Why Do Mothers Use or Not Use Walkers for Their Babies?

Anneler Bebekleri İçin Niçin Yürüteç Kullanıyorlar veya Kullanmıyorlar?

Tülin ÇATAKLI[1] , Hüsniye YÜCEL[2]

[1]Department of Child Health and Diseases, Lokman Hekim University, Ankara, Turkey
[2]Department of Child Health and Diseases, University of Health Sciences, Dr. Sami Ulus Gynecology and Child Health and Diseases Training and Research Hospital, Ankara, Turkey

ABSTRACT

Objective: Baby Walkers (BWs) are used by many parents in the pre-walking period for various reasons. The aim of this study is to investigate the thoughts and usage practices of mothers about the baby walkers, walker-induced accidents and to determine the role of walkers in crawling and independent walking.

Material and Methods: The research was conducted between February and April 2022 with 354 mothers who had infants aged 6-24 months-old and also agreed to participate. The mothers have been interviewed and so-obtained data documented on a pre-designed questionnaire. The data gathered from the baby walker users was compared with that of non-users. Data were collected using a semi-structured questionnaire by face-to-face interview method.

Results: 58.1% of all mothers were using baby walkers for their children. Baby Walker usage was first started at 7.3±0.98 months of age. There was no significant difference between baby walkers user and non-user groups in terms of crawling and independent walking ages ($p>0.050$). Among the baby walker user group, 47.5% stated that "it allowed them to do housework;" while 34.4% of the non-users stated that "it could harm their babies' genitals". Working mothers used baby walkers more than housewife mothers ($p<0.006$). 9.2% of infants have been exposed to baby walkers associated injuries.

Conclusion: Although there are concerns that walkers may cause gait disturbances and walker-related accidents; it was observed that mothers used walkers for different reasons. It is important that health professionals raise awareness about the walkers in routine child health follow-ups.

Key Words: Baby walker, Infants, Injury, Walking

ÖZ

Amaç: Yürüteçler pek çok ebeveyn tarafından çeşitli nedenlerle yürüme öncesi dönemde kullanılmaktadır. Bu çalışmanın amacı, annelerin yürüteç hakkındaki düşüncelerini ve kullanım pratiklerini öğrenmek, yürüteç kaynaklı kazaları, emekleme ve bağımsız yürümede yürüteçlerin rolünü belirlemektir.

Gereç ve Yöntemler: Araştırma Şubat-Nisan 2022 tarihleri arasında 6-24 aylık bebeği olan ve katılmayı kabul eden 354 anne ile yapılmıştır. Annelerle görüşmeler yapılmış ve bu şekilde elde edilen veriler önceden tasarlanmış olan bir anket formuna kaydedilmiştir. Bebek yürüteci kullananlardan toplanan veriler, kullanmayanların verileriyle karşılaştırılmıştır. Veriler, yüz yüze görüşme yöntemiyle yarı yapılandırılmış bir anket kullanılarak toplanmıştır.

0000-0001-6670-1078 : ÇATAKLI T
0000-0002-7477-0302 : YÜCEL H

Conflict of Interest / *Çıkar Çatışması*: On behalf of all authors, the corresponding author states that there is no conflict of interest.

Ethics Committee Approval / *Etik Kurul Onayı*: Clinical Research Ethics Committee of University of Health Sciences - Dr. Sami Ulus Maternity and Children's Health and Diseases Training and Research Hospital, Ankara, Turkey, registered with number E-22/02-270 Protocol No. 2020-KAEK-141/277 dated 02/02/2022

Contribution of the Authors / Yazarların katkısı*: *ÇATAKLI H: Constructing the hypothesis or idea of research and/or article, Planning methodology to reach the Conclusions, Organizing, supervising the course of progress and taking the responsibility of the research/study, Taking responsibility in patient follow-up, collection of relevant biological materials, data management and reporting, execution of the experiments, Taking responsibility in logical interpretation and conclusion of the results, Taking responsibility in necessary literature review for the study, Taking responsibility in the writing of the whole or important parts of the study, Reviewing the article before submission scientifically besides spelling and grammar. ***YÜCEL H:*** Constructing the hypothesis or idea of research and/or article, Planning methodology to reach the Conclusions, Organizing, supervising the course of progress and taking the responsibility of the research/study, Taking responsibility in patient follow-up, collection of relevant biological materials, data management and reporting, execution of the experiments, Taking responsibility in logical interpretation and conclusion of the results, Taking responsibility in necessary literature review for the study, Taking responsibility in the writing of the whole or important parts of the study, Reviewing the article before submission scientifically besides spelling and grammar.

How to cite / *Atıf yazım şekli* : Çatakli T and Yücel H. Why Do Mothers Use Or Not Use Walkers For Their Babies?. Turkish J Pediatr Dis 2023;17:201-206.

Correspondence Address / Yazışma Adresi:
Hüsniye YÜCEL
Department of Child Health and Diseases, University of Health Sciences,
Dr. Sami Ulus Gynecology and Child Health and Diseases Training and Research Hospital, Ankara, Turkey
E-posta: husniyeyucel@gmail.com

Received / Geliş tarihi : 11.05.2022
Accepted / Kabul tarihi : 07.09.2022
Online published : 28.09.2022
Elektronik yayın tarihi
DOI: 10.12956/tchd.1115588

Bulgular: Annelerin %58.1'i çocukları için yürüteç kullandığını belirtmiştir. Yürüteç kullanımının ilk olarak 7.3±0.98 aylıkken başladığı tespit edilmiştir. Yürüteç kullanan ve kullanmayan gruplar arasında emekleme ve bağımsız yürüme yaşları açısından anlamlı fark saptanmamıştır (p>0.050). Yürüteç kullanan annelerin %47.5'i "ev işi yapmalarına olanak verdiğini"; kullanmayanların %34.4'ü "bebeklerinin cinsel organlarına zarar verebileceğini" belirtmiştir. Çalışan anneler ev hanımı annelere göre daha fazla yürüteç kullanmıştır (p<0.006). Bebeklerin %9.2'si yürüteçlerle ilişkili yaralanmalara maruz kalmıştır.

Sonuç: Yürüteçlerin yürüme bozukluklarına ve yürüteçle ilgili kazalara neden olabileceği endişeleri olmasına rağmen; annelerin farklı gerekçelerle yürüteç kullandığı görülmüştür. Rutin çocuk sağlığı izlemlerinde sağlık profesyonellerinin yürüteç hakkında farkındalık sağlamaları önemlidir.

Anahtar Sözcükler: Yürüteç, Bebekler, Yaralanma, Yürüme

INTRODUCTION

Baby walkers (BWs) are intended for use by young children of generally 5 to 15 months age before they develop the ability to walk independently. Several studies have shown that the usage rate of baby walkers ranges from 50% to 95% (1-5). Parents' attitudes to use BW vary based on their cultural beliefs and lifestyles. Many parents see BWs as ideal for encouraging children to begin walking while keeping them entertained, quiet, and safe (1, 6). The serious concerns of the mothers may be noted as the effects of assisted walking on the child's development, and the probable safety issues. The studies on the effects of the use of BWs on infants' motor functions have yielded varying results. Some studies have reported that use of BWs interfered with the expected motor development process such as crawling, standing and walking independently, and may cause developmental delay by preventing the visual experience that is important in this process, some others proposed that these devices had no effect on neuromotor development (1, 5-10). Another concern with BWs use has been the rate of accidents / injuries, which has been shown to occur in 12% to 50% of users (11-13). The ease of movement that walkers provide for young children facilitates the access to hazardous factors such as heaters, hot drinks and poisons, which increase the risk of accidents. After the setup of the standards for the safety of walkers in the USA, there has been a decrease in infant walker-related injuries. However, they still continue to be a cause of serious and preventable injuries (12).

The frequency of BWs use in Turkey has been reported as between 54.0% to 75.4% and the frequency of accidents among BW users was reported as between 7.8 % to 28.9 % (2, 9, 14). There is currently no legislation in our country regarding the use and/or safety of BWs.

It has been reported that the motor and cognitive developmental progress of children is affected by the use of baby walkers (5, 8). Since the amount of studies on the use of baby walkers is limited in our country, we aimed to study the information containing the thoughts of a group of 6-24 months old children's mothers about the baby walkers, and their usage practice to obtain a picture of our population on this issue.

METHOD

After receiving the institutional ethics committee's approval (with the decision from the Clinical Research Ethics Committee of University of Health Sciences - Dr. Sami Ulus Maternity and Children's Health and Diseases Training and Research Hospital, Ankara, Turkey, registered with number E-22/02-270 Protocol No. 2020-KAEK-141/277 dated 02/02/2022), the study was conducted over 345 mothers having children of ages between 6-24 months. The participants were those who have initially applied for vaccinations, routine checkups, or for childhood ailments at the pediatric outpatient clinics of one public and one private hospital in Ankara of Turkey, in 3 months duration from February to April, 2022. Infants known to have any congenital abnormality, chronic illnesses, or complications causing loss of locomotor skills and prematurity were excluded from the study. Fathers or other caregivers were not included in the study since the applicants for healthcare were mostly mothers. The data of the study were obtained by two pediatricians in accordance with the questions prepared in accordance with the literature (1, 9, 15). The questionnaire form used is attached as Supplement 1. Mothers were informed about the aim of and the expectations from the study, and verbal consent on their willing to participate in the study was obtained. The questionnaire form was filled out using a face-to-face interview technique, which was taking about 10-12 minutes. Queries included the sociodemographic characteristics of the family, the number of their children, their parental attitudes towards the use of baby walkers, their reasons for using a walker and also the parents' awareness of walker-associated hazards. Reports of injuries in infants who used walkers, particularly serious injuries (those requiring emergency care, or hospitalization or resulting in mortality) were documented. The infants' crawling and walking ages were noted. The data belonging to those who use or do not use a baby walker were separated and compared.

Statistical analyses were done using SSPS 16 (Chicago, IL, USA). Categorical and quantitative variables were presented as percentages or as mean and standard deviation, respectively. Chi-square or Fisher's exact test were done to examine categorical data for two groups. An independent t-test was used for comparison of means for quantitative variables. '$p < 0.050$' was considered statistically significant.

RESULT

The ages of the mothers were between 19-43 years, with a mean of 32 years. 38.0% of the mothers were high school graduates, while 39.5% had graduated from a university. 58.4% of the mothers had a job.

The mean age of children was 16 months (min: 6, max: 24) and 41.5% of them were female. 48.9% (n=173) were the first baby, and 50.3% were born in a private hospital. The frequency of BW use was 58.1%. The mean age of onset of BW use was 7.3±0.98 months. The majority of the infants were introduced to BW use at 7 and 8 months (70.0 %). The usage of walkers by boys when compared to girls was slightly higher but the difference was not significant (p=0.920). The mean age mothers of BW using children was 32.2±4.5, and that of the non-users' was 31.5±4.6. No statistically significant association was determined between the age of the mothers and the use of BW (p=0.170). No statistically significant correlation was found between the types of family, the education levels of the mothers, and number of children in the family (respectively; p=0.722, p=0.992, p=0.161). When the mothers' working status and BW usage attitudes are evaluated; 64.5% of the working mothers were using BW while this ratio was 34.5% in non-working mothers.

There was a statistically significant difference between the working statuses of the mothers and their BW usage attitudes (p<0.006). The sociodemographic characteristics of the entire data are shown in Table I.

Table I: Comparison of socio-demographic properties of the mothers between users and non-users of BW.

	BW user (n=206) n (%)	BW non-user (n=148) n (%)	p
Gender of the children			0.92
Female	86 (41.7)	61 (41.2)	
Male	120 (58.2)	87 (58.7)	
Family type			0.722
Nuclear	193 (93.6)	140 (94.5)	
Extended	13 (6.3)	8 (5.4)	
Mother's working status			0.006
Working	133 (64.5)	74 (50.0)	
Not working	73 (34.5)	74 (50.0)	
Maternal education			0.992
Primary	43 (20.8)	31 (20.9)	
High school	115 (55.8)	82 (55.4)	
University	48 (23.3)	35 (23.6)	
Number of children in family			0.161
One	94 (45.6)	79 (53.3)	
More than one	112 (54.3)	69 (46.6)	
No	64 (31.0)	73 (49.3)	

BW: *Baby walker*

Table II: The reasons of mothers for using and not using a baby walker for their children.

	n (%)
Users	
To be able to do housework	98 (47.5)
To keep the baby occupied and entertained	54 (26.2)
Parental wish	37 (18.0)
To make the baby's legs stronger	9 (4.3)
Promotes early walking	8 (3.8)
Total	206 (100)
Non-users	
Give harm to their sons' genital organs	51 (34.4)
It may impair the baby's walking	35 (23.6)
Pediatrician did not suggest	26 (17.5)
The baby bored	11 (7.4)
Because the baby walked early	10 (6.7)
Associated with injuries	9 (6.0)
No reason	6 (4.0)
Total	148 (100)

The mothers' rationales for BW use were as follows: use of BW made housework more possible to do (47.5%); the baby was kept busy and entertained (26.2%); elders' recommendation (18.0%); and belief on contribution to strengthening of legs (4.3%). Mothers stating no usage of a BW provided several reasons for their decision: the BW could harm the genital organs of their sons (34.4%); no recommendation received from a pediatrician (17.5%); and that it may impair the baby's walking (23.6%). The responses to the BW usage questionnaire are shown in Table II.

The mean daily time duration of BW usage was 70 minutes (Min: 45 Max: 90). In addition, the mean duration of BW usage before discontinuing was 1.9 months. No significant difference was observed in the mean age of beginning crawling and independent walking between the two groups (respectively; p= 0.667, p= 0.614). 9.2% of 206 children using BW had an accident / injury history. 13 of these accidents were related with the use of walker, and 6 were due to the problems related with the walker's mechanism. There was no statistically significant difference between the amounts of BW-related accidents and the education levels of the mothers (p=0.790). The factors involving the presence of helpers at home (p=0.740) and the genders of the infants (p=0.514) also did not have any statistically significant differences. The mothers have benefited from various sources when establishing their preferences for the use of BW, such as: 36.5% grandmother, 24.6% own experience, 16.7% close friends, 17.5% pediatricians, 7.4% media, and 2.3% literature knowledge. 75% of the 207 BW user mothers have owned them by purchase and two thirds of those purchasers have not performed any investigation beforehand about the features of the BWs like brand, made, safety etc.

DISCUSSION

The baby walker is commonly used all around the world. In our study, baby walkers were used in the majority (about 58.1%) of infants. Similarly Mete et al. (9) reported that the frequency of BW use was 57.5%. About half of the mothers using BW thought that they could spare time for both housework and themselves, while a quarter thought that the baby was happier when using BW. The mothers' reasons for using BW are similar to the results of previous studies on this subject (2,7,10,16,17).

It has been reported that the education level of the mother was effective in determining the attitude about BW use, and young mothers with lesser education used BW more frequently (1,18). On the other hand, studies reporting that education level does not affect BW use have also been reported (9, 15, 19). In our study, no relationship was determined between the level of education and the attitude about BW use. The use of BW continues as a traditional behavior, and problem-oriented education rather than formal education may be more effective in changing traditional attitudes (20).

Although it has been reported that families with one child use BWs more than families with more than one child, our study has revealed no relationship between the number of children in the family and the attitude towards BW use. Similarly Mete et al.(9) reported that no relationship between the number of children in the family and the attitude towards BW use was found (1).

The working statuses of mothers in the family affect the attitude about BW use. In our study, working mothers were shown to use BW more than the housewives mothers. It was thought that the possible reason for this was the effort of working mothers to be with their baby during the rest of the work and be able to control him. Similarly, Yaghini et al. (19) reported that BW usage was higher in working mothers. On the other hand, Mete et. al. (18) reported just the opposite that housewives use BWs more than working mothers. In our study, mothers were not asked about the sector they worked in. This is the limitation of the study; because the word "working" is a broad concept and not every mother's working conditions are the same.

In our study, approximately one-third of mothers not using BWs have stated as a reason that it could harm the genital organs of their boys. Dogan et al. (2) reported that families used baby walkers less frequently for boys due to similar worries. Despite such concerns, boys were found to use baby walkers more than girls do. The traditional belief that boys are valued more and should be protected more considering the continuity of the lineage is still popular, especially in the oriental societies (21). Although there is no data in the literature on mothers' reluctance to use BWs for their boys, this approach may be favored since it protects them from other negative effects of BWs.

In this study some of the mothers thought that using BW would help the infant to have stronger leg muscles (4.3%) and Promotes early walking (3.8%). This opinion has also been reported among the reasons for using BW in some studies (1,9). Studies about the effects of BW use on child development report conflicting results, some studies have reported that use of BWs interfered with the expected motor development process such as crawling, standing and walking independently, some others proposed that these devices had no effect on neuromotor development (1,5-10). In our study, there was no statistically significant difference between the crawling and independent walking ages in the BW user and non-BW user groups (Table III).

Table III: The comparison of the time to gain the gross motor skills of the children between BW users and non-users.

Age of onset of gross motor skills (months)	BW user		BW non-user		p
	Mean±SD	n	Mean±SD	n	
Crawling	9.1±1.2	198	9.0±1.4	140	0.667
Walking independently	12.3±1.4	184	12.4±1.3	139	0.614

In our study, some (23.6%) of the mothers not using BWs had concerns that "it might disrupt the baby's gait" and "may cause toe walking". The mothers stated that the source of such thoughts was their own experiences, grandparents or friends. In two separate studies conducted by Mete et al.(18) in 2017 and 2019, they reported that the prevalence of toe walking was higher in children using BW than those who did not (9). On the other hand, Martín-Casas et al.(22) reported that BW usage would not cause toe-walking in children in their study where neurodevelopmental characteristics of preschool children were investigated. The most commonly observed type is idiopathic toe walking. It may also occur through anatomic or neuromuscular disorders (23). The past BW usage information to be collected from the families complaining about toe-walking may provide valuable data to the pediatricians and family physicians.

A significant proportion of serious walker-related injuries are head and neck injuries of the child occurred by rolling down the stairs while in the BW (11). A decrease in BW-related injuries has been reported after the United States introduced a design regulation to prevent BW passages through stair fence gates (12). In our study, 9.2% of BW-user mothers reported BW-related accidents. Only one infant was hospitalized for a forearm fracture. Other accidents included bruising and soft-tissue injuries that did not require medical treatment. These have occurred by falling over the carpet, crushing the door or the wall, and having the BW broken down. Frequency of injuries related to BWs in our study was found lower compared to previous reports (1,2,9,13,15). In our study, the fact that almost all of the families lived in single-storey apartments and that the caregivers were mostly close relatives such as grandmothers may have diminished serious BW-related accidents significantly. Since the data of our study were obtained from mothers in the pediatric outpatient clinic, the frequency of BW-related accidents may

have revealed lower. Also, majority of the mothers both using and not using BW were aware of BW-related accidents and the need to close monitoring their babies to prevent these accidents, which may also explain the low frequency.

Mothers' decisions and practices on BW usage are influenced by their daily life routines and the recommendations of their parents and pediatricians (10). In this study, 36.5% of the mothers decided to use or not to use BW upon the advices of their grandmothers. 17.5% of mothers did not use BW due to the warnings by their pediatricians that the use of baby walker may adversely affect the motor development of infants. Similarly, Mete et al.(9) reported that 20% of the mothers received advice from their pediatricians not to use BW. It has been noted in a study in the literature that pediatricians are aware of the risks and disadvantages and therefore do not recommend the use of BWs. However, no satisfactory alternatives could be offered to the parents to replace BWs (24).

About two-thirds of the mothers did not research the features (such as the brand, the material used, the safety mechanism that can prevent it from falling, etc.) before purchasing BW. They just chose a model that fit their budget. They had not received any warnings about possible safety hazards and related precautions from the store they bought it from.

The limitations of our study; the data have been collected as verbal statements of the mothers. The children's gait and development were not followed up and the developmental tests were not applied regularly. Since it is a hospital-based study, the data were not representative for the whole population.

CONCLUSION

In this study, we observed that mothers' decisions to use BWs were not homogeneous. Therefore it is important to provide information to the mothers or other caregivers based on the literature and evidence in routine child health follow-ups.

REFERENCES

1. Shiva F, Ghotbi F, Yavari S. The use of baby walkers in Iranian infants. Singapore Med J 2010;51:645-9.
2. Dogan DG, Bilici M, Yilmaz AE, Catal F, Keles N. Baby walkers: a perspective from Turkey. Acta paediatr 2009;98:1656-60.
3. Thein M, Lee J, Tay V, Ling S. Infant walker use, injuries, and motor development. Inj Prev1997;3:63-6.
4. Alessa M, Humoud M, Al Qabandi W. Parental attitudes toward the use of baby walkers. Int J Health Sci 2015;3:109-13.
5. Garrett M, McElroy A, Staines A. Locomotor milestones and babywalkers: cross sectional study. BMJ 2002;324:1494.
6. Siegel AC, Burton RV. Effects of baby walkers on motor and mental development in human infants. J Dev Behav Pediatr 1999;20:355-61.
7. Herzog JI, Schmahl C. Adverse childhood experiences and the consequences on neurobiological, psychosocial, and somatic conditions across the lifespan. Front Psychiatry 2018;9:420.
8. Talebian A, Honarpishe A, Taghavi A, Fakharian E, Parsa M, Mousavi GA. Do infants using baby walkers suffer developmental delays in acquisition of motor skills? Iran J Child Neurology 2008;2;15-8.
9. Melike M, Devecioğlu E, Boran P, Yetim A, Pazar A, Gökçay G. Baby Walker Use and Its Consequences in a Group of Turkish Children. J Child 2017; 17:158-62.
10. Chagas PS, Mancini MC, Tirado MG, Megale L, Sampaio RF. Beliefs about the use of baby walkers. Rev Bras Fisioter 2011;15:303-9.
11. American Academy of Pediatrics. Injuries associated with infant walkers. Pediatrics 2001;108:790-2.
12. Sims A, Chounthirath T, Yang J, Hodges NL, Smith GA. Infant Walker–Related Injuries in the United States. Pediatrics 2018;142: e20174332.
13. Barss P, Grivna M, Al-Hanaee A, Al-Dhahab A, Al-Kaabi F, Al-Muhairi S. Baby walker injury, disability, and death in a high-income middle eastern country, as reported by siblings. Inj Epidemiol 2016;3:17.
14. Özdemir AA, Kurt FY, Köse S, Oğul T. Annelerin çocuklarında yürüteç kullanma durumları ve yürütece bağlı kazaların incelenmesi: Doğu ve batı örneği. Anadolu Hemşirelik ve Sağlık Bilimleri Dergisi 2018;21:189-95.
15. Al-Nouri L, Al-Isami Sa. Baby walker injuries. Ann Trop paediatr 2006;26:67-71.
16. Kendrick D, Marsh P. Babywalkers: prevalence of use and relationship with other safety practices. Inj Prev 1998;4:295-8.
17. Bar-on ME, Boyle RM, Endriss EK. Parental decisions to use infant walkers. Inj Prev 1998;4:299-300.
18. Mete M, Keskindemirci G, Gokçay G. Baby walker use and child development. Int J Pediatr Res 2019;5:051.
19. Yaghini O, Goodarzi M, Khoei S, Shirani M. Effect of Baby Walker Use on Developmental Status based on Ages and Stages Questionnaire Score (ASQ). Iran J Child Neurol 2020;14:105-11.
20. Shahsavari H, Zare Z, Parsa-Yekta Z, Griffiths P, Vaismoradi M. Learning situations in nursing education: A concept analysis. Res a Theory Nurs Pract 2018;32:23-45.
21. Abeykoon A. Sex preference in south Asia: Sri Lanka an outlier. Asia Pac Popul J 1995;10:5-16.
22. Martín-Casas P, Ballestero-Pérez R, Meneses-Monroy A, Beneit-Montesinos J, Atín-Arratibel M, Portellano-Pérez J. Neurodevelopment in preschool idiopathic toe-walkers. Neurología 2017;32:446-54.
23. Ruzbarsky JJ, Scher D, Dodwell E. Toe walking: causes, epidemiology, assessment, and treatment. Curr Opin Pediatr 2016;28:40-6.
24. Rhodes K, Kendrick D, Collier J. Baby walkers: paediatricians' knowledge, attitudes, and health promotion. Arch Dis Child 2003;88:1084-5.

Supplement 1: Baby Walker Questionnaire (Survey answered by only mother)
Maternal age
Maternal education Primary High school University
Family type Nuclear Extended
Mother's working status Working Not working
Home caregiver; Yes-No
Gender of the children; Female - Male
Mean age of child (months)
Number of children in family One More than one
Crawling age?
Independent walking age?
Does the baby use a Baby Walker?
Why use Baby Walker? To be able to do housework To keep the baby occupied and entertained Parental wish To make the baby's legs stronger Promotes early walking
Why not use Baby Walker? Give harm to their sons' genital organs It may impair the baby's walking Pediatrician did not suggest The baby bored Because the baby walked early Associated with injuries No reason
Age at starting to use Baby Walker?
Daily use of walker (minutes)?
Getting knowledge about Baby walker? Health care professional Other(grandmother, self-experience)
Origin of Baby Walker (Purchased/transferred/borrowed?)
Decision-making on the type of BW (Brand/safety/material/budget?)
Baby walker related accident?
Type of accident?