

# KNOWLEDGE OF PORTUGUESE PARENTS AND CARETAKERS ABOUT FIRST AID IN DOMESTIC ACCIDENTS

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## CONHECIMENTO DE PAIS E CUIDADORES PORTUGUESES SOBRE PRIMEIROS SOCORROS EM ACIDENTES DOMÉSTICOS

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## CONOCIMIENTO DE PADRES Y CUIDADORES PORTUGUESES SOBRE PRIMEROS AUXILIOS EN ACCIDENTES DOMÉSTICOS

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**Objective:** identifying the level of knowledge of parents/caretakers of children with regards to first aid in domestic accidents, and whether it has any association with sociodemographic factors. **Method:** cross-sectional study, carried out in the Hospital Center in Trás os Montes and Alto Douro, in Vila Real, Portugal, during pediatric outpatient consultations from May to June 2018. Parents/caretakers of children from 5 to 9 years of age were included, and parents/caretakers who were not Portuguese were excluded. The population was divided in two subgroups, according to the level of knowledge:  $\leq 19$  right answers (little/medium knowledge);  $\geq 20$  (good/very good knowledge). A form with 27 questions was used for data collection. **Results:** among the 54 participants, 33 (61.2%) had good/very good knowledge; the lack of knowledge about first aid after wounds caused by falls and burns was prevalent. **Conclusion:** although the knowledge of parents/caretakers was found to be good/very good, there was no significant association of their knowledge with sociodemographic factors.

**Descriptors:** Accidents, Home. Children. First Aid. Knowledge.

*Objetivo:* identificar o nível de conhecimento de pais/cuidadores de crianças sobre primeiros socorros em acidentes domésticos e se existe associação com fatores sociodemográficos. *Método:* estudo transversal, realizado no Centro Hospitalar de Trás os Montes e Alto Douro em Vila Real, Portugal, durante as consultas pediátricas ambulatoriais,

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*entre maio e junho de 2018. Foram incluídos pais/cuidadores de crianças de 5 a 9 anos e excluídos pais/cuidadores que não tinham nacionalidade portuguesa. A população foi dividida em dois subgrupos, de acordo com o nível de conhecimento:  $\leq 19$  acertos (conhecimento fraco/razoável);  $\geq 20$  (conhecimento bom/muito bom). Utilizou-se, para a coleta de dados, um formulário contendo 27 questões. Resultados: dentre os 54 participantes, 33 (61,2%) possuíam conhecimento bom/muito bom; predominou a falta de conhecimento dos cuidados com ferimentos após queda e queimadura. Conclusão: apesar de o conhecimento dos pais/cuidadores ter sido avaliado como bom/muito bom, não houve associação do conhecimento com fatores sociodemográficos.*

*Descritores: Acidentes Domésticos. Crianças. Primeiros Socorros. Conhecimento.*

*Objetivo: identificar el nivel de conocimiento de padres/cuidadores de niños sobre primeros auxilios en accidentes domésticos y si existe asociación con factores sociodemográficos. Método: estudio transversal, realizado en el Centro Hospitalario Trás os Montes e Alto Douro, en Vila Real, Portugal, durante consultas pediátricas ambulatorias, entre mayo y junio de 2018. Se incluyeron padres/cuidadores de niños de 5 a 9 años y se excluyeron a los padres/cuidadores que no tenían nacionalidad portuguesa. La población se dividió en dos subgrupos, según el nivel de conocimiento:  $\leq 19$  aciertos (conocimiento flaco/razonable);  $\geq 20$  (buen/muy buen conocimiento). Para recopilación de datos, se utilizó formulario con 27 preguntas. Resultados: entre los 54 participantes, 33 (61,2%) tenían conocimiento bueno/muy bueno; predominó el desconocimiento sobre el cuidado de las heridas después de caerse y quemarse. Conclusión: aunque el conocimiento de padres/cuidadores se evaluara como bueno/muy bueno, no hubo asociación del conocimiento con factores sociodemográficos.*

*Descriptores: Accidentes Domésticos. Niños. Primeros Auxilios. Conocimiento.*

## Introduction

Accidents are the main causes of morbidity and mortality among children, which makes them a serious public health issue. According to the United Nations Children's Fund (UNICEF), throughout the world thousands of children die or sustain permanent sequelae every year due to accidents. In Portugal, in 2015, the number of domestic accidents registered involving children in the age group from 5 to 9 years old was 2,503<sup>(1)</sup>.

The World Health Organization defines "accident" as any occurrence that is independent of one's intention, characterized by the sudden release of an external force<sup>(3)</sup>. Domestic accidents are those that are registered in the urgencies of the National Health Service whose causes are not diseases, auto accidents, work accidents, or violence<sup>(4)</sup>. In Portugal, from 2000 to 2013, more than 60,500 children and adolescents were hospitalized due to accidents<sup>(5)</sup>.

There are some characteristics in the process of growth and development of school age children that leads them more vulnerable to accidents<sup>(6)</sup>. From 2013 to 2015, 2,503 Portuguese children from 5 to 9 years old were victims of domestic accidents from 2013 to 2015. Falls,

intoxication, and burns are some of the most common domestic accidents, that took place in houses and schools<sup>(1)</sup>.

In this setting, it can be said that the first aid care offered by those responsible for the children are essential to minimize damage and sequelae from domestic accidents involving children. Therefore, it is important for parents/caretakers to have knowledge and know how to act in cases of accident<sup>(7-9)</sup>.

First aid is the initial and temporary health attention offered to those who are victimized by accidents and/or by sudden diseases. It aims to prevent, alert, or help, in an effort to preserve life, diminish incapacity and suffering<sup>(10)</sup>. Therefore, those who are the first to see or get in contact with the victim must be capable to offer adequate and immediate care, in the place of the accident, to minimize the risk of sequelae and increase chances of survival<sup>(9)</sup>.

Researches have pointed out that the knowledge in the country is insufficient to offer first aid to children who are victims of accidents<sup>(7-9)</sup>. This study is one of the products developed from a project of Academic Mobility,

between the Nursing School at the Universidade Federal da Bahia, Brazil, and the Nursing School at the Universidade de Trás os Montes, Portugal.

This study aims at identifying the level of knowledge of parents/caretakers of children with regards to first aid in domestic accidents, and whether it has any association with sociodemographic factors.

## Method

This is a cross-sectional study. Data collection took place from May to June 2018, in the outpatient pediatric consultation of the Hospital Center in Trás os Montes e Alto Douro, in Portugal. The population of the study included parents/caretakers of children from 5 to 9 years of age. This age group was selected since it is the one attended by outpatient pediatric consultations. Parents/caretakers of children from 5 to 9 years of age were included, and parents/caretakers who were not Portuguese were excluded.

After the local Ethics Committee offered its approval (n. 167/2018), the parents/caretakers were approached through an invitation which was printed and individually distributed. At this point, they were informed about the objectives of the research and asked for their formal consent, through the signing of the Free and Informed Consent Form.

The data collection instrument was a form, whose elaboration was based on the first aid manual from the Portuguese National Institute of

Medical Emergencies (INEM) and on the manual from the Hospital Center in Trás os Montes and Alto Douro (CHTMAD). This manual was used since it had important recommendations, which can be applied to children from 5 to 9 years old. The form elaborated had 27 questions. After the data found was analyzed, the population was divided in two subgroups, according to the level of knowledge:  $\leq 19$  right answers (little/medium knowledge);  $\geq 20$  (good/very good knowledge).

Data collected was processed using the software Statistical Package for the Social Sciences (SPSS), version 21.0. To analyze normality, the Kolmogorov-Smirnov test was used. Absolute and relative frequencies were calculated for the categorical variables. A bivariate analysis was conducted using the Chi-Square Test ( $\chi^2$ ), in order to find the statistically significant differences between the groups. Student's T-test was used to compare means. The statistical significance level was 5%.

## Results

The population of the study was made up of 54 individuals. From them, 52 parents and mothers (96.3%) and 2 caretakers (3.7%). The knowledge was found to be weak/medium for 21 (38.8%) participants, and good/very good for 33 (61.2%) of them. The characterization of the population of the study, and the comparison of subgroups according to their level of knowledge are described in Table 1.

**Table 1** – Sociodemographic characterization of the population of the study and association of subgroups according to their level of knowledge. Trás os Montes and Alto Douro, Portugal – 2018 (continued)

Variables	Population N=54 (%)	Knowledge		P-value
		Weak/medium n=21 (%)	Good/very good n=33 (%)	
Age (years) mean $\pm$ standard deviation	38 $\pm$ 7	36 $\pm$ 7	39 $\pm$ 7	0.129*
Sex – n (%)				
Female	38 (70.4)	15 (71.4)	23 (69.7)	0.892**
Male	16 (29.6)	6 (28.6)	10 (30.3)	

**Table 1** – Sociodemographic characterization of the population of the study and association of subgroups according to their level of knowledge. Trás os Montes and Alto Douro, Portugal – 2018 (conclusion)

Variables	Population N=54 (%)	Knowledge		P-value
		Weak/medium n=21 (%)	Good/very good n=33 (%)	
<b>Educational level – n (%)</b>				
Elementary Education	13 (24.1)	6 (28.6)	7 (21.2)	0.812**
Complete high school	22 (40.7)	10 (47.6)	12 (36.4)	
Incomplete high school	6 (11.1)	2 (9.5)	4 (12.1)	
Higher education	13 (24.1)	3 (14.3)	10 (30.3)	
<b>Profession – n(%)</b>				
General Services	17 (31.5)	4 (19.0)	13 (39.4)	0.183**
Armed forces	1 (1.8)	-	1 (3.0)	
Lawmakers	5 (9.3)	2 (9.5)	3 (9.1)	
Intermediary level technicians	5 (9.3)	4 (19.0)	1 (3.0)	
Farmers	2 (3.7)	2 (9.5)	-	
Industry worker	1 (1.8)	-	1 (3.0)	
Facility operators	1 (1.8)	1 (4.8)	-	
Intellectuals	13 (24.1)	5 (23.8)	8 (24.2)	
Not qualified	9 (16.7)	3 (14.3)	6 (18.2)	

Source: Created by the authors.

Notes:

\* Student's t-test \*\* Person's Chi-square

Conventional sign used:

- Numerical data equal to zero that was not due to rounding down.

Data related to the percentage of knowledge in cases of falls, intoxications, and burns, are described in Tables 2, 3, and 4, respectively.

**Table 2** – Data related to the knowledge of parents/caretakers with first aid after a fall. Trás os Montes and Alto Douro, Portugal – 2018 (continued)

Variables	Fall	
	Correct answers n (%)	Incorrect answers n (%)
When the child falls from a higher level and shows an edema, bruise or open wound, the zone should be protected using clean compresses, not mobilized, and 112 should be called.	41 (75.9)	13 (24.1)
In case of fall, keep the child under observation and do not offer any foods until the child recovers their regular behavior and activities.	48 (88.9)	6 (11.1)
After a fall from the height of the child or similar, when they do not show any changes in their state of consciousness, but have a small and shallow wound, the characteristics of the wound must be observed, it should be cleaned using tepid water, and a compressive wound dressing should be applied.	7 (13.0)	47 (87.0)
After a fall, whenever the child presents any changes in their state of consciousness or convulsions, they should be kept calm, not moved, and 112 must be called.	44 (81.5)	10 (18.5)

**Table 2** – Data related to the knowledge of parents/caretakers with first aid after a fall. Trás os Montes and Alto Douro, Portugal – 2018 (conclusion)

Variables	Fall	
	Correct answers n (%)	Incorrect answers n (%)
In case of falls, observe carefully whether there are nausea, vomits, and drowsiness. If any of these symptoms appear, you must resort to the urgency services or call to 112.	54 (100.0)	-
After a fall from the height of the child or similar, when they do not show any changes in their state of consciousness and presents an edema or bruise, cold compresses must be applied in the region, with a slight pressure.	14 (25.9)	40 (74.1)

Source: Created by the authors.

Note: Conventional sign used:

- Numerical data equal to zero that was not due to rounding down.

**Table 3** – Data related to the knowledge of parents/caretakers with first aid after intoxication. Trás os Montes and Alto Douro, Portugal – 2018

Variables	Intoxication	
	Correct answers n (%)	Incorrect answers n (%)
If there is a suspicion that the child ingested any toxic substance, one should always ask the child what it was that he/she ingested and try to find the package of the product.	51 (94.4)	3 (5.6)
Whenever the child ingests any toxic substance, the first measure is to keep calm...	54 (100.0)	-
In the case of intoxication due to alcohol ingestion, and only in this case, one must give a sugary beverage to the child.	34 (63.0)	20 (37.0)
Whenever the child ingests a toxic substance but there is still a little of the substance in their mouths, the should be given water to mouth wash it and throw it away.	43 (79.6)	11 (20.4)
Whenever the child ingests something toxic, and if one knows when it was ingested, one must provoke vomit.	19 (35.2)	35 (64.8)
When one goes to the emergency services with a child who ingested a toxic substance, one must always bring the package of the product ingested.	52 (96.3)	2 (3.7)
Whenever a child ingests a toxic substance, they should be given water to drink.	41 (75.9)	13 (24.1)
When a child inhales carbon monoxide, they should be offered milk.	32 (59.3)	22 (40.7)
Whenever a toxic product touches the skin of a child, the child must immediately be bathed.	18 (33.3)	36 (66.7)
Whena toxic product touches the eyes of the child, the head of the child must be inclined to the side that was affected, and the eye must be cleaned with water for 15 minutes, while the eyelids are kept away. One must also be careful to prevent the product from running down to other parts of the body.	51 (94.4)	3 (5.6)

Source: Created by the authors.

Conventional sign used:

- Numerical data equal to zero that was not due to rounding down.

**Table 4** – Data related to the knowledge of parents/caretakers with first aid after a burn. Trás os Montes and Alto Douro, Portugal – 2018

Variables	Burns	
	Correct answers n (%)	Incorrect answers n (%)
When a child is burned, it is important to know what was the agent responsible for the burning.	43 (79.6)	11 (20.4)
When a child is burn, one must always take them to a health center for a correct evaluation.	45 (83.3)	9 (16.7)
When a child suffers a burn, the place burned must be immediately cleaned with running water for 5 minutes, to diminish the pain and protect the area with a clean and wet compress.	47 (87.0)	7 (13.0)
When a child is burned, ointments, toothpastes, butter, and other substances must not be applied.	41 (75.9)	13 (24.1)
When a child who was burned presents blisters in the skin, you should always break it, so the liquid inside will flow, and protect the zone with a compress.	40 (74.1)	14 (25.9)

Source: Created by the authors.

## Discussion

In this research, the knowledge of parents/caretakers about first aid related to falls, intoxication and burns in children from 5 to 9 years old, in Portugal, was found to be good/very good for most variables analyzed. There was no statistically significant difference regarding the knowledge about the sociodemographic characterization. That may be due to the small size of the population.

With regards to sex, men were the minority in the total population, but when the knowledge levels of good/very good was associated, they were found to have more knowledge than women. In Portuguese culture, just as in most countries throughout the world, women are seen as the main responsible parties for taking care of their children (or as the main caretakers). However, in this study, women stood out due to their correct answers with regards to first aid care to their children<sup>(11-13)</sup>.

The traditional setting according to which caretakers are mothers have been changing with the passing of the years, due to the greater presence of women in the work marked, in addition to their role as providers. This reality has

been significantly contributing for an increasingly large number of men to assume roles that used to be exclusive to women.

Studies point out that men are increasingly present in caretaking for children, including in cases of disease. Nowadays, the model of participative parenthood has been frequently adopted by the couples, meaning they are constantly involved in the care and daily lives of their children. That involves the domains of eating, hygiene, leisure and education<sup>(12,14)</sup>.

Another data that stands out is the educational level of the parents/caretakers, since most of them did not have complete higher education. Studies found that the lower the educational level, the more likely were accidents. That may be related to the fact that the population in the study lives in a small city in the countryside of the country, where it is easier to finish their education<sup>(13,15)</sup>.

With regards to the first aid knowledge about falls, a certain percentage of parents/caretakers had little knowledge about the care to be provided in cases of fall-related skin lesions (wounds and bruises), the importance of immobilization, and calling for help. In some occasions, a trauma emerges which does not immediately brings a lesion to the nervous fibers of the marrow, but

which may result in the later emergence of a lesion, due to the inadequate manipulation of the spine in the scene of the accident or during transport. That is why a correct attention on location is so important<sup>(16)</sup>. A study pointed out that the layperson have little to incomplete, or incorrect knowledge on the care to be offered to unconscious victims<sup>(17)</sup>.

In cases of intoxication, many parents/caretakers were found to believe that they should provoke the vomit of the child when they ingested any toxic substance, offering milk to ingest and bathing after the toxic product got in contact with the skin. However, these are not always the actions recommended. The first aid manual of the Hospital Center in Trás os Montes and Alto Douro guides the users to not provoke vomit neither offer liquids to the victim after toxic substances are ingested, since, if the substance ingested is corrosive, that could worsen the clinical state of the victim. Bathing is not recommended. The priority is immediately cleaning the specific place in running water for at least twenty minutes<sup>(16)</sup>.

In the case of burns, many parents/caretakers would use ointments and creams to cover the wounds and would also break the blisters. These actions increase the chances for infections in the site. A study carried out in Portugal, about the level of knowledge of parents about first aid to burns, highlighted that creams, ointments, or any other substances should not be used, since they can interfere in the clinical assessment of the lesion. Another study also found that the knowledge of parents about the initial measures to take after burn cases is insufficient<sup>(8)</sup>, which was not the case for the population of this study. However, parents need to be guided with regards to first aid, in order to promote preventive and educational actions<sup>(13)</sup>.

This study has limitations related to its small-sized population and to the short period of data collection, meaning its results cannot be generalized. Although this study enables the identification of the knowledge of parents with regards to first aid offered to the children, there are still gaps in their knowledge. This

study suggests that controlled studies should be conducted, ones that could find the physical and psychological repercussions of the lack of adequate first aid, in cases in which the parents cannot save the life of their children, as well as in those that evaluate the demand and the costs for health services.

## **Conclusion**

This investigation made it possible to find that most parents/caretakers of children living in Trás aos Montes and Alto Douro, in Portugal, had good/very good knowledge about first aid in cases of the following domestic accidents: falls, intoxication, and burns. Although no association was found between their knowledge and sociodemographic factors, a deficiency was found in their knowledge on the importance of mobilization after the trauma and in intoxication cases. Considering that many parents adopted inadequate practices with regards to the ingestion of toxic substances, that can lead to several complications, health education actions need to be intensified, especially those related to these themes.

Evidences show that a program in health education, about first aid in pediatrics, must be offered to parents and caretakers, and promoted in health institutions and schools. Health professionals, such as nurses, pediatric physicians, and other members of the multiprofessional team, have an important role in the prevention and guidance about first aid in domestic accident situations, and can contribute to diminish child morbidity and mortality.

## **Collaborations:**

1 – conception, project, analysis, and data interpretation: Carolai Conceição dos Santos, Márcia Maria Carneiro Oliveira, Maria Carolina Ortiz Whitaker and Climene Laura de Camargo;

2 – writing of the article and relevant critical review of the intellectual content: Carolai Conceição dos Santos, Márcia Maria Carneiro Oliveira, Maria Carolina Ortiz Whitaker, Climene



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3 – final approval for the version to be published: Carolai Conceição dos Santos, Márcia Maria Carneiro Oliveira, Maria Carolina Ortiz Whitaker, Climene Laura de Camargo and Filomena Martins Marcos Raimundo.

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