CONFERENCE REPORT

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 work 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 canteen 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 poign-

antly 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 Narayanan 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 are 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 the dialogue generated by a small group with specific interests stimulates new ideas and approaches. One of the underlying strands of this seminar was that of "culture". Would this be a useful theme to explore in more detail at the meeting to be held at the Montreal international conference in May 2002?

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CALENDAR

1st WHO Safe Community-Conference on Cost Calculation and Cost-effectiveness in Injury Promotion and Safety Promotion

30 September-3 October 2001, Viborg County, Denmark. Aimed at decision makers from all levels of government, administrators, researchers, and planners from departments of health and safety issues, the meeting will illustrate the costs—direct, indirect, and intangible—that injuries and accidents cause society, authorities, and individuals and present models to estimate these costs. Further information: Viborg Amt, WHO Safe Community-Conference 2001, Skottenborg 26, Postbox 21, DK-8800 Viborg, Denmark, email: ukhkk@vibamt.dk, web site: www.vibamt.dk/conference2001.

Journal news

It is with a mixture of pride and regret that we announce that our Deputy Editor, Fred Rivara, has accepted the appointment of Editor in Chief of the prestigious journal, *Archives of Pediatric and Adolescent Medicine*. *Archives* is the principal pediatric journal of the American Medical Association. Our sincere congratulations.

6th World Conference on Injury Prevention and Control

12-15 May 2002

Montréal, Québec, Canada

The 6th World Conference on Injury Prevention and Control will take place from 12-15 May 2002, at the Montréal Convention Centre, Montréal, Québec, Canada. An initiative of the World Health Organization, the conference will promote the dissemination of new knowledge, intensify the exchange between research, theory and practice, attract new public and private partners as well as mobilize stakeholders, decision makers, and the public towards safety.

The theme of the conference is injuries, suicide and violence: building knowledge, policies and practices to promote a safer world. The main subjects covered are:

- Road safety
- Occupational safety
- Prevention of suicide and violence
- Home and institutional safety
- Sport and leisure safety
- Trauma care and rehabilitation
- Urban safety
- Epidemiology, intervention, and evaluation strategies
- Armed conflicts
- Product safety

For further information contact 6th World Conference on Injury Prevention and Control, 511 place d'Armes, #600, Montréal QC H2Y 2W7, Canada (tel: +1 514 848 1133/1 877 213 8368 (Canada/US), fax: +1 514 288 6469, email: trauma@coplanor.qc.ca, web site: www.trauma2002.com).

LETTERS TO THE EDITOR

Toughened glassware and injuries in bars

EDITOR,—The first editorial in the March issue in which our randomised controlled trial of toughened glassware was published includes the statement that "... the results show that 'toughened' glassware produces more injuries. The authors conclude that impact resistance standards should favour annealed glass".¹ In fact, the results we reported were precisely the opposite. We found that tougher glasses, namely those that had higher resistance to impact, produced fewer injuries. As we stated in the "implications for prevention":

- Increasing the impact resistance of bar glassware reduces the risk of injury.
- The toughening process can increase impact resistance substantially, without altering the dimensions/thickness of glassware, but it can also reduce glass impact resistance.

- Quality control standards are urgently needed to ensure that toughened glass products are what they claim to be.

Nothing that we found in our randomised controlled trial leads us to change our view, based on previously published evidence, that high impact resistant toughened (tempered) glassware is the way forward for reducing the risk of both intentional and accidental injuries in bars.

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1 Pless IB. Editorial elaborations. *Inj Prev* 2000;6:1-2.

Editor's note: Mea culpa, mea culpa, mea maxima culpa!

Unintentional injury prevention survey

EDITOR.—Unintentional injury is a leading cause of death in childhood. In developed countries, more children die of injuries each year than all childhood diseases combined.¹ Limited data are available on unintentional injuries in India, but it is known that in some parts of India drowning is the leading cause of death in the 1-12 year age group.²

A survey was carried out with the objectives of assessing the awareness among pediatricians of the importance of unintentional

injuries in children and the extent of involvement of pediatricians in injury prevention.

The survey was conducted in Jaipur, India, during the XXXVI National Conference of the Indian Academy of Pediatrics held in January 1999. Four hundred pre-tested, self administered questionnaires were randomly distributed to the participants of the conference. There was a response rate of 42.7% (171/400).

The respondents were a heterogeneous group. Of the 171 who responded, 116 resided in cities, 42 in towns, and eight in villages. Two did not answer this question and three others reported that they worked and lived in more than one place. A total of 58 respondents worked in teaching hospitals, 71 in private and charitable institutions, 11 in outpatient clinics, and 31 in more than one place. More than 90% (158) reported that they attend to children with injuries.

Ninety eight per cent of the respondents regularly provided health education; only 43% provided information specifically on childhood unintentional injury prevention. Information is not available on the extent of health education. Eleven per cent of the respondents had received some training in injury prevention. Forty three per cent felt that unintentional injury prevention would not work without legislation. The most common injuries encountered were poisoning (154), 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 pediatri-

cians, but not all counsel regularly on injury prevention. Pediatricians are ideally suited to incorporate injury prevention programs into primary care.³ 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.

Encouraging the collection of data on injuries and establishing a database on childhood injuries are some of the steps to be taken in initiating a national injury prevention initiative.

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- 1 Crawley T. Childhood injury: significance and prevention strategies. *J Pediatr Nurs* 1996;11:225-32.
- 2 Bose A, George K, Joseph A. Drowning in childhood. A population based study. *Indian Pediatr* (in press).
- 3 Gofin R, Leon D, Knishkowsky B. Injury prevention program in primary care: process evaluation and surveillance. *Inj Prev* 1995;1:35-9.

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, negligence and being contemptuous of their commitments.

Peter Mayles is quoted as observing that "Le Français au volant voit dans chaque véhicule qui est devant lui quelque chose à dépasser" (The French see each car in front of them as something to be overtaken).