

Conclusions Death from drowning can be prevented by creating a network team in the area, using the simple methods that focus on skill training for children and managing about environmental water resources under resources of the area.

1018 WOMEN'S PARTICIPATION IN ENSURING CHILDREN SAFETY-EXPERENCES FROM BANGLADESH

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Background Drowning is the leading killer of children 1–4 year in Bangladesh, accounting for 43% of total child mortality in this age group. Lack of supervision, high exposure to water hazards, lack of education and poverty are some of the major risk factors for childhood drowning in Bangladesh. To ensure child safety from drowning in the rural areas 1600 Anchals (community crèches) were implemented during 2013–14 in three sub-districts of Bangladesh where children stay safely under supervision of two local caregivers (Anchal caregiver and her Assistant). In each Anchal 20–25 children aged 9 to 36 months, are kept between 9:00 am and 1:00 pm, six days a week. The objective of the study was to assess the women's participation in ensuring child safety through Anchal in rural areas of Bangladesh.

Methods A qualitative method was applied in this study. Last 17 months salaries of 3200 women were analysed and Focus Group Discussions (FGDs) were conducted with 100 Anchal caregivers in 10 groups in the three different locations to understand their position in the family and the society.

Results 3200 Women worked voluntarily to ensure injury safety of 35,000 children. From June 2014 to October 2015 (17 months) these women earned a total of BDT 5,40,96,890/- which made social, financial and economic changes in their lives. Community people respected them as teacher of the children. These women were more aware on injury prevention. The FGDs also found that independent earnings gave them a higher status in the family and as a result of that, the husband-wife interaction on decision-making increased. Five days basic training, monthly meetings and compliance training increased their mobility outside home and the social status of them. These women's communication skills had also increased.

Conclusions From the study it was found that women had been empowered and children's safety was ensured through the Anchal programme.

1019 RISK ASSESSMENT DURING THE ACTIVITY OF DOMESTIC BABIES AND YOUNG CHILDREN'S BATH – BATHRISK (ALICANTE, SPAIN, DATE PROJECT: JANURY - DECEMBER 2015)

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Background Drowning is the second leading cause of children's deaths and accidents due to unintentional injuries worldwide. There are a lot of products to facilitate babies and toddler's bath, but their risk of injury has been demonstrated. Most items for children are regulated by specific European standards but in the case of these articles for which there is no specific European

safety legislation, there is a Decision of the European Commission of January 6, 2010. The main purpose is to analyse the risks associated with the activity of children (from 0 to 48 months) bathing at home by taking into account the child and caregiver's behaviour and characteristics of the children's products used.

Methods Search and analysis of scientific data on the epidemiology of childhood unintentional injuries related to the bath activity at home. Study and analysis of information from injuries databases. Experimental and simulation analysis of five bath scenarios for different ages. Development of recommendations. Guide of prevention and safety during children's bath.

Results Injuries in bathing vary with age, since the risks and circumstances, and therefore the type of unintentional injury, are closely related to the stage of development of the child. Other factors affecting these injuries are: physical environment in the bathroom, behaviour of caregivers, overcrowded housing and new products consumed during bath time.

Conclusions Most children's injuries that occur during bathing happen to babies from around 6–12 months. Bath-assisting devices causing problems are, in order: infant bath rings, baths or showers for adults and children's collapsible baths. The main causes of drowning injuries are also prioritised: leaving children unattended in the bath only 1–2 min, tipping over babies' bath seats, taking the suction cups off the child seats, climbing over the bath chair and falling overboard, or slipping through the leg openings of the chair thus falling in the water and choking on small parts of bath toys.

1020 CHILDREN'S UNDERSTANDING OF NO DIVING WARNING SIGNS: IMPLICATIONS FOR PREVENTING CHILDHOOD INJURY

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Background Diving related injuries are often catastrophic and result in life altering effects for victims and their families. One common approach to alerting people to diving hazards and injury risks is through the posting of warning signs. Of course, whether warning signs are effective for these purposes depends in part on how well viewers understand the intended message. The current study examined children's understanding of various features of No Diving warning signs.

Methods Normally developing 7 to 10 year olds were asked questions to assess their understanding of text, images, and main messages on No Diving warning signs. These structured interviews were audio recorded and responses were later coded, with excellent resulting reliability (Kappa = 0.91).

Results Children understood the behaviour advised against (diving), why it is prohibited (can hit head on the bottom), and what can happen (serious injury including hospitalisation). They understood that breaking your neck results in limitations in mobility and can occur from diving, but they did not anticipate that such an injury is likely to occur. There were no gender and few age differences, but diving experience was associated with children significantly downplaying their risk of injury.

Conclusions Having No Diving warning signs explicitly mention a broken neck, may serve to remind children of this potential consequences at the time of decision making. Active adult supervision is particularly important for children who have prior positive diving experiences.