

# Research and Reviews: Journal of Medical and Health Sciences

## Unintentional Childhood Injuries: A Cause for Concern.

V Soma<sup>1</sup>, C Venkatesh\*, and P Soundararajan

Department of Pediatrics, Mahatma Gandhi Medical College and Research Institute, Pillaiyarkuppam, Puducherry – 607402, India.

<sup>1</sup>Arupadai Veedu Medical College and Hospital and Mahatma Gandhi Medical College and Research Institute, Puducherry-607402, India.

### **Short Communication**

Received: 22/08/2012 Revised: 02/10/2012 Accepted: 11/11/2012

#### \*For Correspondence

Assistant Professor,
Department of Pediatrics,
Mahatma Gandhi Medical College &
Research Institute,
Pillaiyarkuppam, Puducherry-607402
Email: cvenkatesh@hotmail.com

Keywords: childhood, injuries,

unintentional

#### **ABSTRACT**

Unintentional childhood injuries are common cause of mortality and morbidity among children in both developing and developed countries. The financial implications are also high for any country. The need of the hour to tackle this global menace is prevention. This paper explores some of the remedial interventions that needs to be undertaken to safeguard the rights of the child.

Unintentional childhood injuries are the leading cause of death in children and more than 800,000 die of such injuries each year <sup>[1]</sup>. More than 90% of unintentional injuries occur in low and middle income countries <sup>[2]</sup>. Demographic studies indicate that more than 50% of these injuries occur at or near home<sup>[3]</sup>. Fall injuries are a common form of unintentional injury seen in children<sup>[4]</sup>. Fall injuries are capable of causing severe trauma and death. Traffic accidents, poisoning, submersion injuries, burns and scalds constitute the remaining common causes of childhood injury according to the World Health Organisation report<sup>[1]</sup>. The economic impact of unintentional child injuries is so high even in developed countries ranging from half a million to ten million United States Dollar a year for treatment <sup>[5]</sup> and most of them have turned their attention to prevention rather than treatment in view of escalating treatment costs.

Therefore prevention of unintentional childhood injuries is a matter of utmost importance and economic significance as children are the future citizens of any nation. Having a child at home brings with it the additional need for possessing adequate safe guards and skills to prevent unintentional childhood injuries. Young children are more prone to injury because of their hyperactive and exploratory nature. So what are the ways in which a child's environment be made safe and free of injury? Counseling the mothers to anticipate situations that may predispose their children to injury and health education with visual aids depicting different types of injuries and their mechanisms can be useful. Mass media and television can be used to convey messages that prevent childhood injuries. A house should be designed in such a way that a child can remain safely in it even unsupervised. Modern buildings should have robust design to prevent child injuries. Having smooth and round edged corners, using anti skid tiles for bathroom and staircase may be helpful. Installing electrical point's atleast four to five feet above the floor level so that a child is unable to reach it. Erecting parapet walls beyond four feet and made of solid brickwork masonry and not having grill works or jolly type work so that it will prevent child from climbing and therefore prevent fall. All balconies should have protective grills from floor to ceiling. Kitchens should preferably be locked when not in use so that



child is prevented from fire accidents and burns or scald injuries from accidental fire or spill of hot fluids. A common form of injury seen especially among toddlers is "TV tip over injury" where a television kept over a light weight trolley accidentally falls on the child when the child tries to climb over it. TV tip over injuries have been associated with serious head injury in children [6]. To prevent this, television sets can be fixed onto wall brackets or can be kept on wall platforms at a height which cannot be ordinarily reached by young toddlers. Keeping medications and poisonous substances well out of reach of children in safe places preferably under lock and key will prevent access to these substances. Child resistant medicine packages can also help.

For prevention of traffic accidents, the legislation needs to be strengthened to severely punish rash and negligent driving and to enforce road safety by strict seat belt use, using child safety seats in car, preventing adolescents from driving, drunken driving, improving the driving standards of license holders by quality training and strict assessment before licensure, inspection of physical condition of transport vehicles periodically to assess their road worthiness and finally by improving safety designs of both road as well as the automobiles at large.

Although most of these solutions are already well known to prevent injuries in children, no professional body or association has had ever felt it necessary to implement or advocate these suggestions to the lay public in day to day practice. In the United States, although the unintentional injury death rates have decreased by 29% between 2001 and 2009, the Centres for Disease Control and Prevention (CDC) along with its partners have evolved a National Action Plan to further reduce the unintentional injury deaths [7]. In our country, data regarding unintentional injuries are lacking. Hence a taskforce can be formed to suggest good environmental design/safe houses/ safe transport systems that are less prone for accidents. A robust surveillance system should be in place to collect all information regarding unintentional child injuries. The information thus collected can be used to plan strategies to prevent child injuries so that the rights of a child, namely, right to health, safe environment and protection from injury can be safeguarded.

#### REFERENCES

- 1. Harvey A, Towner E, Peden M, Soori H, Bartolomeows K. Injury prevention and the attainment of child and adolescent health. Bull World Health Organ. 2009; 87:390–4.
- 2. Chandran A, Hyder AA, Peek-Asa C. The global burden of unintentional injuries and an agenda for progress. Epidemiol Rev. 2010;32:110-20.
- 3. Hyder AA, Sugerman DE, Puvanachandra P, Razzak J, El-Sayed H, Isaza A et al. Global childhood unintentional injury surveillance in four cities in developing countries: a pilot study. Bull World Health Organ. 2009;87:345-52
- 4. Sheriff A, Rahim A, Lailabi MP, Gopi J.Unintentional injuries among children admitted in a tertiaty hospital in Northern Kerala. Indian J Public Health. 2011;55:125-7
- 5. Lao Z, Gifford M, Dalal K. Economic cost of unintentional childhood injuries. Int J Prev Med. 2012; 3(5): 303-12.
- 6. Samson SK, Nair PR, Baldia M, Joseph M. Television tip-over head injuries in children. Neurol India. 2010;58:752-5.
- 7. Centres for Disease Control and Prevention (CDC). Vital Signs: Unintentional injury deaths among person aged 0–19 yrs United States, 2000 2009. MMWR Morb Mortal Wkly Rep. 2012; 61:270–6.