



ISCAIP Newsletter 31st July 2005

Post-tsunami.....where are we at?

Thirumullaivasal is a fishing village in Nagapattinam district, one of the worst affected areas in south India. 163 out of 650 families were affected, and children accounted for 25 % of the deaths. Several others lost one or both parents. Most of those who lost their lives and houses were from the poorer class since they get to live closest to the sea with houses which are made of mud and thatch.

Much had been talked about concerning the psychosocial impact of tsunami on children. These include post-traumatic stress disorder, symptoms such as sleep disturbances, flashbacks and bouts of depression and aggression and probably issues like addiction. It is estimated that 1.5 million children in the South East Asian region have been affected. Estimates by UNICEF for India is that there are nearly 100000 children affected, by loss of family or homes. The guidelines for handling the situation among children on the issues of psychosocial care after a tsunami like experience has been agreed upon by a consensus by an expert group (Ref below)

The relief operations conducted by the Government and the NGOs was commendable. The illnesses observed in the children were like that of a non-disaster area. Malnutrition did not occur amongst the displaced. It is issues like schooling and alternative employment that need to be addressed now. The shelters provided for the families afford no privacy. Normally about 90% of adolescent boys drop out of school and take up their traditional occupation of fishing. When the boats do not go out, they are not engaged and there is a problem of alcoholism coming in. There is a need for developing livelihood skills other than fishing, but there is resistance to this in the community.

The rehabilitation of the affected will be a long process and the psychosocial aspect of the impact needs to be looked at over the course of some years. In the mean time the resources flowing in need to be regulated and distributed, according to policies which are being laid down by the government. The strength of the people and their initiative need to be given due importance during the period of rehabilitation

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www.savethechildren.org.uk/scuk/jsp/resources/details.jsp?

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“THE RIGHT THING WOULD BE FOR THE CHILD NOT TO HAVE BEEN IN A POSITION TO RUN ACROSS THE ROAD.....”

‘Assalaamalaikum’ the Islamic greeting literally means ‘peace be unto you’. In Arabic, the term also denotes harmony, tranquility, a sense of security, accord and connectedness with those around us, contentment and freedom from any jarring experience (Al Q’uran, Surah 19, verse 62, Yusuf Ali translation.)¹ This peace and harmony and sense of connection with the world around was shattered earlier this year, when a car hired by a western University on business in India hit a little boy. The tragedy was compounded by the fact that the witnesses to the injury, those who had hired the vehicle, were unsure of their course of action.. They consequently did not report the incident or the driver, to the police. They did not send out medical help to the boy. They did not try to locate the family. They left the country the same day.

As one of the passengers in the car said later,

“In retrospect, I wish I had taken responsibility myself for reporting the incident, although I had no way of knowing what to do or who to call. Perhaps in future guidelines for international travelers, especially those who will be driving in India, where the roads are more dangerous than in Europe or the USA, about what to do if an accident happens, would be helpful. I certainly wish I had been given some guidance, as opposed only to following the advice of people who clearly wanted the incident out of the way.”

What then is one to do in such a situation? Are situations really so different in different parts of the world? Would it be reasonable to assume, that, regardless it is imperative that a road traffic accident should be reported, particularly when there is likely to have been a death, (regardless of how alien the culture may seem to the traveler?). The onus on reporting it is clearly with the driver, but the witness to a grievous event is liable if he/she has not reported such an incident. Legal counsel In India states that “ the person hiring can be held liable for not reporting the accident, but the transport company will be liable for the actual loss or expenses incurred for treatment. Typically these corporate organizations which hire vehicles for their employees have an agreement with the transport company in which they pass on the onus of such accidents on the transport company. ”

What may not be known is the local customs and dangers in a foreign country. For example, in India, it may be hazardous for the occupants of the car to stop at the site of the accident. People take the law into their own hands and often the driver of the vehicle is likely to be beaten up. In such a situation, it is advisable to drive to the nearest police station, where the driver is expected to surrender to the police. He is likely to be arrested and then released, and the vehicle impounded, at least temporarily. The police would then file a First Information Report (FIR) and a police team would go out to investigate the reported incident. It may be necessary for passengers to arrange alternate modes of transport.

It may be advisable in some instances to file a counter First Information Report and this matter is often facilitated if there is legal representation available. Those who seek to do business in India are advised to have access to a legal representative and there are lists of ‘English speaking lawyers ’ available on Consular web-sites . The Consulate can be contacted for assistance. The British Consulate had this information to offer: If a British National is involved in a road traffic accident, the role of the British Consul is to look after the welfare of that person. We can help put people in touch with local lawyers, interpreters and doctors if necessary”

The First Information Report is a vital document. Ask for a copy of it and retain it. No action can be taken without the FIR. Insurance cannot be claimed, legal proceedings cannot be instituted, no compensation can be claimed by the victim.

The police can often be requested to send medical help out to the injured person(s). Some States have Mobile Patrols and ambulances available which can be called out by a standard number; for instance, in Tamil Nadu the number is 1033.

Why was there such apathy to this incident?

As stated earlier, poverty is the outcome of inequity. Would things have been different if it had been the child of a rich man? The passenger said later,

“no action was taken by anyone to report the incident. I believe that, since the boy was one of the "poor people", the car company and even our own staff in India simply wanted to forget about the incident.”

In the light of such attitudes, one can only invoke the prayer written by Tagore,

This is my prayer to thee, my Lord.....

Give me the strength never to disown the poor or bend my knees before insolent might”

All references quoted are from the book “Injury Prevention and Control” edited by Dinesh Mohan and Geetam Tiwari and released at the International Conference of Injury Prevention held at New Delhi in 2000. Legal counsel was obtained from more than one lawyer and is here anonymised. The British High Commission was distant in their response.

Comment on the Case Study from India by Anu Bose ISCAIP Volume 1:Issue 2

Elizabeth Towner, University of the West of England, Bristol, UK

Dr Bose provides a case study of a small boy in India who was hit by a car that was hired by affluent visitors to the country. The car did not stop and the incident was not reported at the time or later. The child presumably died as a result of his injuries. This incident does illustrate that the most vulnerable road users, pedestrians, child pedestrian and poor child pedestrians are all too often the hapless victims.

Anu Bose writes, "it does not matter what the details are". However, I believe that the details do matter. What were the circumstances surrounding the incident: was the car speeding at the time, what were the visibility conditions, had the driver been driving all day and was tired? What motivated the business travellers not to stop or report the incident: were they callous or indifferent to the pain and suffering of the child, were they racing to get to an 'important' business meeting or the airport, were they fearful that they be threatened or attacked by an angry mob if they stopped or detained by the police if they later reported the incident? What about the driver of the car: was he persuaded by the passengers not to stop, was he afraid that he might lose his job or jailed if he reported the incident? What about the responsibility of the business organisation or the car rental company or travel operator in terms of making travellers aware of how to avoid road collisions or to deal more sensitively if such a situation arose?

What can we glean from this example that may help in the prevention of future deaths on the roads?

With the growth in travel and tourism and international business, people are increasingly using cars as drivers or as occupants in countries where they have little familiarity of road conditions, customs and highway laws and the safety implications that stem from this growth of usage are not fully appreciated. For example, Foreign Office advice for travellers in India from the UK includes only this section on road safety:

"Driving on Indian roads can be hazardous, particularly at night in rural areas. Inadequately lit buses and lorries, poor driving and badly maintained vehicles are the main causes of accidents."

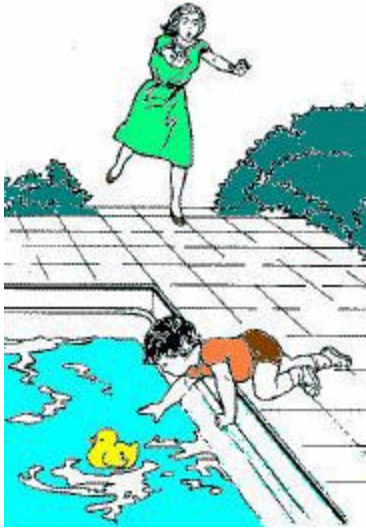
There is no mention about the dangers of speed or what procedures to follow if the vehicle is involved in a collision. Advice is often given on the assumption that travellers abroad are the victims of particular incidents (eg of crime), not as potential perpetrators of fatal or severe incidents.

This tragic event raises the wider question of driver responsibility in collisions involving child pedestrians. In the past the widely held view was that, "the driver did not stand a chance, the child just ran out into the road". But this viewpoint may be amenable to change. I was involved in a study of policy and practice related to children's road safety in OECD countries, the world richest nations. (Christie et al 2004). Seven out of the 20 countries which responded had introduced legislation that assumed driver responsibility in a collision with a child pedestrian. What was interesting was that the top performing countries in the child pedestrian fatality league (ie those with the lowest pedestrian fatality rates): Sweden ranked 1, the Netherlands ranked 2, Germany ranked 4 and France ranked 7, all had introduced this type of legislation. In the Netherlands the law was introduced in 1988 and it is believed to have had the effect of making drivers more aware of the vulnerability of children.

The UK does not have such legislation – perhaps a realisation of the vulnerability of pedestrians (and particularly of child pedestrians) in one's home country, could carry over to other countries when people travel abroad.

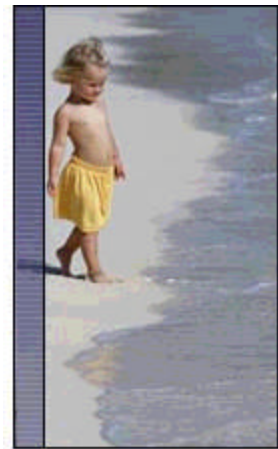
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Childhood Drowning in Bangladesh: An Update



There have been impressive declines in child mortality in Bangladesh with under-5 mortality rates reaching 88 per 1,000 live births. However, as a consequence of this, other causes of death are now becoming increasingly important. In 2003, Hyder et al published their findings that 20% of children 1-4 years old were dying from drowning. A recent 2004 Bangladesh Demographic and Health Survey confirms the finding with 19% of all 1-4 year childhood deaths from drowning. These and other studies underscore that drowning is a large contributor to under-five deaths in the post-infant period.

Most of drowning deaths occur in ponds and ditches in and around the communities where people live and are more frequent in the months of April-September. These deaths are most common among 12-23 month old children, occurring before noontime when mothers are busy with food preparations and no family member appear to be in-charge of supervising the young children. When parents of children who had drowned were asked about what they had done to resuscitate the drowned child, they most often reported the use of indigenous practices designed to revive the drowned child. These include spinning the child, applying pressure on the child's belly, and keeping the body warm. There is also evidence that local understanding may impede the quick rescue of a young child. For instance, a widespread belief is that parents should refrain from touching a drowned child since if a mother or father touches the child, the child may not survive. Data also show that mothers of drowned victims are commonly blamed for the child's death, resulting in negative effects on the woman's status in the family structure.



The magnitude of the problem emphasizes the need to integrate drowning prevention programs into ongoing child health and development activities. Several measures have been suggested, including using a door barriers or playpens to restrict the child's mobility, fencing selected water bodies, and adequate supervision of young children. Presently studies are underway in the country to assess the acceptability and effectiveness of these and other measures. [For more information, please contact ahyder@jhsph.edu]

Taken from **HEALTHCARE ALLIANCES**
Injury Prevention News June 2005



Report highlights young people's safety concerns

As part of its work to promote active citizenship and community participation, the UK government has recently published the findings of a survey of children aged 8-10 and 11-15 years. The report includes issues of relevance to the prevention of unintentional injuries. It notes that the main reasons that 11-15 year old children expressed reasons for feeling unsafe in the neighbourhood were the fear of abduction and stranger danger (48%) and bullying (35%), with traffic causing far less concern (12%). Among 8-10 year olds, the fear of traffic was 23%. The report, 2003 Home Office citizenship survey: top-level findings from the children's and young people's survey can be downloaded from <http://www.dfes.gov.uk/research/data/uploadfiles/RW29.pdf>

Helping to keep kids safe on Western Australia's roads

The Road Safety Council is proposing a wide-ranging reform of the way our novice drivers are trained. The aim is to help reduce the level of death and injury on our roads, especially among our young people.

<http://www.officeofroadsafety.wa.gov.au/novicedriverreview/index.html>

From Ian Scott:

WHO road safety newsletter

The latest issue of The Road Ahead, reports progress on global road safety initiatives. The newsletter presents progress on implementing the UN General Assembly Resolution, reflecting the work of many partner organisations involved in the United Nations road safety collaboration. This issue reports on: progress made at the 2nd United Nations road safety collaboration meeting, held in March 2005; events held for World Day of Remembrance; road safety work in two of the United Nations regional commissions; and recent initiatives in road safety taking place in Cambodia, Ethiopia and Oman. The Road Ahead is available at:

http://www.who.int/violence_injury_prevention/publications/road_traffic/roadahead_newsletters/en/

4TH AFRICAN REGIONAL CONFERENCE ON SAFE COMMUNITIES: COMMUNITIES FOR INJURY AND VIOLENCE PREVENTION, 3-5 JULY 2005, PORT-SAID, EGYPT

Reported by Fatma Hassan.

The conference was collaboratively organized by Port-Said Governorate, Suez Canal University, Red Crescent Society, UNISA and IPIFA. The three day Conference was held at the newly built Grand Albatros hotel, and was attended by 100 delegates from Canada, Norway, Afro, WHO, Bangladesh, and various African countries: Kenya, Mauritius, Nigeria, Tanzania, Uganda, South Africa and Egypt.. The main theme of the conference was Safe Communities: Communities for injury and violence prevention. Within this broad theme delegates focused on The conference included several sessions on Violence Prevention, Safe Community, Safe Schools, Road Traffic Injuries, Road Safety, Injury Prevention including injuries among children, and a Special Session on Home Visitation.

A regional Safe Community Statement of Understanding was signed at the Ceremony. According to that agreement the Governorate of Port-Said, Egypt agrees to implement an ongoing program of injury control and community safety in Port-Said, Egypt. In collaboration with Suez Canal University, the Red Crescent Society in Egypt, the Injury Prevention Initiative for Africa (IPIFA), the University of South Africa Institute for Social and Health Sciences WHO collaborating center for Peace Action and WHO Collaborating Center Safe Communities Affiliate Support Center. This safe community's initiative will cover the whole community including people in all age groups, all environments and all situations. The Governorate and the Red Crescent Society agree to document and evaluate their efforts and to actively spread their experiences nationally and regionally across the African continent with a view to seeking international designation.

Dr. Rahim mentioned also the SafeCom Weekly News which is now issued in various languages including the Arabic. Participants from Mauritius and Bangladesh asked to be in its team and ready to translate it into French and Bangali languages.

For more details or to receive an electronic copies of the Conference presentations contact Prof. Fatma Hassan and her e.mail address is: fatmahassan1@yahoo.com

Articles for June NL ISCAIP which are being reproduced with permission from SafetyLit which is a free service of the Center for Injury Prevention Policy and Practice at San Diego State University in collaboration with the WHO. (Between June 6 and July 11, 2005.)

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