CHILD SAFETY IN SCHOOLS: APPRAISAL FROM IMPACTS OF SAFE SCHOOL PROGRAMS WITH CALL FOR ACTION TO ADDRESS SCHOOL BULLYING IN A40

India.

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Outcomes A first of its kind technical and advocacy document that provides information for stakeholders to plan appropriate safety interventions for children in India.

Learning Outcomes Strict implementation of existing policies, programs and legislations is the key to reduce child injuries in India.

Abstracts

Context Child injuries are a growing public health problem in India with nearly 5,00,000 child deaths in the last decade. They are susceptible to injuries owing to their difficulty in risk perceptions, curiosity, impulsivity and risk-taking behavior. A national report titled, Advancing Child Safety in India: Implementation is the Key, was released by National Institute of Mental Health and Neuro Sciences (NIMHANS) and Underwriters Laboratories. The report emphasizes the need to prevent child injuries and increase awareness about safety standards in schools amongst the key stakeholders.

Process Apart from the secondary research from key data sources, the report also includes the insights from safety appraisals conducted across 131 schools (public and private) in Bengaluru and Kolar districts. These schools were assessed and scored on physical infrastructure, road and fire safety and first-aid facilities.

Analysis Every day, about 165 children die in India due to an unintentional injury. From an official report in 2015, it is estimated that 60,445 children aged 0–18 years died as a result of injuries Out of these, 45,636 deaths were due to unintentional injuries like road crashes, burns, drowning, poisoning and others in year 2015.

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Background Schools in the United Arab Emirates (UAE) witnessed an increase in bullying prevalence (20% - 2005; 27% - 2016). National Bullying Prevention Strategy was established in 2018 with different ministries starting bullying prevention interventions. We aimed to map anti-bullying interventions for school children in the UAE.

Methods Studies addressing anti-bullying interventions in the UAE from 2010–2019 were included. We systematically searched six electronic databases (EMBASE, PubMed, PsycINFO, Scopus, Eric and Google Scholar). We also included grey literature and information from other meta-resources. Each anti-bullying intervention was mapped using its distribution across key sectors, level of public health practice and type of organization.

Results Among 1081 identified papers, only 2 were included in the study. Both papers were published in 2019 and used qualitative methods. From organization websites search, we found 22 multi-level interventions presented on the three levels of public health practice across the different sectors and different target stakeholders. Education and Justice’s sectors contributed the most, 9 and 5 interventions respectively. The majority of interventions (8) were from federal level, followed by private level (6) interventions. Funding resources were mostly from governmental organization with 59% of all interventions and 50% of all were based on awareness approach. A total of 4 interventions were designed to address cyberbullying. A multi-sectoral collaboration was used to design 3 of the founded interventions.

Conclusion UAE is building capacity for bullying prevention. A framework to understand core knowledge base and theoretical models is being used to guide the design, delivery and outcomes evaluation is needed.

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IMPACTS OF SAFE SCHOOL PROGRAMS WITH 8 INDICATORS IN JAPAN

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Background Although schools are taking great roles in students’ safety, there are still children who get harmed physically and mentally including bullying. Moreover, there are growing risks including disasters in the communities. Therefore, further comprehensive efforts are now required at the community level as well as schools. To meet that need, Safe School Programs (SSP) based on eight indicators are drawing attention and have introduced to over 30 schools in Japan.

Methods To clarify the impacts of SSP, the comparison studies were made between the groups of SSP promoting schools and not SSP promoting schools. In addition, the longitudinal studies were made at the SSP promoting schools.