to their optimum capacities physically, mentally, socially, psychologically and educationally.
- Emphasize the importance of designing periodic training programs for parents according to their actual needs in area of prevention of home accident among their children with retinoblastoma.
- First aid training should be provided to parents as an essential need in emergency of home accidents.
- Further researches about care of children with retinoblastoma.

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