Compulsory child seats for cars in Japan?

The National Police Agency considered imposing a legal obligation on drivers to put their child passengers in child safety seats in November 1998. According to a survey by the agency between 1992 and 1997, the incidence of death among passengers under 6 years of age was about nine times higher when child seats were not being used. Likewise, the chances of serious injury were about three times higher among children who were not in child seats than those who were. The National Police Agency instructed drivers to place young passengers in child seats through its traffic safety lectures and textbooks at driving schools. However, only 8.3% of drivers surveyed by the Japan Automobile Federation in May 1998 said that they take such measures compared with 7.9% in 1996.

A recent survey by the National Police Agency showed high levels of support among the public for imposing a legal obligation for placing children in child seats. Over 70% of the 1700 respondents across the nation pointed to the necessity to put children in child seats while driving; and 35.4% of respondents supported legal obligations for the use of child seats. Over 57% said that the agency should promote such safety measures without making them mandatory.

News from Southern Africa

As in previous years, Child Injury Prevention Week (CHIP Week) in mid-August provided the Child Accident Prevention Foundation of Southern Africa (CAPFSA) with its annual opportunity to jockey for public attention, and to renew awareness of childhood injury. This short turn in the spotlight has become more and more of a challenge as the number of health related lobbies also demanding a piece of the action throughout the calendar year grows steadily, and the national Department of Health is always ready to oblige with a seven day slot—clearly oblivious to the fact that there are only 52 weeks in the year, and that the ability of the average citizen to absorb the promotion of injury prevention can ill afford the commitment. After a year of preparation, the Injury Prevention Association established in September 1998.

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After a year of preparation, the Injury Prevention Association of the Republic of China was established in Taipei in September 1998. The goals of the association are: (1) education about injury prevention and the promotion of injury prevention programs; (2) urging the government to give injury prevention a high priority; (3) establishment of injury related data sets and surveillance systems to enable more thorough research and evaluations about injury; and (4) cooperation with international injury prevention groups. Research about injury prevention and the promotion of injury prevention programs in Taiwan are still in their infancy. We hope
Youth boxing ban in some Australian jurisdictions

Youth boxing, and to a lesser extent boxing in general, became the subject of renewed controversy in late 1998 after a Queensland boxing competition involving young girls. The NSW Minister for Sport failed in her attempt to convince the Council of Sport Ministers for an Australia-wide ban on boxing for children under 14 years. Health and safety groups, including the Federal Health Minister, have long advocated a ban on boxing. The failure of sports ministers to act drew strong condemnation from groups such as the Australian Medical Association (web site domino.ama.com.au, 20 November 1998). NSW subsequently acted to ban all boxing for children under 14 years of age. Media reports indicate a ban is likely in Queensland.

Professor John Pearn, a Brisbane paediatrician, called for an absolute ban on underage boxing in an August 1998 article in the Journal of Paediatrics and Child Health. In the press coverage of the issue he suggested that placing the head entirely out of bounds would make the sport more challenging but safer for participants. Noting past controversy about other rules changes he said that in 1938 when the rules were changed everyone said it was the end of boxing—who will go if you can’t watch someone being hit in the testicles—but boxing survived (The Weekend Australian, 28–29 Nov 1998, p41). Simon Chapman, a public health advocate from Sydney University, has a slightly more tongue in cheek response, suggesting we make the head out of schools but allow blows below the belt on the parts of the body that make the sport more challenging but safer for the participants. The review will be completed towards the end of 1999. Send your views as soon as you can on the potentially lifesaving benefits to both pedestrians (especially children and the elderly) and drivers of reducing traffic speed to the Transport Minister, Eland House, Bressenden Place, London SW1E 5DU, UK.

The EDITOR

Kids in the back seat: Brazil’s strides in enforcing its new traffic law

Editor,—Primary care pediatricians like myself, who are often asked to lecture on child and adolescent auto safety promotion to both peers and lay people, naturally have their attention dawned to the need of the one so meticulously devised and carried out by Braver et al for the solid information they provide.

This article provides very useful data demonstrating, among other issues of interest, the lower risk of children in the rear seat sustaining injuries, whether or not the car is equipped with a passenger-side airbag, even though a greater risk reduction could be demonstrated for vehicles having such a device. This particularly concerns us, safety promoters of the so-called less industrialized counties, who will not see either legal requirement for, or generalized adoption of, dual airbags in our vehicles for the foreseeable future. Thus, as aptly stated in a recent Mohan editorial, although the international exchange of scientific principles and experiences is essential, we must count on a long period of trying to convince people to put kids in the back seat through measures in our own countries.

However, what prompted this letter was the fact that Braver et al cite only European, North American, and Australian data on banning children from front seats. However none of the places mentioned require compulsory rear seat positioning for every child, irrespective of their being restrained, perhaps the only exception being the state of Louisiana. As in other international comparisons that have appeared in Injury Prevention, there is an utter lack of South American data, which is nevertheless quite understandable, given the scarcity of our statistics. Injury Prevention has already mentioned the new Brazilian traffic code, a stringent national law that went into effect at the beginning of 1998, and which has led to a noticeable decline in traffic deaths and injuries in the country’s major cities. According to the new code, the use of a safety seat belt is mandatory for all occupants, in any sitting position, traveling in any type of vehicle. Children aged 10 and younger are required to travel in the back seat and use a safety belt or equivalent restraining device, unless the vehicle has only a front seat, or the number of occupants under 10 exceeds the seating capacity of the rear seat, in which situation the tallest children should occupy the front seat and use the proper safety belt. The code also states that none of the above exceptions apply to school buses or any kind of paid child transportation vehicle.

Brazil’s new traffic code is seemingly more advanced and stringent than most similar laws, and great efforts are being made in order to adequately enforce it. A very large and continuous campaign has reached every corner of the country, with a great deal of popular support. Government authorities have issued regulations that transfer the responsibility of direct law enforcement to the municipality level, so as to narrow the focus of control and promote better community involvement in the process. We use these words in the belief that success in bringing down our gloomy figures of traffic injuries and casualties is essential, we must count on a long period of trying to convince people to put kids in the back seat through measures in our own countries.

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UK government reviews traffic speed

The County Surveyors’ Society (CSS) may not sound the kind of organisation likely to lead the war against death and injury on the roads. Yet it was at a seminar hosted by the CSS in Birmingham that the UK government announced a major policy initiative that could lead to a breakthrough in efforts to enhance road safety in that country.

The Department of the Environment, Transport and the Regions is, it seems, undertaking a wide ranging review of national speed policy. In launching the review, Transport Minister Lord Whitty said that cutting vehicle speeds “would save lives, cut accidents, lower vehicle emissions and lead to more efficient use of roads”.

These words were music to the ears of safety advocates. That sounded like an unambiguous commitment to cut speeds. But politics is never that simple. Whitty continued, “The effects of speed are highly complex and felt beyond the vital area of road safety. To create a comprehensive and successful speed policy we need to see how it affects the economy, how much it will reduce vehicle emissions and improve peoples’ quality of life. Only by taking account of all these elements will effective speed management help develop a successful integrated transport system”.

So the government’s enthusiasm for road safety is apparently tempered by all manner of other considerations that will exert an unpredictable influence on the outcome of the review. Because the subject is “highly complex”, the necessary radical policy shift to reduce traffic speed is a depressingly remote prospect. Antispeed lobbyists—including the injury prevention community in the UK—cannot afford to be complacent.

The review will be completed towards the end of 1999. Send your views as soon as you can on the potentially lifesaving benefits to both pedestrians (especially children and the elderly) and drivers of reducing traffic speed to the Transport Minister, Eland House, Bressenden Place, London SW1E 5DU, UK.

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Seating positions and children’s risk of dying in motor vehicle crashes

EDITOR—In an excellent report on the increased risk of injury to child front seat passengers in the event of a motor vehicle crash, authors Braver et al state “Only Luxembourg bans infants in rear facing restraints from front seats of vehicles with passenger airbags.”1 They continue “Australia requires top tether straps for restraints designed for infants weighing less than 9 kg, which in effect is a requirement for infants to be seated in the rear.”

What the authors did not state, and may not have known, is that Australia requires top tether straps for restraints designed for infants weighing less than 9 kg, and toddler (9–18 kg) restraints. Harnesses, designed for use with or without booster seats for children weighing up to 32 kg, also use a strap fixed to an anchorage point in the back seat. The latter two are forward facing. Although the law does not specify that child passengers cannot ride in the front seat, the anchoring mechanism, fitted in the rear compartment, makes the practice fairly universal, at least for young children. The anchor point is fitted into the vehicle at time of manufacture and every restraint is sold with an anchor bolt ready to fit into place after purchase.

Some children do travel in front seats, against recommended practice. Perhaps the time has come for Australia to strengthen its already comprehensive child restraint laws in the light of this very useful research.

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Editor—In order to avoid any misunderstanding of the above paper, published last September in the journal, I would like to clarify items 14–16 in table 2. This table provides information pertaining to the percentage of third grade students with correct post-test responses. The wording of each of these questions begins with Do you know...? It might appear to the reader that the students could simply respond with a yes or no answer to the question. However the students had to name different forms of poisons (14), name the ways that poisons can get into the body (15), and tell how to make their homes safer for little brothers, sisters, and friends (16). In other words a yes/no answer was not acceptable. We would not wish to cause any confusion with these post-test items.

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Evaluation of a poison prevention lesson for kindergarten and third grade students

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Safe Solutions: Pathways for the Future. Second European Convention in Safety Promotion and Injury Prevention. This ECOSA convention is designed to maximise the sharing of information and experiences, including evaluating national/local programmes and approaches, legislative and enforcement regimes, the roles of standards and regulations, education and information initiatives. Synergy between disciplines and sectors is at the heart of the convention format—to maximise interchange of ideas and experiences: link scientific theory with practice, relate experiences in key injury areas—violence, sports, work, traffic, products, interpret professional approaches—behavioural and social sciences, engineering, ergonomics, social statistics, public health, analyse instruments of prevention—monitoring programmes, legal intervention, enforcement, environmental change, education, and public information. Further information: Dr Wim Rogmans, ECOSA, PO Box 517169, 1070 AD Amsterdam, The Netherlands (fax: +31 20 511 4510, e-mail: ecosa@consafe.nl).

11–13 April 1999, Hoani Waititi Marae, Waitakere, New Zealand. Creating Safer Communities.... What Works? In connection with New Zealand Injury Prevention Network Day, 14 April. Further information: Renée Patterson, First Pacific Roadside Injury Community Conference (tel: +64 9 570 5801, fax: +64 9 570 5809, e-mail: reneepatterson@comleisman.co.nz).


10–12 May 1999, Brisbane, Australia. Third National Conference on Injury Prevention and Control. The theme will be The Challenge of Integration, with particular focus on relationships between and within research and practice, the continuum of primary, secondary and tertiary prevention, the many sectors involved in the prevention process, and safety promotion and injury control. Further information: Judy Lupton, INTERMEDIA: Coordination and Event Management Pty Ltd, 11/97 Castlemaine Street, PO Box 1280, Milton 4064, Australia (e-mail: judylup@iim.com.au).

11–14 May 1999, Los Angeles, California, USA. UCLA Conference on Public Health and Disaster Relief. Further information: UCLA School of Public Health, Box 951772, Los Angeles, CA 90095, USA (tel: +1 310 794 6646, fax: +1 310 794 1805).


24–27 May 1999, Chongqing, China. 16th World Congress of the International Association for Accident and Traffic Medicine. Further information: Research Institute of Surgery, 10 Changjiang Zhiliu, Daping, Chongquin 400042, China.


26–29 May 1999, Saskatoon, Canada. The First Canadian Conference on Shaken Baby Syndrome. A national collaborative initiative hosted by the Saskatchewan Institute on Prevention of Headaches. “Awareness, prevention and response—an integrated approach” is the theme of the conference. Further information: SIFH, 1319 Colony Street, Saskatoon, SK S7N 2Z1, Canada (fax: +1 306 655 2511, e-mail: skph@sk.sympatico.ca).

7–9 June 1999, Brussels, Belgium. Second European Road Research Conference. Further information: e-mail: road-conf@dg7.ccc.be.

18–21 August 1999, State College, Pennsylvania, USA. Playground Safety 1999. The goal of the Second International Conference on Playground Safety is to convene leading scholars, planners, managers, government and industry decision makers, specialists, and advocates of playground safety from around the world. The conference objectives are to identify, integrate, and explore potential resolutions of issues related to children’s play and playground safety in the public sector, school settings, preschool/childcare facilities, commercial enterprises, and at self contained play centers. Conference objectives also include reviewing the status of present national and multinational playground safety standards and building international relationships for networking, for information sharing, and developing compatible change strategies for the future. Further information: Suzanne St Pierre, Conference Secretariat, Conferences and Institutes, Pennsylvania State University, Penn State Conference Center Hotel, University Park, PA 16802-7002, USA (tel: +1 814 863 5100, fax: +1 814 863 5190, e-mail: ConferenceInfo1@cce.psu.edu, website: www.outreach.psu.edu/C&I/Playground Safety).

26–28 August 1999, Reykjavik, Iceland. Third Nordic Safe Community Conference: How Can We Improve Equity in Safety? Further information: Mrs Herdis Storgaard (fax: +354 562 7027, e-mail: herdis@svfi.is).

15–17 September 1999, Helsinki, Finland. Safety ‘99. European Conference on Safety in Modern Society. Organised by the Ministry of Social Affairs and Health, Safety Technology Authority, National Consumer Administration and the Finnish Institute of Occupational Health. The purpose of the conference is to gather together experts to discuss the safety cultures and other current topics related to modern societies. On the basis of the discussions and conclusions drawn, recommendations on the most important safety issues will be given to the European Commission. For this purpose, various approaches will be brought into the discussion and comparisons of their applicability in the EU countries will be made. The scope of the meeting is broad, covering numerous environments from work to home and leisure time, from production to consumer aspects. Further information: Kristiina Kulha, Safety ‘99, Finnish Institute of Occupational Health, Topeliuksenkatu 41 a A, FI-N00250 Helsinki, Finland (fax: +358 9 241 3804, e-mail: Kristiina.Kulha@occuphealth.fi, website: www.occuphealth.fi/eng/project/safety99).

5–8 March 2000, New Delhi, India. Fifth World Conference on Injury Prevention and Control. The themes are sharing experiences and blending perspectives. Abstracts by 30 June 1999. Further information: Ms Arati Walia, Confer D-1, Kalkaji Colony, New Delhi, 110 065, India (fax: +91 11 684 8343, e-mail: awconfer@del2.vsnl.net.in).

31 May to 2 June 2000, London, UK. Vehicle Safety 2000. A synopsis of papers should arrive no later than 1 April 1999. Further information: Brian Robinson, Institute of Mechanical Engineers, 1 Birdcage Walk, London SW1H 0JF, UK (tel +44 (0) 171 304 6881, fax: +44 (0) 171 304 6864, e-mail: b_robinson@imeche.org.uk).