Conference on Child and Adolescent Injury Prevention in the Underprivileged New Delhi, India, 9 March 2000

This meeting followed the 5th International Conference on Injury Prevention and Control in New Delhi. It was jointly organized by the Malaysian Pediatric Association and the International Society for Child and Adolescent Injury Prevention. Despite “conference fatigue”, the seminar attracted (and retained for one full day) over 40 delegates. It included a series of excellent presentations and a lively debate.

Dinesh Mohan provided a challenging start with a paper on “Issues in Child Injury Prevention”. He invited the audience to consider the influence of culture on child safety, asserting that, “culture in the public and political domain is only used for purposes of oppression, not for liberation”. Mohan believes that all people value life in the same way, and that views that some societies accept death or serious injuries more fatalistically, are not supported by evidence. The poorest families in society can be destroyed economically by one catastrophic health event or accident.

The theme of “culture” was woven through the subsequent presentations. Anuradha Bose and Jim Nixon presented case studies of drowning from India and Australia. Drowning as a cause of injury death in rural India was evident. Low cost, intermediate technology solutions to this problem included thorn barriers rather than expensive walls around large open wells, the use of inner tubes from tyres for children learning to swim, programmes to encourage children not to swim alone, and to call for help if other children were in danger in the water. The Australian experience of changing public attitudes to pool fencing was described by Jim Nixon, notably the time it took to accomplish this: 10 years.

This juxtaposition of presentations illustrated the irony of open water; in India it is a hazard faced by the poor, whereas in Australia, childhood drowning is associated with increasing affluence.

A second theme was violence. Rosa Gofin reviewed a broad framework of risk factors and opportunities for violence prevention. Anuradha Bose (presenting a paper for Abraham Joseph) stimulated a debate about the problems of female infanticide in India and other southeast Asian countries.

The issue of children and child labour was illustrated by Krishnamurthy Nagaraja in his presentation. “Safely Earn a Little While you Learn” is a project taking place in one school in Bangalore, India. Many underprivileged children miss out on schooling because wages from work are needed to help support their families. This employment often involves heavy or dangerous work resulting in injuries. The “Safely Earn” project emphasizes the encouragement of light, safe work, short working hours, with adequate rests, subsidized canal facilities, and adapting the pattern of education for work. This pragmatic approach acknowledged the regrettable need for some children to work, while helping them to acquire more education. The speaker poignantly reflected his own personal experience: “every child cannot be born in a bed of roses”.

One paper on poisoning was presented by Rosanne Smith from Victoria, Australia and highlighted the lack of recognition by government of poisoning as a problem and no specific body driving the process of prevention. Another, by Dr Narayaran from Tamil Nadu, India described the problem of poisoning from illicit home distilling. Home brews could be lethal if drunk by children during festivities. Photographs of the contents of the distillation process such as battery cells, rubber tyres, and medicines made compelling viewing.

As well as the presentations from lower income countries, we gained insights into the importance of injuries among indigenous people in higher income countries. David Wallace talked about injury prevention in Native American Indian communities and Jerry Moller discussed this with regard to Aboriginal communities in Australia. Moller called for more presentations that address prevention and not just highlight the problem. Qualitative and quantitative data were needed as well as local surveillance illuminated by focus groups. The way forward was to focus on local level interventions, informed by local priorities.

Large conferences have their strengths but...
Editors note: The French see each car in front of them as something to be overtaken. Incompetence, negligence and being contemptuous of their commitments.

France tries harder
From France, a report that France is trying to come to grips with road deaths. Last year’s figure of 8028 deaths is a slight improvement, −4.8% over the previous year. But two years previously, for the first time ever, the total of road deaths was less than 8000. Consequently, observers still characterize France as the “red light” of road safety in Europe. As elsewhere, youth and carelessness combine to make road traffic accidents the leading cause of death among those under age 25. Sadly, the number of cyclists and motorcyclists killed increased. The report adds (in translation) that “speed remains the great enemy of safety”. On highways the average speed is 125 km/h! Adding to the dismal picture, about 40% of those killed on highways were not using seat belts. This year, the Prime Minister has declared road safety to be the “great national cause”. The League against Road Violence recalls that in 1997 the Minister of Transport vowed to reduce by half the number of victims of “delinquance routiere” in five years. The league accuses the government of incompetence, neglect and not working without legislation. The most common injuries encountered were poisoning (95), falls (138), burns and scalds (107), road traffic accidents (95), and near-drowning (72).

The above data show that unintentional injuries are widely encountered by pediatricians, but not all counsel regularly on injury prevention. Pediatricians are ideally suited to incorporate injury prevention programs into primary care. They, however, need knowledge on the epidemiology of childhood injuries.

The Indian Academy of Pediatrics has taken the first step in injury prevention by publishing a parent education booklet on injury prevention. As poisonings are now known to be the commonest injury presenting to pediatricians, the revised version of the booklet could include a section on prevention of accidental ingestion of poisons and corrosives.

Toughened glassware and injuries in bars

Jonathan P Shepherd and Alison Warburton

doi: 10.1136/ip.6.3.239-a

Updated information and services can be found at:
http://injuryprevention.bmj.com/content/6/3/239.2

These include:

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