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Prevenção de acidentes domésticos infantis: susceptibilidade percebida pelas cuidadoras

Domestic accident prevention for children: perceived susceptibility by the caregivers

Prevención de accidentes domésticos para niños: susceptibilidad percibida por los cuidadores

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ABSTRACT

Objective: to describe the perception of home caregivers of children about the susceptibility of children under their care for the child domestic accidents. **Method:** exploratory, descriptive, and a qualitative study carried out in Natal/RN, Brazil, with 19 caregivers of children. The data were analyzed based on the Collective Subject Discourse and analyzed based on the perceived susceptibility, one of the pillars of the Health Belief Model. **Results:** all subjects deemed avoidable child domestic accidents. There were discordant perceptions regarding changes of risks to these accidents and the susceptibility of the house inhabited for these episodes identified. This triggered the development distinct categories, pointing from the existence of various risks to the non-recognition of susceptibility to such events. **Conclusion:** it is necessary that as a health educator, the nurse performed comprehensive actions and directed to inter-sectoral caregivers to prevent such accidents.

Descriptors: Domestic Accidents; Child; Nursing.

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RESUMO

Objetivo: descrever a percepção de cuidadores domiciliares de crianças quanto à susceptibilidade das crianças sob seus cuidados para os acidentes domésticos infantis. **Método:** estudo exploratório, descritivo e qualitativo, realizado em Natal/RN, Brasil, com 19 cuidadores de crianças. Os dados foram tratados com base no Discurso do Sujeito Coletivo e analisados à luz da susceptibilidade percebida, um dos pilares do Modelo de Crenças em Saúde. **Resultados:** todos os sujeitos julgaram os acidentes domésticos infantis evitáveis. Foram identificadas percepções destoantes quanto às mudanças dos riscos para esses acidentes e à susceptibilidade da casa habitada para esses episódios. Isso desencadeou a elaboração categorias distintas, que apontavam desde a existência de riscos diversos até o não reconhecimento de susceptibilidade a esses eventos. **Conclusão:** faz-se necessário que o enfermeiro, enquanto educador em saúde, realize ações integrais e intersetorias voltadas para os cuidadores a fim de prevenir esses acidentes.

Descritores: Acidentes Domésticos; Criança; Enfermagem.

RESUMEN

Objetivo: describir la percepción de los cuidadores del hogar de los niños acerca de la susceptibilidad de los niños bajo su cuidado en los accidentes domésticos infantiles. **Método:** estudio exploratorio, descriptivo y cualitativo, que se realizó en Natal/RN, Brasil, con 19 cuidadores de niños. Los datos fueron tratados con base en el Discurso del Sujeto Colectivo y analizados con base en la susceptibilidad percibida, uno de los pilares del modelo de creencias de salud. **Resultados:** todos consideraron los accidentes domésticos infantiles evitables. Fueron identificados percepciones discordantes respecto a los cambios de los riesgos para estos accidentes y la susceptibilidad de la casa habitada por estos episodios. Esto dio lugar a las distintas categorías de desarrollo, apuntando la existencia de diversos riesgos para el no reconocimiento de la susceptibilidad a estos eventos. **Conclusión:** es necesario que el enfermero, como educador de salud, realice acciones integrales e intersectoriales dirigidas a los cuidadores con el fin de prevenir este tipo de accidentes.

Descriptores: Accidentes Domésticos; Niño; Enfermería.

INTRODUCTION

Curiosity associated with physical immaturity and cognitive characteristics of children can greatly increase the risk of childhood accidents. These characteristics require effective monitoring and adult actions to ensure protection and well-being of this age group.[1]

In this context, the domestic environment is one of the main sites for the people express such peculiarities, as it is usually the place where children from zero to five years old spend most of the time. Although it is common to believe the residence as the safest place for this population segment, most accidents involving individuals with this age occurs in homes or their surroundings, so that the smaller age, the higher the incidence of these episodes.[2-3]

Statistics data show that on the national scene in 2010, there were 752 cases of infant deaths triggered by external causes in the home space. In that period, among the main types of accidents that caused death in childhood, the main were: drowning and accidental submersion (22.3%), other accidental risks to suffocation (33.5%), aggressions (10.8%) as well as exposure to smoke, fire and flames (8.5%).[4]

Among the consequences of these events, there are a pain, suffering and permanent sequels, such as disfigurement caused by scarring from burns and neurological deficits resulting from head injuries. Such losses also extend to the family, who feels responsible for promoting the safety of victims, and therefore guilt by their suffering or death.[5-6]

Despite the high incidence of the events mentioned and the potentially serious consequences, these accidents are preventable by adopting certain behaviors. Thus, to minimize the incidence of episodes of this nature, the Ministry of Health (MOH) published in 2001 the National Policy Mortality Reduction by Accidents and Violence. This document is one of its main guidelines to promote healthy behaviors and environments, according to the social, cultural and vulnerability of each population segment factors.[7]

As health professionals, nurses are highlighted in the prevention of such accidents, because they are often involved in direct care to individuals and families. On this, the setting of the Primary Health Care (PHC) is a strategic place to conduct investigations of this character due to the link established between population and professionals, continuity of care in this setting, and the largest number of preventive actions carried out involving assigned users on the scope of the Family Health Strategy (FHS).[8]

Faced with the problem, it is assumed that the home caregivers of children aged zero to five years old adhering to child domestic accident prevention behaviors have a clearer perception of risk for the occurrence of these events, as well as possible consequences brought about by these events. It is pertinent to clarify the concept of the term perception, which refers to the action of mentally form representations of external objects, based on empirical data.[9]

In particular, the perception of susceptibility refers to how perceiving the risks and vulnerability in developing a particular health problem. The stance of accepting the susceptibility varies among people, which can negate the chances of suffering any damage or get a disease. There are those who can admit this possibility, but underestimating it.[10]

Thus, this article aims to describe the perception of home caregivers of children about the susceptibility of children under their care for the child domestic accidents. To better respond to these questions, it was used the Health Belief Model (HBM) as a theoretical reference, which seeks to explain adherence to preventive measures, establishing relationships between behavior and some individual perceptions.[11]

METHOD

The study is part of a master's thesis, and it is exploratory and descriptive, with a qualitative approach. The data from this survey were collected in the Family Health Unit of Cidade Nova neighborhood (USFCN), located in the Natal City/Rio Grand do Norte, Brazil. The justification of this option comes

from the fact that the FHS provides greater proximity and relationship between health professionals and families who reside in their ascribed areas. Moreover, when compared to home, the health unit provides minor damage to privacy and performance of the domestic activities of the respondents.

The participants were 19 caregivers of children in the household who met the following inclusion criteria: aged less than 18 years old, home caregiver of at least one child up to five years old and reside in the enrolled area of the Family Health Unit of Cidade Nova neighborhood. The exclusion criterion was restricted to those people with a physical or mental condition that could prevent their participation in the survey or who refused to participate in the study.

To obtain the information, it was opted for the scheduled interview, consisting of open questions. The instrument used was divided into three items. The first item consists of the caregiver´s socio-demographic data. In the second item, it was sought to identify data about the child, such as gender and age. The last item presents aspects of the HBM, specifically related to the perception of susceptibility.

Before the data collection, some measures were adopted to comply with the ethical and legal requirements for scientific research involving human beings, according to Resolution 466/12 of the National Health Council.[12] The project was submitted to the Ethics Committee (CEP) of UFRN, getting approval with the opinion 219,872/13. Upon completing these steps, it was started the data collection, carried out exclusively by the researcher in the months of April and May 2013.

The interviews were recorded with the consent of those involved and later transcribed. With the purpose of guaranteeing the anonymity of the participants, their speeches had assigned codes. These were composed by the initial letter of the relationship between the caregiver and the child, followed by a number corresponding to the order in which the participants were interviewed. As an example, if the first participant were the mother caring for the child, her speech would be identified by the code M1.

Upon completing these steps, the interviews were read several times, and the data were analyzed based on the technique of the Collective Subject Discourse (CSD), which allowed the development of several Central Ideas (CIs), considered as the study categories. This method aims to bring together in a single speech-synthesis several individual lines that express the way to think about a particular phenomenon.[13] Subsequently, the data were analyzed based on a pillar of the Health Belief Model, which corresponds to the perceived susceptibility.

RESULTS AND DISCUSSION

Regarding the dimension related to the perception of susceptibility, the answers originated cIs on the causes of child domestic accidents, and about the types of these events. Also, they identified the perceptions regarding changes of risks to these accidents, according to the age of the child, as well as related to housing and environment for child domestic accidents.

Characterization of respondents

Regarding the gender of the individuals involved, the participation of women was unanimous. Regarding the type of bond with the childcare, 18 reported being the mother, while the others were grandparents, showing the family as the main child-care institution. This result is corroborated by other authors, by highlighting women as the main caregivers of children.[14-5]

As for the age of the caregivers, it ranged from 18 to 55 years old. Most were young, with 11 between 18 and 30 years old; six between 31-40 years old, one was 45, and the same quantitative reported being 51 years old. Only one participant said to be 55 years old. Regarding marital status, there was a predominance of the consensual union, with eight reports, and marriage with six. Three women reported being single and the same quantitative claimed to be divorced. These findings are part of a national reality, which has been showing an increase in the number of consensual unions, especially in the North, where 51% of marriages are of this nature, followed by the Northeast with 40.8%.[16]

Regarding the level of education, most of them (10) claimed to have completed high school, but none had joined higher education. Out of all the respondents, only two were illiterate, which were aged over 50 years old. This result meets the data released by the Brazilian Institute of Geography and Statistics (IBGE) in 2012, among which the most illiterate people was concentrated in this age group.[16]

Regarding monthly family income, considering the minimum wage equivalent to R$ 678.00 in the year in which the interviews were conducted, most of the interviewees claimed to receive 1.5 monthly minimum wages. In this sense, one study elaborates that in family organizations with low purchasing power, maybe the parents are more difficult to supervise children properly, leaving them alone or in the company of a brother, to work.[15]

Collective Subject Speeches related to perceived susceptibility proposed by the Health Belief Model

Concerning this pillar of the theoretical model used, the initial question directed to the participants - item 1 - was the following: Do you know how domestic accidents with children can happen? Their responses triggered two distinct CSD: one about the factors contributing to the occurrence of child domestic accidents, from the perspective of the interviewees, and the other related to the types of these episodes. The first CSD and its CI will be presented and analyzed below.

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Figure 1 - Central ideas of caregivers Speech Synthesis for the occurrence of child domestic accidents - Natal/RN - 2013

QUESTION	CATEGORIES
Question 1 - Do you know how accidents with children can happen in the house?	**Central Idea 1 A -** Accidents happen due to lack of attention of those who are caring because children are too bratty and have no sense of danger.
	Central Idea 1 B - The children can swallow small little pieces, cleaning products, suffer burns, falls or electric shock.

Central Idea 1 - Accidents happen due to lack of attention of those who are caring because children are too bratty and have no sense of danger.

Collective subject discourse 1A

If you do not pay attention, it happens at any time. You have to be all the time paying attention. Not neglect. Because they [the children] do not have much sense of danger. If the person makes it easier, leaving them alone or with some others who do not have that care as the mothers have, right? [...] Because we are very protective. [...] many people talk about: "Why do not you work out?" However, I am afraid that [...]. Leaving her and something happens, and I am to blame for not being close. Because she is very bratty. (M1, M3, M4, M9, M10, M11, M12, M13, M14, M15, M16 and A1).

From the CSD 1 A, it was revealed that, in general, participants linked the term accident to the possibility of avoiding it, conditioning the prevention of child continued vigilance. This understanding is of importance when associated with cognitive and motor immaturity of the child, which promotes his inability to defend himself alone. Therefore, he needs from others to ensure their protection.

There was also the adjective "bratty" to the childcare. Therefore, it is important to note that the origin of this word term "in Portuguese "danado" comes from the Latin *damnátus*, which implies: condemned, rejected, despised, may be synonymous with mischievous, and restless. Thus, the term is culturally used mainly by families of the Northeast, to refer to those children whose actions clash the family rules.[17-8]

The justification of these characteristics is inherent to childhood focuses on aspects related to growth and development in this phase. As the child psychomotor development, it is clear that this process is permeated by intense energy and curiosity, making frequent the need for operating environments. From this, there are large purchases of knowledge and skills, as well as greater exposure to the risk of accidents.[19]

Based on this line of thought, among those interviewed, some have chosen to give up work outside the home in favor of providing the special care required in the age group of zero to five years old. In the speeches of these participants, there is the fear of exposing their children to risk situations, as they do not have the ability to defend themselves. Similar feelings were shared by other participants with employment. In such cases, although the need for income has overcome the desire to devote entirely to child care, they show insecurity facing the need to leave them with others, whether family members or people without consanguineous ties.

Therefore, it was unveiled in the view of participants, the belief in maternal care with superior quality. On this finding, the authors claim that, over time, although women have won their place in the labor market, she is still considered the main responsible for carrying out activities related to the private area. Therefore, she is blamed for any problem that can happen to her children.[20] This is related to the fact that women, culturally, always play the role of main caregiver and educator.[14]

In summary, it should be emphasized that all interviewed over their lines showed the same opinion as to the feasibility and importance of preventing child domestic accidents. Based on the perception of susceptibility, this idea is a factor able to influence adherence to practices positively to prevent these events, because admitting the possibility and take action to prevent these events, the individual can accept the need to adhere to preventive measures.

Next, there is the second category, consisting of the Central Idea 1 B and its respective CSD, extracted from the replies given to the first question of the study, which sought to learn how the caregivers on how domestic accidents with children can happen.

Central idea synthesis 1 B - The child can ingest small little pieces, cleaning products, suffer burns, falls or electric shock.

Collective subject discourse 1 B

A pan ... some people let it easy on the stove ... When putting cables in the first socket, children pull them ... [...]. What about falls ... I do not know ... [Laughs] falling from the bed ... Usually, you leave the child in bed, or a high place, right? May fall awkwardly, breaking a leg ... [...] and the stairs you have to look because she learned to climb when you think you want to get down ... Moreover, with power [grid] ... She ... she usually touches, connecting sockets and everything can happen and put the finger ... Having and electric shock, right? Concerning cleaning products, which leave low things, and the children take sometimes ... [...]. Many accidents ... Many. (M1, M2, M3, M6, M7, M9, M10, M11, M12, M13, M14, M15, M16 and A1).

Based on the CSD 1 B, the participants have demonstrated an understanding of different types of accidents that often affect children aged zero to five years old, associated with their respective forms of prevention. According to the interviewees, they highlighted the possibility of children being victims of burns caused by hot liquids and stove; as well as the very height falls or high places; electric shock and poisoning by ingestion of cleaning products.

Similar results were found in another study with family and children accompanying victims of domestic accidents showed that those voiced satisfactory understanding of the risks of domestic accidents in childhood. According to these authors, among them, suitable rooms for the occurrence of these accidents include the kitchen, bathroom, windows and electrical outlets. In these places, it is often observed the incidence of burns with boiling water, falls and electric shocks.[21]

On the speeches of the participants in this study, it is worth noting that the types of most cited child domestic accidents were burns. This is possibly linked to the frequency with such events occurring, associated with the consequences arising from this injury, such as pain, scarring, and suffering not only to the child but also for the family.

Although the satisfactory perception of the types of accidents constitutes an element that favors the adoption of preventive practices, according to the perceived susceptibility dimension proposed by BHM for prevention to be effective, it is necessary to be associated with knowledge about the phases of growth and development of children. Such understanding will be assessed from the categories resulting from the second question of this research.

Regarding the second question of the script - Do you believe that the risks of these accidents change by the child´s age? - The analysis of the answers allowed the organization of four categories arranged in Figure 2.

Figure 2 - Central Ideas Speech Synthesis of caregivers about the change of the risks to child domestic accidents, as the child´s age. - Natal/RN - 2013

QUESTION	CATEGORIES
Question 2 - Do you believe that the risks of such accidents change by the child´s age?	**Central Idea 2 -** The risks change and may increase when the child grows, he arouses curiosity, starts walking or touching everything, imitating what others do.
	Central Idea 2 B - The risks change and may decrease when the child grows, because he already understands something and thus does not touch many things.
	Central 2 C Idea - Risks neither increases nor decreases, but change as the child´s stage and how they are taking care of him.
	Central Idea 2 D - Accident risks do not change with age.

Central idea synthesis 2 A - The risks change and may increase when the child grows, because he arouses curiosity, he begins walking or touching everything and imitating what others do.

Collective subject discourse 2 A

Well ... So tiny, two months, still in my arms, right? We solve. With months I can believe that there is no risk ... because the child is very small and they do not walk ... They can get up to go messing with things [...]. When starts to crawl and walk inside the house, starting to touch on things ... As the child grows, he will develop, having more access to their world, you know? This can lead to accidents, right? [...]. (M3, M5, M7, M9, M10, M11, M12, M13 and M15).

Based on the explicit content in the CSD 2, it is observed that given the caregivers, while the child has not yet acquired the ability to get around, either crawling or walking, he is not susceptible to accidents. Thus, the motor disability was considered by participants as a factor that allowed them to have greater control over the child, avoiding the risk of accidents.

Different of the opinions of the interviewees, even when the child does not acquire the ability to get around, other skills can apply for domestic accidents. In this line of considerations, it adds up to between zero to six months the baby acquires the habit of pulling objects and often lead them to his mouth.[22]

The explanation for this is focused on the theory of human psychosexual development prepared by psychoanalyst Sigmund Freud. According to this scholar, sexuality is present from birth, and each development step is based on the proven affective behavior about a specific body part. Among the steps versed in this theory, there is the oral phase, which begins at the birth of the individual and usually lasts until one or two years old when weaning occurs. In this period, there is much of the sexual energy being directed to the lips and tongue, making it the first erogenous zone, since this is the first part to be dominated by the child.[23]

Based on the above, it infers the fact that these children are more vulnerable to suffer choking by swallowing small parts by easily bring objects toward the mouth. Therefore, at this stage, the child's contact with small toys and sharp objects or some toxic coating should be avoided. Other accidents can also happen when the child has up to six months as drowning and falls, because, in this period, they acquire the ability to roll. Moreover, there is also the risk of poisoning by mistake in medication administration and/or other products for parents and caregivers.[24]

Returning to the discussion of the stages of development and the influence on the risk of domestic accidents, the idea that the risks increase with age was observed in the reports.

This perception is related to the research results of other authors when they claim that the infant period, which is between one and two years of life, the child begins to walk, and the process of learning is acquired y the sensory and motor manner. Thus, often children of this age group feel the need to grasp objects, thereby consolidating learning.[25]

Moreover, during this period, the children has good traction, but a motor coordination undeveloped. Infants run, go up and down stairs and are also able to pedal a tricycle, walking backward, jumping from a high place; but they do not realize what is dangerous. Such characteristics make them at risk of accidents, and from their cognitive processes, they develop a faster way than their reasoning.[14-5]

With the considerations in this category, the testimonies gathered in the last speech show the understanding of reality as the possible risk of accidents associated with children who have not yet acquired the ability to move around. However, the participants voiced peculiarities inherent in preschool related to socialization and curiosity, which may predispose children to the risks of accidents.

Thus, care being understood by the participants as a protective element, which excludes children unable to walk of any domestic accidents risk, can behave as a propellant for such events as when it is disconnected from knowledge related to growth and development children can help put them at risk.

The second CI that emerged from the speeches of the interviewees gave the CSD 2 and B listed below.

Central idea synthesis 2 B - The risks change and may decrease when the child grows, because he already understands something and does not touch many things.

Collective subject discourse 2 B

From the time that they will understand more things, you will explain that it there ... It'll hurt, right? From the time that he would touch socket as he is growing, he will understand more, will be careful not to put his fingers where it is not to put, right? He will know that a stove, connect a match going out the fire ... Question fall and crash ... In time, right? The normal is going decreasing ... (M2, M4, M14, and M17).

The content of the above lines in the SCD 2 B reveals the fact that some caregivers consider that, to reach about four to five years old, the child understands the directions of adults and is usually able to follow such warnings. For these participants, the fact growth was associated with a protective element against domestic accidents, as the acquisition and improvement of cognitive abilities and, consequently, greater autonomy of the child, were linked to the possibility of being a partner in the prevention process of child domestic accidents.

Moreover, it was emphasized that the previous experience of the child with unpleasant situations, causing some pain, such as burns, for example, allows them to correlate the act of touching something hot as a cause of an injury. It is observed, therefore, the belief of the participants that in preschool, the child can memorize negative situations, and when facing with similar cases, he acts to avoid painful experiences.

In this sense, longitudinal studies with preschool children aged three and five years old, demonstrate that they can recall and report accurately substantial amounts of information about certain events.[26] Such results are also repeated in relation to events with a high level of stress, for example, it has been the victim of a natural disaster. However, only with advancing age the child develops the ability to extract meaning from experience and, consequently, improving memory.[27]

In preschool, there is an unrealistic perception of the environment in which they live, triggering the inability to learn notions of security. However, it should be emphasized the importance of "pretend" as an essential play for child development as it is a form used to understand the world of adults.[1,28]

Thus, it is up to the adults responsible for children in this age group be aware that the characteristic magical thinking of that age, enables the child to compare the cartoon, believing in the possibility to fall without getting hurt. IN the second to fifth year of life, he already runs, jumps, and he is more curious and active. Thus, the most common household accidents include falls from high places, various traumas, and lacerations, drowning, burns and poisoning.[1,28]

Therefore, it is important to highlight the fact that the participants also have attributed to reducing the risk of domestic accidents to children´s ability to understand the difference between "right" and "wrong" as they grow. This is closely related to the perception of the interviewees that the susceptibility to the risks of accidents aged between four and five years old decreased because of the children understand the parents´ orders and obey them.

In fact, during the preschool, the child acquires the ability to discern the right and wrong things according to the rules imposed within the experienced social context. Given this, the recognition of appropriate behavior encourages initiative promotes positive self-esteem. Nevertheless, the failure recognized by surrounding them can trigger feelings of guilt, a judge responsible for his actions.[25]

Faced with the above considerations in the course of this category, it is important to note that the two ways of thinking include consistent elements with scientific literature. However, it is necessary to be cautious about the degree of trust and freedom were given to children in preschool age. As evidenced, their cognitive development has not yet reached a level of development suitable to guarantee their safety in dangerous circumstances. Below, it is shown the third category, which concerns the central idea 2C.

Central idea 2 C - Risks neither increases nor decreases, but changing as the child´s stage and who is taking care of him.

Collective subject discourse 2 C

As the child grows, he learns to have a defense, but so care has to be the same. [...] When he began to walk, crawl, pull things, I had the worry of fire ... From cooking... That was close ... If you leave him alone, if you have an eye, he can... Take down the coffee pot on top... he can move where he is not to move... Put the fingers in the socket... When a child is young, it is more dangerous. I think when he gets bigger, he feels stronger and will play what he cannot, then he falls, hurts himself, breaks an arm, a leg. He will sometimes play with scissors, with a knife. The mother already thinks he can, right? However, he cannot. [...] So I think they (the risk of accidents) change, but do not diminish not [laughs]. (M1, M13, M16, and A2).

The perception evident in the CSD 2C is what is closest to the susceptibility discussed in scientific studies because the skills acquired by children expose them to different types of accidents, according to the stage of development in which they live.[25] Such understanding can guide caregivers, focusing their attention on situations of higher risk, according to the skills presented by the child. Thus, care is individualized and targeted to meet the needs of each. It is pertinent to point out that only four women have contributed to the preparation of this speech.

Moreover, implicitly, it is reaffirmed to this speech the idea of the possibility of avoiding accidents as well as the need for child supervision to prevent them. However, unlike the previous two CIs (SCD 2 and SCD 2 B) for the first time, this need not be restricted to certain stages of child development, being seen as essential throughout childhood.

The last central idea emerged of answers to the question: Do you believe that the risks of these accidents change by the child´s age? From this questioning, SCD 2 D was built up, which is described below:

Central idea synthesis 2 D - Accident risks do not change with age.

Collective subject discourse 2 D

It is the same risk as a child when he is tiny, or he is walking touchng everything. Already touches the thing, already pulling what's on top of a table ... I mean something on the bed ... I mean all woman! One thing that has to know anything ?! Everything you see he touches. As for drowning, I think every age, you know? Because ... As my mother said, "water has no hair to hold a person." Then I am terrified. Because it will always have a curiosity to learn... even get an adult, it will be that way. I do not think it changes (risks) on accident; it does not change. That one, she knows, but she must be paying attention because even they still do, right? You have that is saying, "Look a pot there, you....do not go near the stove, right? These staff... (M8, M18, and A2).

After the analysis of this discourse, it is inferred that the thought expressed by caregivers requires attention because unveil significant gaps in the understanding of child development and its relationship to the risk of domestic accidents in childhood, such knowledge proved insufficient to prevent the accidents occur. Thus, it is essential that the nurse considered a born teacher, act together with these mothers clarifying them on the main domestic accident risks to children's skills as the experienced stage.

Thus, it can highlight the need to explain that the "no" may be incomprehensible to children, even those in pre-school age, between three and six years old and that during that period, the praise to those who enter contact with objects or safe conditions can encourage children to repeat such acts.

To better explain the matter, the Psychosocial Theory of Erick Erikson says that when the child is at this stage of development, the stage of initiative versus guilt predominates. This period is characterized by an intense imagination capacity and exploration of the physical world, associated with the unrealistic perception of the environment in which we live. Therefore, responsible adults should be aware that the characteristic of magical thinking at this age allows them to compare the cartoon, believing in the possibility to fall without getting hurt. Thus, the most common household accidents include falls from high places, various traumas, and lacerations, drowning, burns and poisoning.[1,22,28]

In this sense, on several susceptibility perceptions displayed in response to this question, there is the fragility of compression on the child domestic accidents and aspects related to the development. Subsequently, they are distributed the CIs 3A and 3B, which were systematized in answer to the question: Do you think your home is a suitable place for the occurrence of an accident with the child (ren) for whom you care?

Central idea synthesis 3 A – There are risks because the house is not suitable for a child, has no room to play, safety; They have stairs; the sockets are low, and the ground is flat.

Collective subject discourse 3 A

In my house, it is easy to get hurt. Because it is not a suitable home for a child. [...] Because it is a tight house ... get it? You know that children need space, right? All the time is ... energy, right? It is stirring in things, is rising. [...] It also has the stairs. Imagine if he rolls up there? So

where I live, there are some risks. I've changed rightfully, because the house I lived was about five flights of stairs, which was very dangerous and so, very tight, had no room for her. [...] From burning, I am afraid [...] gas canister ... However, we have all the eyes. I think we live surrounded by accident, and it is important to be careful, right? We have to be always careful. (M2, M4, M5, M11, M12, M16, A1 and A2).

Based on the contents of the SCD 3, it is unveiled the perception of the interviewees as to the existence of specific risks for accidents with children in their homes. In part, this susceptibility was attributed to poor infrastructure home, evidenced by insufficient space. This reality comes from their poor socio-economic conditions, as most said to have a monthly household income equivalent to the minimum wage.

As for the lack of space, the participants stressed the importance of this factor due to the child's need to play as a way to dissipate the intense energy and succumb to curiosity. Thus, it emphasizes the importance of play to children's cognitive development, the fact of providing the acquisition of important capabilities such as memory, attention, and imagination. Moreover, this practice allows for socialization, from the interaction and the use of standards and social functions. Therefore, to represent figures, as mother and superhero stories, they use the imagination, allowing greater understanding of herself and others.[29]

Continuing the environmental aspects listed as risk factors, the stairs were highlighted. In this speech, the susceptibility and risk perceptions generated by this structure were such that culminated in the change of address option. The danger offered to children the steps are related to the weakness of motor coordination and balance them, especially those aged one to four years old, which go up and down stairs with difficulty.[25] The trauma sequels arising from high places falls can bring significant damage can be permanent or even lead to death.

In addition to these factors, there are other components in the residence were cited as possible causes of child domestic accidents: sofas and tables, in which the child can rise and fall, as well as the flat ground, which can cause, falls more easily, especially when wet. It also mentioned the possibility of electric shock due to electrical outlets are for easy access to child sites. Finally, it was reported the chance of burns involving cooking gas canisters.

The next speech is answering to the question - Do you think your home is a suitable place for the occurrence of an accident with the child (ren) for whom you care? - Was the SCD 3 B arranged below?

Central idea synthesis 3 B - There is no risk because the house is tiny and the caregiver is always close to the child, avoiding various types of accidents.

Collective subject discourse 3 B

When I am at home, he cannot, because if I look at one side, you can see everything that the space is quite small. [...] There was never a more serious accident not because I am always on top of it. There is no way not happen. (M1, M3, M6, M7, M8, M10, M15, M17 and M18).

As in the previous speech (SCD 3), the SCD 3 B, inhabited house was also characterized as small. However, divergently to the first speech, this factor was perceived as capable of facilitating the prevention of home accidents. This perception is underwrote the idea that in a smaller environment would be easier to observe children and consequently avoid accidents.

Diverting these findings, the authors argue few rooms as something favorable to the occurrence of domestic accidents.[30] Probably due to the small space available for the children to practice typical actions of his security with development phases, such as running, jumping and playing, which would facilitate falls and greater contact with elements such as fire and sharp objects.

Moreover, the absence of risks at home perceived by participants was also associated with specific care performed by them, coupled with their ongoing surveillance. However, although the participants have stated that speech that does not allow the occurrence of these events with the children, because they were always around, in a contradictory way, when asked about the experience of episodes of domestic accidents, some of them reported having experienced at least one episode.

CONCLUSION

Regarding the susceptibility perceived by caregivers, several central ideas emerged, among which there are perceptions of respondents about the causes of child domestic accidents, and about the types of these events. It is pertinent to note that, unanimously, the participants judged these events as preventable, and its prevention subject to constant surveillance directed at children.

Also, they identified the perceptions regarding changes of risks to these accidents, according to the child´s age, and the susceptibility of the house inhabited for these episodes. The speeches about these aspects were dissonant, generating oppositional categories so that such opinions ranged from the existence of various risks to the non-recognition of susceptibility to these events. This inconsistency was considered worrisome because according to the BHM, one of the requirements for the adoption of health prevention

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practices concerning the belief in vulnerability to illness or injury.

Given the above, it was emphasized the need for nurses, as educators, to guide efforts for the realization of actions for caregivers, nursing technicians and Community Health Agents, with topics covering from the knowledge of psychomotor child development, their relationships to the types of accidents, the main security concepts to the need for more effective supervision.[31] In order to achieve this purpose, it is recommended that professional work with the other team members, along with other sectors such as kindergartens, schools, churches and make partnerships promote comprehensive measures and intersectoral in order to prevent child domestic accidents.

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