

GUEST EDITORIAL

Prevention of childhood injuries

Trauma has always accompanied humankind, but has only been recognised as a significant health issue for the last half a century. In South Africa (SA), the burden of trauma has been described as unprecedented, with an estimated 3.5 million people seeking healthcare for non-fatal injuries annually.^[1,2] Children, representing an estimated 40% of the SA population, are a vulnerable group. The impact of childhood trauma, whether intentional (through interpersonal violence, homicide or suicide) or unintentional (especially through road traffic crashes, drowning, burns, poisoning or falls), has become a major health and social problem. Childhood injuries may impact hugely on childhood health in terms of disability and, depending on their cause, circumstances and severity, and have grim psychological, educational, social and economic consequences.

With the advancement of the prominence of trauma in the burden of disease, paediatric trauma has increasingly received more attention as a major cause of morbidity and mortality. Since 1983, trauma has officially been called 'the number 1 killer of children' globally.^[3] In SA, children continue to be threatened by injuries of various kinds, although this is often overshadowed by the impact of infectious and nutritional diseases. The greater recognition of injuries as a major challenge to childhood health has, however, stimulated concerted efforts worldwide through, for example, the adoption of the 64th World Health Assembly resolution on child injury prevention. There have consequently also been local efforts by means of strategies directed at enhancing the management of trauma through specific mechanisms, such as courses for the management of paediatric trauma (e.g. the Advanced Paediatric Life Support course).

Unfortunately, childhood injuries have not yet been included in national health priority lists, especially with regard to their preventability. This is very disappointing, particularly in the light of the successes of recent prevention interventions, such as the extensive health promotion campaigns directed at the reduction of new infections of HIV/AIDS. Furthermore, the World Health Organization has estimated that trauma will increase its contribution to the burden of disease worldwide.^[4]

We are therefore delighted to present this issue of CME, with specific reference to the preventability of various types of childhood injury. The focus of the first article^[5] is on one of the most common injuries in and around the home – ingestion and aspiration of foreign bodies. It provides a broad overview of the dangers lurking around the home for young children. While much progress has been made with legislation and community awareness globally, fostering a culture of vigilance, in SA such preventable injuries continue to contribute significantly to the national healthcare burden. Government, health authorities and non-governmental agencies all have to collaborate to identify potential hazards, legislate against commercial risks, and warn the public about how these injuries occur.

The second article^[6] provides an evaluation of a promising SA intervention that promotes safe driving behaviour among school transport drivers, a vital but under-represented partner in child road safety. The roads are hazardous places for all South Africans, with children often exposed in school minibuses on their way to or from school. This article indicates that drivers and vehicles participating in the Safe Travel to School Programme recorded lower percentages of time speeding, lower harsh braking, and lower average harsh cornering and acceleration than general drivers.

We hope and trust that these articles will assist in mobilising your attention to encourage you to utilise your knowledge in creating a safer world for all. It is everyone's responsibility.^[7]

A B van As

Childsafe, Cape Town; and Trauma Unit, Red Cross War Memorial Children's Hospital and Division of Paediatric Surgery, Faculty of Health Sciences, University of Cape Town, South Africa

sebastian.vanas@uct.ac.za



A van Niekerk

Violence, Injury and Peace Research Unit, South African Medical Research Council and University of South Africa, Cape Town; and Institute for Social and Health Sciences, University of South Africa, Cape Town, South Africa



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