FEATURED PROGRAMME

CAPFSA — facing the problem of childhood injury in South Africa

David Bass

Injury remains the chief cause of death and disability in South African children aged 5 years and older. Even in the 1–4 year age group, injury ranks fourth as a cause of death. An average of 2824 South African children died annually from injuries between 1981 and 1985 and these deaths resulted in an average of 64 617 potential years of life being lost annually. Available mortality data suggest that injury death rates in South Africa over the same five year period were 1.5 to 3.8 times higher than those in the USA, depending on age and ethnic group.

Although annual childhood mortality rates remained fairly constant in the 17 years from 1968 to 1985, it is anticipated that the current rate of urbanisation (and motorisation) in South Africa stands to put increasing numbers of children at risk of fatal and disabling injuries. At the time of writing however, childhood injury and its prevention remain issues which battle to achieve awareness on a truly national level.

The Child Safety Centre, 1978–90

The fact that child safety is represented in South Africa at all could be attributed to the vision and efforts of one person. By the mid-1970s Professor Sidney Cywes, head of the Department of Paediatric Surgery at Red Cross War Memorial Children's Hospital in Cape Town noticed a consistent increase in the number of injured children attending the hospital. At that time, thousands of refugees from the impoverished 'homeland' regions were streaming into the Cape Peninsula every month in the hope of finding employment, and huge informal shanty towns sprang up along the highways leading into the city centre. As water, electricity, and any form of municipal infrastructure were non-existent in these so-called 'squatter camps', Red Cross Hospital began to deal with a sudden flourish of pedestrian injuries, fire burns, kerosene poisoning, and every other type of injury one would expect to befall children raised in such a chaotic environment. Realising that the ever accelerating pace of urbanisation was likely to produce a true epidemic of paediatric injuries in Cape Town (and in *all* metropolitan areas similarly affected), Sid Cywes lobbied single handedly to establish two vital units within his own department. The first was the Child Safety Centre which was launched in 1978 with the assistance

of a R1000 (about \$275) grant from the Urban Foundation of South Africa. The second, related project was the development of a separate service to deal with the flow of injured children; the Red Cross Children's Hospital Trauma Unit opened in April 1984, enabling both the specialised treatment of children afflicted with a wide variety of accidental and non-accidental injuries, and also the assimilation of local and regional injury data which would prove invaluable to the safety campaigns envisaged by the staff of the Child Safety Centre. Albeit in a small way, the concept of child safety was thus established in South Africa!

The Child Accident Prevention Foundation, 1990

From the time of its inception, those of us involved with the Child Safety Centre understood that our regional efforts in the Western Cape were only a beginning. Childhood injury was a national problem, and a national initiative was essential to deal adequately with such a problem. In 1988, I had the privilege of meeting in London with Alasdair McKellar, then (and still) chairperson of the Child Accident Prevention Foundation of Australia. Alasdair shared with me his philosophy and experience of consolidating local child safety initiatives and then using these as a template on which to base national campaigns. This philosophy appeared applicable to our situation in Cape Town where the activities of the Child Safety Centre were developing well and receiving due attention from the national media. A formal constitution was drawn up and a council convened that would steer a national child safety body. In April 1990, the Child Accident Prevention Foundation of Southern Africa (CAPFSA) was established with the aim of spreading the 'child safety gospel' to all corners of the country.

At first, it might have appeared that little had changed at the old Child Safety Centre other than the adoption of a new (and possibly grandiose) name. Certainly, most activity related to prevention of childhood injuries still emanated from Cape Town, and shortage of funds prevented any significant expansion of human or other resources. However, in February 1993 CAPFSA co-hosted the first national conference on child safety in Southern Africa which was not only attended by a variety

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of international experts in the field, but provided the first ever forum for all South Africans with a common interest in child safety. CAPFSA's image and membership blossomed after the event. In March 1994, the Transvaal branch of CAPFSA was launched in Johannesburg, thus consolidating the foundation's status as a truly national body. There are encouraging signs that similar regional branches will be set up in both Bloemfontein and in KwaZulu-Natal before the next 12 months are up.

Having sketched CAPFSA's origins and history, I would like to devote the second half of this review to CAPFSA's activities themselves. Rather than to list each and every project, I have chosen to highlight specific activities which best illustrate how the foundation's approach to child safety has evolved in response to South African priorities and sensibilities.

Education

In South Africa, education remains a 'hot potato'. During the apartheid years, education beyond the elementary phase was withheld from people of colour with the intention of creating a nation of serfs, equipped only for a life of slavery in the mines or in other industries. In the 'new' South Africa, the thirst for knowledge is overwhelming but so many issues need to be addressed; within the last 12 months, voter education, political education and basic literacy have been key issues. Against this tumultuous background, could we dare assume that anyone wanted to hear about child safety?

Over the last four years, the demand for information on child safety has been virtually overwhelming. In 1991, the staff of CAPFSA began holding training courses in general child safety, the contents of which are designed to attract a wide range of caregivers. To date, over 200 lay people and health care workers have completed the course and several one day 'mini-courses' have been given in small towns, townships, and rural areas. As far as possible, the courses are promoted so as to attract community health workers ('Nompilos') already active within the community and who might include child safety within their routine health promotion. Feedback from course delegates has identified several aspects of child safety education to which we will have to pay attention in coming months. The most important of these is to accommodate prospective delegates whose first language is not English — that is translation of the course manual into Xhosa and possibly Zulu may become mandatory as a first step. A second recommendation has been to arrange annual refresher courses for past participants.

Education of children themselves in the principles of personal safety is more of a challenge. Efforts to integrate child safety education into formal primary and secondary school curricula have not yet been successful. However, at the beginning of 1995 CAPFSA began to offer informal teaching sessions to school groups, both on its own premises and

within the community itself. The soon anticipated construction of a model 'safe house' on vacant land near to the children's hospital will hopefully provide better educational facilities as well as a range of child safe exhibits with which both children and adults can readily identify. The raising of funds to finance the construction of a CAPFSA safe house is presently viewed as a high priority.

Reaching communities 'at risk'

While child safety education certainly has its part to play in simply increasing awareness of the injury problem in South Africa, implementation of safety strategies themselves requires a carefully planned, consultative approach in order to achieve any chance of success. Political and social 'empowerment' of all South Africans has meant that so-called target communities rightfully demand to be closely involved with every step of a campaign undertaken to reduce a particular type of injury.

CAPFSA's joint campaign with the Medical Research Council of South Africa to tackle the problem of paraffin (kerosene) poisoning in poorer, predominantly black communities is the best possible example of the new, revised approach to child safety. Every step of the campaign has been marked by broad consultation with consumers, retailers, ethnic leaders, and health personnel living and working inside the various geographical areas targeted. At the present time, consensus among the parties involved has identified child resistant closures for paraffin containers to be the most acceptable solution and CAPFSA is presently evaluating various prototype closures with regard to acceptability, efficacy, cost, and the possibility of the closures themselves being manufactured by artisans within the community. As it might well appear, such an approach is time consuming, but we strongly believe that the long term benefit of community involvement in such a project will more than justify the effort and patience invested in it.

Promoting the concept of child safety

A rich tapestry of events have made up South Africa's recent history. Most of these events have wrought far reaching changes on all aspects of South African life and the national consciousness has been saturated with the effects of these changes. On the other hand, political changes have not yet been translated into significantly better living conditions for the majority of people previously discriminated against, and basic needs in terms of housing, nutrition, employment, and health care are foremost in the minds of those whom we would target for child safety awareness campaigns. Against this background, CAPFSA has found it essential to enlist the support of all branches of the media in promoting any particular child safety concept. Our mouthpiece, *The CAPFSA Reporter* is presently being refurbished as a trilingual (English, Afrikaans, and Xhosa) publication so as to maximise its appeal within as many sectors of society as possible.

With corporate sponsorship, we have been able to build up a small library of educational video cassettes which may be hired out to schools or lay community groups. Annual publicity events such as Child Injury Prevention Week, have been sanctioned by the Provincial Department of Health and allow CAPFSA to hoist its banner prominently for at least one protracted period within each calendar year.

A last word

With all the lip service presently being paid to the rights and wellbeing of South African

children, child safety as a discreet discipline still battles to gain appropriate status in the eyes of those on whom the future of such a discipline will ultimately depend, namely government and sponsors. At the time of writing, both the staff and board of CAPFSA accept that the survival and legitimacy of the foundation depend respectively, on long term financial support and the adoption of child safety principles by appropriate government departments. Certainly, fund raising is a distinct area to which we will have to pay particular attention, if only to ensure the security of our staff.

Politics and safety: dropping photo radar

Following a recent election in Ontario, Canada, the new governing party has decided to scrap photo radar despite a public opinion poll's report that more than half of the province's residents want to keep this device in place. Although no studies have shown that photo radar has prevented injuries (nor have any shown the opposite), reports indicate that between 200 000 and 500 000 speeders have been caught using this technology. It stands to reason that it must have some deterrent effect. Time will tell. Ironically, a recent issue of the IIHS Status Report, entitled *Photo Radar: It's working in Ontario* describes a study showing that 'photo radar at three locations led to decline in mean speeds and in the proportion of vehicles exceeding the speed limit. The declines were greater than at similar sites where photo radar was not in effect'. Draw your own conclusions.