

Editorial/Van die Redaksie

The neglected disease of modern society and the Child Accident Prevention Foundation of Southern Africa

So much is written about the untimely death of children from malignant disease or other rare conditions that we tend to forget that trauma kills more children over 4 years of age than all other diseases combined. Every year in South Africa approximately 3 000 children under 15 years of age die and many more are permanently disabled from accidental injury. Were some epidemic to cause a fraction of these deaths and disability, cries for action would be heard from all segments of society. However, we have been curiously slow to respond to the most important public health issue in our country. Trauma crosses sociological, physiological and psychological boundaries. It encompasses all aspects of child health care and extracts an enormous toll on society as a whole.¹

For every child who dies of injuries, there are many more who are maimed and often disabled. In addition, the hidden morbidity in paediatric trauma may only manifest years after the injury, not only as physical disability but also as changes in cognition, personality and behaviour, and as stress on the family.²

The article on 'Paediatric trauma care' (p. 413) reviews the current situation in South Africa. In addition to the statistics, facilities for the handling and care of these injured children are discussed. A national paediatric trauma registry is urgently recommended, in order to compile information concerning all aspects of this problem so as to provide accurate epidemiological data on paediatric trauma as a national disease as well as to provide national norms for paediatric trauma care. Although trauma causes the highest number of years of life lost when compared with heart disease and cancer, the least amount of money is being spent on research into the causes and prevention of injuries. There should also be public involvement, yet the public in South Africa appears to be unaware of the trauma problem, and the importance of trauma as a major child health problem continues to go unrecognised. It remains 'the neglected disease of modern society' because it is thought of as the consequence of uncontrollable acts of God.³

In 1978 the Child Safety Centre was established in the Department of Paediatric Surgery at the Red Cross War Memorial Children's Hospital in Cape Town. It began its activities with the aid of a R1 000 grant from the Urban Foundation. Subsequently the Hospitals Department of the Cape Provincial Administration established two research social worker posts for this Centre. Scientifically based data on accidents — mortality in South Africa and morbidity in the western Cape region — were compiled and educational programmes on accident prevention drawn up. This information has been disseminated by means of radio, TV, pamphlets, posters and talks to schools and other organisations. The number of poison accidents in the western Cape area has been recorded by the Poisons Information Centre at the Red Cross War Memorial Children's Hospital. A wealth of information and data has been collected and it has become obvious that urgent attention should be devoted to the senseless and unnecessary maiming and deaths of children.

Legislation was successfully sought for the specification of car seat belts and car seats for children of all ages. Similarly legislation is also being sought against the method of dispensing paraffin to prevent the unnecessary spate of paraffin poisoning in our country. Publications from the Centre have appeared in several overseas and local scientific journals.

As a consequence of these pioneering activities the Child Accident Prevention Foundation of Southern Africa was established with the following objectives: (i) research — to collect and collate statistics on the incidence, causes, patterns and effects of injuries of all kinds in childhood, and, armed with this information, (ii) to prevent injuries by education through the dissemination of information on childhood accidents and ways of preventing them; and (iii) by means of research into the safety of various commodities, household implements, toys, poisons, etc., to solicit legislative measures to ensure enforcement of safety factors.

However, the research, educational and prevention programmes are not usually self-supporting and are thus dependent upon outside support. The South African Medical Research Council has recently set up a research programme to investigate the problem of trauma. But the main emphasis thus far has been on description with very little on intervention. Some of the findings of the research into the causes of childhood injuries in South Africa have been documented and the time has now arrived for implementation.

Without the support and involvement of the public health and provider communities and of the private sector, injuries and their costs will continue at their present alarming rates.⁴ The cost of hospital and institutional care of these injured children is extremely high and still soaring, yet there have been severe cuts in the health care budget making the logical strategy of prevention that much more

urgent. Government decision-makers, health care providers and appropriate community groups must be convinced that injury prevention requires the same epidemiological approach as other preventable diseases.

The founding of the Child Accident Prevention Foundation has at last afforded South Africa the opportunity, as in the case of other civilised countries, of combating the causes of child trauma instead of merely picking up the pieces after irreparable havoc has taken its toll.

S. Cywes

1. Tapas JJ, Ramenofsky ML, Barlow B *et al.* National Pediatric Trauma Registry. *J Pediatr Surg* 1989; **24**: 156-158.
2. Harris BH, Schwaitzberg SD, Seman TM *et al.* The hidden morbidity in pediatric trauma. *J Pediatr Surg* 1989; **24**: 103-106.
3. Harris BH. Creating pediatric trauma systems. *J Pediatr Surg* 1989; **24**: 149-152.
4. Davis HF, Schletty AV, Roy TI *et al.* The 1990 objectives for the nation for injury prevention: a progress review. *Public Health Rep* 1984; **99**: 10-23.

Childhood injury — time for new perspectives

Childhood injuries cannot be dismissed as random, unpredictable events; they occur when a vulnerable child meets an injurious agent in a hazardous or compromised environment. Developmental factors, inherent personality and emotional stress all make the child vulnerable to injury. The agent of injury may be inherently dangerous, such as a car with smooth tyres, or only become dangerous when used inappropriately, for example a bunk bed. Both in turn are influenced by the environment — physical, emotional, social, economic, cultural and political. All these factors determine the stresses on the child, the quality of supervision, the type and quantity of hazards and the access to health care and emergency treatment. One cannot therefore consider childhood injury without examining society at large.

In South Africa today there are many urgent and pressing child health problems to address. As urbanisation progresses, childhood injury becomes an increasingly sinister force. More and more children will be newly exposed to technological hazards, most notably the motor vehicle, in an overcrowded, stressful and, indeed, violent environment with inadequate safety awareness or precautions. With the staggering rate of urbanisation, the publication of this issue of the *SAMJ* is timely. The articles constitute the first in-depth attempt to address the problem in South Africa. They highlight

the fact that injury mortality rates in certain groups in the country are considerably higher than those found in other developed and developing countries. They draw attention to the social and economic factors that underlie the problem of injury and influence its outcome. Furthermore, they highlight the deficiency of accurate data for the country as a whole and emphasise the urgent need for further in-depth research, including research into community attitudes and beliefs.

Although the aetiology is complex, childhood injuries are potentially preventable. They are a scourge of modern times and the problem needs to be addressed by society as a whole. Any attempt at injury control requires the active participation of communities at grassroots level, professionals of many disciplines (health workers, engineers, teachers, lawyers, etc.) as well as Government. Effective injury control means changing both the environment and people's behaviour and is of necessity a slow process. The first and most important step is to increase awareness both of the fact that there is a problem and that people can and should control their own lives and environment. It behoves each and every member of society to look carefully at the problem both privately and publicly.

S. M. Kibel