

Presidential Address*

Building a safer environment for our children

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Our Chief Guest Prof Dharmalingam Ramadas, Guest of Honour Mr. Nathan Sivagananathan, Chairperson and the members of the Board of Trustees, Members of the Council, Past Presidents, my teachers, guests, fellow colleagues, classmates and friends,

Good evening and a very warm welcome to every single one of you. At the outset, I thank the Sri Lanka College of Paediatricians for electing me as their 23rd President for the year 2018/2019, and hope to render my services with utmost smartness and gratitude. The Trust and Confidence, the College has placed on me **need to be, and will be, protected at any cost.**

The vision of the Sri Lanka College of Paediatricians is to promote a profession and a nation that cherishes the perpetual value of children and envisage the attainment of the golden goal of providing the finest of healthcare services to all children of this paradise island. The College would endeavour to be a dedicated, dependable and responsible resource, to the government and other stakeholders, on all aspects related to the optimal care of infants, children and adolescents

The mission of the Sri Lanka College of Paediatricians is to facilitate the advancement of paediatric healthcare in the country, influence policy decisions, support as well as sustain continuous professional development of child healthcare personnel and promote collaboration amongst paediatricians.

As an academic medical institution that caters to the health and welfare of our children, the Council and I took up “*Building a safer environment for our children*” as the theme for this year. My successor

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Professor Vasantha Devasiri, willingly joined hands to continue with the same theme for the coming year.

In the 2006 UN Secretary General’s study on Violence against Children it is recorded that “No violence against children is justifiable; all violence against children is preventable”.

In this address I will discuss the following

- a. Why do we need a safer Environment?
- b. Definitions; Global and Local Burden of these issues
- c. Obstacles we face in trying to correct them
- d. Plans for a National Campaign

Across all regions and income groups, more than 80% of deaths of children under the age of 15 happened in the first 5 years of life, regardless of the mortality level. Children continue to face widespread regional and income disparities in their chances for survival. This reflects the limited access children and communities have to basic health interventions. Mortality rates are broad indicators for sustainable social and economic developments

On current trends, 56 million children under 5 years of age are projected to die between 2018 and 2030, half of them new-borns. In 2017, 118 countries already had an under-five year mortality rate below the sustainable development goals (SDG) target of a mortality rate at least as low as 25 deaths per 1,000 live births. Among the remaining countries, progress will need to be accelerated in about 50 countries to achieve the SDG target by 2030. If the 50 countries falling behind would achieve the SDG target on child survival by 2030, 10 million lives of children under age 5 could be saved.

Injury is defined as “**the physical damage that results when a human body is suddenly subjected to energy in amounts that exceed the threshold of physiological tolerance**”. Energy can be mechanical, thermal, chemical or radiated.

WHO developed the International Classification of External Causes of Injury (ICECI). On this basis the cause of injuries can broadly be divided into

- Accidental (unintentional)
- Non Accidental (Intentional)

Accidental injuries include poisoning, road traffic accidents (RTAs), falls, drowning and choking. Intentional injuries include violence, abuse, neglect and war. Home accidents, RTAs and school accidents account for the maximum number of children either being injured or our losing them.

Despite being predictable and preventable it has been neglected from the Global Health Agenda. “Dramatic successes in preventing injuries and violence can be achieved through concerted efforts that involve, but are not limited to, the health sector”. Unintentional injuries are one of the leading causes of death, hospitalization and disability, right across the world.

A broad range of socio-economic factors associated with injury risk have been identified. These factors include:

- **Economic factors** such as family income,
- **Social factors** such as maternal education,
- Factors related to **family structure** including single parenting, maternal age, numbers occupying the household, and number of children,
- Factors related to **accommodation** such as type of tenancy, type of housing, level of overcrowding and various factors describing the neighbourhood.

Socio-economic factors affect injury risk in a number of ways. In poor households, parents may not be able to:

- properly care for and supervise their children, who may need to be left alone or in the care of siblings.
- afford safety equipment such as smoke alarms or safety helmets.

Children living in poverty may be exposed to hazardous environments, including:

- a high volume of fast-moving traffic
- lack of space and facilities for safe play
- cramped living conditions, with no proper kitchen and the use of open cooking fires
- unprotected windows and house roofs, and stairs without handrails.

In 1959, the United Nations General Assembly adopted the Declaration of the Rights of the Child. This defines children’s rights to protection, education, health care, shelter and good nutrition. In

1989, the Convention on the Rights of the Child was adopted which changed the way children are viewed and treated; i.e. as human beings with a distinct set of rights. It is the most rapidly and widely ratified international human rights treaty in history and shows global commitment to advancing children’s rights.

Millennium Declaration was adopted in 2000. One of its main goals was the right to universal primary education and reduction in mortality. In 2015 the Sustainable Development Goals were declared. It included the right of every child to live free from fear, neglect, abuse and exploitation.

At the last End Violence Summit, held in February 2018 in Stockholm, Sweden, INSPIRE was developed. It’s the **International Network for Simulation Based Paediatric Innovation Research and Education**. In its Agenda for 2030 the focus is shifting towards **prevention of injuries**. The systemic holistic approach is well defined in INSPIRE.

The acronym INSPIRE would also include the following:

Implementation and enforcement of laws (for example, banning violent disciplining such as corporal punishment and restricting access to alcohol and firearms);

Norms and value changes (for example, altering norms that condone the sexual abuse of girls or aggressive behaviour among boys);

Safe environments (such as identifying neighbourhood “hot spots” for violence and then addressing the local causes through problem-oriented policing and other interventions);

Parental and caregiver support (for example, providing parent training to young first time parents);

Income and economic strengthening (such as microfinance and gender equity training);

Responsive services provision (for example, ensuring that children who are exposed to violence can access effective emergency care and receive appropriate psychosocial support);

and

Education and life skills (such as ensuring that children attend school, and providing life and social skills training).

Over the last two decades the world has made substantial progress in reducing childhood mortality. Still, an estimated 6.3 million children and young adolescents died in 2017, mostly from preventable causes such as injuries and infectious diseases. Majority occurred during the earliest ages. The vast majority (85%) of the 6.3 million deaths in 2017 occurred in the first five years of life

If we look at the burden in Sri Lanka, 25% of our population are children. In 2017 the government recorded 60,548 cases and 12,931 admissions to public hospitals due to accidental injuries. On an average it consumed 1.6 days of in-patient care and cost between 5000 – 9000 rupees per day per patient.

Limited data makes it extremely difficult to identify and prioritize issues. You need to understand groups of injury and identify groups at highest risk for injury. Because a wide range of injury types prevail, they should be viewed collectively as a single “malady”. Collaboration between different agencies, with some form of a principal agency taking the lead, is essential to overcome some of the obstacles.

There is limited capacity to prevent injury, especially in the rural setting. We need to focus resources on resource-poor areas and give incentives. There is a lack of political commitment and understanding. France in 2002 declared road safety as a national priority and it led to immediate and observable reductions in injury. Injuries are due to “fate”? No. Certainly NOT. Injuries are preventable? YES, most definitely.

In trying to overcome these obstacles, lack of funding is the major determinant. You need to reflect that injury is a foremost cause of mortality and morbidity in children. There are equal difficulties in implementing and we need to showcase the proven preventive measures available for implementation

The improvements seen in child mortality come from dedicated programmes related to child survival. These target infectious diseases (e.g. vaccinations) and nutritional deficiencies. Campaigns to promote breastfeeding, growth monitoring, immunization and oral rehydration therapy have been extremely successful. Injury prevention must be incorporated into these programmes, as children grow up and are subjected to injuries.

What can be done to prevent these injuries? The **Public Health Model** has 4 components, namely; Surveillance, Risk Factor Identification, Development and Evaluation of Interventions, Implementation of Interventions. It is a model that

can reveal important emerging issues in child injury prevention. A public health perspective also allows for a holistic approach to the issue of child injury. Such an approach can bring together, as partners, the diverse range of national and local agencies and organizations involved in injury prevention, and coordinate actions under a single umbrella

The Sri Lanka Policy Brief outlines the issues faced in Sri Lanka and proposes certain pathways using the INSPIRE strategy that will help to prevent violence against children. It looks into the following:

- Physical Punishment
- Sexual and Gender Based Violence
- Emotional Violence and Mental Health
- Child Marriage
- Online Safety
- Data on Violence against children

Why do we need a National Campaign? We know that injuries are preventable and to prevent them we need to create a better environment, increase awareness, achieve attitudinal and behavioural change, institute better data collection and ensure implementation of policies. Child Safety Campaigns in many countries have been successful with a very significant drop in injuries.

The components of our campaign are Research, Awareness and Policy implementation. An integrated data system is the need of the hour, for childhood accidental injuries, which will leverage data, information and analysis to promote research in child safety. A multi-faceted nationwide awareness campaign, which will run for a 12-month period is an essential component of the endeavour. Formulation of a multi-sectoral action-plan on child safety, which facilitates regular stakeholder meetings, stronger legislative and policy frameworks and implementation capacities will enhance the expected outcomes.

We hope to partner with the Ministry of Health, Ministry of Education, National Child Protection Authority, Paediatric Clinical Practitioners, Medical Professionals, Medical Associations, Civil Society, the WHO, World Bank, UN Agencies and the Corporate Sector. Coverage will be nationwide, with a specific focus on the vulnerable population. Duration of this campaign would be 12-24 months.

As Nelson Mandela said in 1995, “There can be no keener revelation of a society’s soul than the way in which it treats its children”.

Promoting child safety means understanding and promoting the physical, cognitive, emotional and social development of a child while making dedicated efforts in preventing intentional or unintentional factors that could harm the development and the potential to live a full and free life. We need the support of all stakeholders to make this campaign a success. The Government and other agencies are keen on intentional injuries and we decided to concentrate on Unintentional injuries. The Sri Lanka College of Paediatricians is fully committed towards promoting Child safety and Unintentional Injuries as a National Campaign.

Thank you all for being here today; it’s a great source of inspiration!!

Thank You.

Rajaratnam Ajanthan