



Kids Looking After Kids

Two children recently drowned in their family swimming pool while in the care of their older nine-year-old brother.

According to media reports, the family had moved into the house only the day before the tragic incident. They went out, leaving their oldest son in charge of his four- and six-year-old siblings.

The incident raises the question again of whether or not one can expect a child to look after younger siblings.

"It is unrealistic to expect that children can take adequate care of younger children, especially not if there are safety risks involved," says Fozia Ryklief, social worker at The Parent Centre.

"A nine-year-old is still a child and at a playstage of development. Children get absorbed in play and will not notice that there is anything amiss. They are not necessarily neglectful or careless, just absorbed and distracted.

"Children also don't have a perception of the ability and inability of younger children to judge space, depth and distance. But even if this child had realised that his siblings were in danger, he would not have had the influence nor the physical strength to restrain or rescue them," says Ryklief.

Is age the most important factor?

"Age alone does not determine whether or not a child is capable of looking after himself or herself or younger siblings," says Nelmarie du Toit, director of the Child Accident Prevention Foundation (CAPFSA).

Du Toit lists the following factors which determine a child's readiness for self-care and his/her readiness to look after others:

- the environmental circumstances of the situation
- a child's level of maturity, dependability and ability to make reasonable decisions
- his/her relationship to the parent
- physical or mental limitations
- the time of day or night
- age of other children to be supervised
- frequency of being left alone and
- the accessibility of a parent or other adult.

"Taking care of young children requires a high level of responsibility. It often puts unnecessary strain on a sibling relationship to have the older children take care of younger brothers or sisters. It is very difficult for older siblings to exercise their authority fairly, and often hard for younger siblings to accept that their brothers and sisters really are in charge of them," says Du Toit.

"Remember, children are not small adults. They have many limitations and these vary with every age group. As parents and adults we are responsible for our children, so if you have a choice, do not leave your oldest child with the responsibility of looking after younger siblings. There are so many things that can go wrong."

Parents may be prosecuted for neglect if they leave their children alone and something serious happens to them. Parents should be prepared to take responsibility for anything that should go wrong in their absence. A parent is also responsible for the care and safety of the eldest child who is acting in loco parentis (in the place of the parent).

Not always a choice

Both Ryklief and Du Toit point out that some parents have no other choice than to leave younger siblings in the care of older children due to socio-economic factors or ill health. As a result of the Aids pandemic hundreds of Aids orphans are forced to be the sole caregivers of their younger brothers and sisters.

In such extreme circumstances, adults should assist the eldest child in doing a risk assessment of the home, taking into account all possible eventualities, particularly if someone is under 16 years.

CAPFSA gives these pointers:

- Set firm rules, with clear dos and don'ts.
- Prepare your child to deal with situations that may arise.
- Keep in touch if you're hard to reach.
- Make sure the home is safe and secure.
- Point out potential hazards and risks and explain how to control them.
- Hold fire drills with each child, "practising" what to do and where to go in case of fire.
- Teach children basic first aid and have a first aid kit available.
- Have emergency numbers pasted next to the phone.
- Have children practice emergency calls with you, giving their full address and directions if necessary.
- Have a clear understanding about use of ovens, stoves and other appliances.

For more information on how to create a safe home environment for your child and to obtain safety checklists, contact the Child Accident Prevention Foundation of SA (CAPFSA), tel 021 685 5208.

SOURCE Ilse Pauw, Health24

<http://www.health24.com/child/Safety/>

Child Safety Training

TRAINING OF HOME MANAGERS – Zanokhanyo Home Management Training Centre Khayelitsha (March 2006)

CAPFSA trained twenty-four individuals at Zanokhanyo Training Centre. This Training Centre offers an intensive five-week home management course to unemployed women from disadvantaged communities. Trainees are then assisted to find employment. CAPFSA's workshops focus on child safety and injury prevention at home. Trainees were equipped with information on the prevention of home injuries and the creation of a safer environment for children. CAPFSA will be running eight of these workshops as part of the Training Centres five-week course.



TRAINING AT CITIZENS ADVICE BUREAU Khayelitsha (March 2006)

Two staff members, Sylvia Mpinana and Abeniza Snyman from the Citizens Advice Bureau in Khayelitsha were trained by CAPFSA on child injury prevention. They will train fieldworkers in the area on child safety and this information will then be utilized during home visits in the community. Information and safety messages on injury prevention will also be broadcast on the local radio station, Radio Zibonela.



Sylvia Mpinana and Abeniza Snyman from the Citizens Advice Bureau in Khayelitsha.



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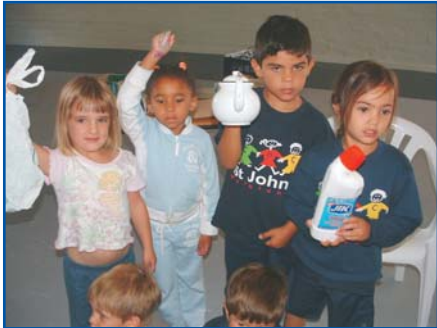
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Opinions expressed in the CAPFSA Reporter are not necessarily those of the Child Accident Prevention Foundation of Southern Africa

CBC ST JOHN'S PRIMARY Table View (March 2006)

One hundred and fifty pre-schoolers at CBC St John's Primary were addressed on Home safety at their school. Pre-schoolers enjoyed a story on home safety and had to identify dangers in their home environment.



Pupils from CBC St. John's Primary School



HEALTH AND SAFETY TRAINING CHILDMINDERS (ECD Facilities) 8 & 9 March 2006

Everyone who live and work with children share the responsibility for making the environment safer for them by taking measures and adopting practices for accident prevention. More and more children under the age of six are spending time away from their homes either in day care facilities, crèches or pre-schools. Creche staff and day care workers are entrusted by parents with the safekeeping of their children while they are working. Therefore this gives these workers a major responsibility, both to ensure that children are not exposed to danger while in their care, and also to act as role models for children in being safety conscious.

It is therefore imperative that ECD (Early Childhood Development) facilities should be trained and equipped with information on how to run a safe day-care facility.



On 8 and 9 March, Jenny Clarke and Martha Bestenbier from the CAPFSA Gauteng branch conducted this two-day training course. Fifty delegates from various ECD facilities in Cape Town attended this training course.

The aim of this course is to meet the health and safety needs of children in childcare facilities.



By the end of the course delegates were able to:

- (a) State the importance of safe play and stimulation
- (b) Discuss child development related to childhood accidents and prevention
- (c) Identify relevant prevention modalities to prevent specific injuries in day care settings
- (d) State the need for a health and safety representative and develop job functions of the latter
- (e) Describe the present situations at their day-care facilities and identify hazards
- (f) Describe and critically analyse emergency evacuation procedures and develop procedures for emergencies
- (g) Develop and utilize medicine administration forms and procedures as well as accident/injury/incidence reporting
- (h) Identify and report child abuse and neglect
- (i) Compile a comprehensive safety plan for a crèche/day care facility

ECD facilities have three months to implement information received at the course after which each facility will be visited and an assessment will be done on the minimum criteria for a health and safety plan. Once assessments are complete, childminders will receive a certificate.

CAPFSA would like to thank the National Lottery Fund for making funds available to run this training course.

For more information on training contact CAPFSA at 021 6855208 Or capfsa@pgwc.gov.za

NEWSPAPER REPORTS

ROAD ACCIDENTS

Children May Be Ferried in Bakkies if Transport is Scarce, Says Official

Provinces may use bakkies to ferry schoolchildren if there is a shortage of transport, according to the Transport Department.

However, they need permission to do this from the relevant transport authorities.

This follows the case of a bakkie carrying 21 pre-school children to a day-care centre, which had an accident in Hindle Road in Delft on Tuesday.

Department spokesman Trevor Gozhi said the National Road Traffic Act prohibits the transporting of a person in the back of a bakkie for payment.

However, the law made an exception if there was a shortage of transport and children could then be ferried in the back of a bakkie, he said.

The driver of the bakkie carrying the 21 children, who was also injured in the crash, could face a fine for overloading or be charged with reckless driving. The children suffered minor injuries. The head of Metro Rescue, Cleeve Robertson, criticized the transporting of school children in the back of a bakkie.

Drivers could be prosecuted if they did not have permission, Robertson warned.

Source: Cape Times, 26 January 2006.

Call to Clamp Down on use of Bakkies to Transport Children

The head of Metro Rescue, alarmed that a bakkie carrying 21 pre-school children overturned yesterday, says he is concerned that traffic authorities do not appear to be intervening when schoolchildren are transported on the back of trucks.

Cleeve Robertson, head of Metro Rescue, said the problem was a road safety issue that needed to be tackled by traffic and transport authorities.

The 21 children were being taken to school when the bakkie overturned in Hindle Road, Delft. The children received cuts and grazes and were taken to the Delft Hospital for treatment.

“The question is, why are children being conveyed in the back of a light delivery vehicle?” said Robertson.

He said traffic officers should stop such vehicles to prevent similar accidents.

Cape Town Metro spokesman Ridwan Wagiet said transporting people on a bakkie was not illegal, as long as it was not for financial gain.

“Then it becomes public transport. Also, if the weight of the passengers exceeds the stipulated weight, (the driver), could be charged,” said Wagiet.

A national transport department official said the government had provisions and guidelines for the transporting of children, but it was the provinces' responsibility to implement them.

“Under the National Road Traffic Act, a person should not transport people on the back of a bakkie for reward,” he said.

Education spokesman Gert Witbooi said that as the children involved in the accident were preschoolers, the department's transport system did not apply to them.

Eric Ntabazalila, spokesman for MEC for Transport Marius Fransman, said although there were no guidelines for parents, they should consider safety before costs in choosing transport for their children.

“We have not investigated, but we understand the (bakkie) was not fit to transport passengers. As a department we need to devise measures to educate parents, crèche owners and schools. Meanwhile, Metro police, traffic police and the SA Police service need to look at compliance issues.”

Source: Cape Times, Wednesday, January 26, 2006.

Bakkie death traps

Cleeve Robertson, head of Metro Rescue, has my full support when he says he is concerned that traffic authorities do not appear to intervene when schoolchildren are transported on the back of bakkies (January 25).

I live near a number of schools and a care centre, and have failed to get the traffic authorities, councilors and police to do something about a bakkie which takes children from a nearby informal settlement to Fish Hoek.

This bakkie is clearly unroadworthy. The canopy windows are broken and the children sit on benches that are not attached to the vehicle, on the laps of older children or on the floor.

Yet at least 17 children travel daily in this bakkie and nothing is being done to investigate the situation or stop it. Media reports leave one in no doubt about the horrendous injuries that can occur should a bakkie packed with children overturn or be in an accident.

Bakkies with canopies are no better. The canopy gets crushed, which happened near East London last year. Six children died.

Must we wait until more children die or are injured before doing something? School buses, not these death traps should transport children to school.

Source: Cape Times, January 2006.

21 Crèche Kids Hurt in Crash

Twenty one pre-school children were crammed into the back of this half-ton bakkie, when another bakkie smashed into the rear in Blue Downs early today.

Now the City Police are considering action because they say it appears the bakkie was overloaded.

None were badly hurt, but they were taken to the trauma unit at the Delft Day hospital for minor injuries and x-rays.

They were on their way to Jack's Beanstalk Educare centre in Fountain village near Blue Downs when the accident happened. The driver, Marilyn van Niekerk, was also slightly hurt and was treated for whiplash.

There were no seats or restraints in the back of the bakkie. The connecting window between the cab and the back was smashed but it was not clear whether a child struck the window in the smash.

Nowellen Petersen, for the City Police, said overloading was not condoned and if necessary fines would be issued. “We do not condone overloading and 21 children at the back of a bakkie is really not allowed it limits the drivers' control of the vehicle.”

Crèche worker, Carol van Rheede said the bakkie picked up the children every day to take them to the crèche.

The traffic act permits the transportation of passengers in the “goods department” of a vehicle provided they are not being charged a fare.

A senior Cape Town traffic officer said today that “goods departments” would include the load box of a bakkie.

However it is illegal to charge for transport in the 'goods department, so that if parents were paying the bakkie driver, even indirectly through crèche fees, she would be acting illegally.

The office said the law required the sides of the bakkie to be at least 450mm high when passengers were seated and at least 900mm if standing.

Any driver providing a regular shuttle service, whether paid or not and irrespective of the type of vehicle, needed a professional driving permit involving a special roadworthy test.

Source: Cape Argus, 24 January 2006.

Taxi overloaded

The driver of a minibus taxi transporting 45 schoolchildren is facing charges after being arrested for overloading the vehicle. The driver had been taking the children from the Mtolweni primary school in New Hanover.

Source: Cape Times, 26 January 2006.

STRANGULATION

Girl 6, Strangled After Pet Dog Drags Her Around Garden by Scarf

Manorville, New York: A six year old girl may have been strangled when her family's golden retriever playfully grabbed her scarf and dragged her around the yard, authorities said yesterday.

When Kaitlyn Hassard came home from school on Tuesday afternoon, the dog, Jessie, a 31.5kg retriever mix, began tugging at her scarf.

The little girl and the dog went into the yard, and when her 11-year-old brother went to get her about 10 minutes later, he found her lying on the ground. Their mother called for an ambulance, but Kaitlyn was pronounced dead at Brookhaven Memorial Hospital.

Kaitlyn's scarf was wet with dog saliva when she was found. It was not clear whether any further evidence indicated that she had been dragged.

"I don't believe the dog's actions were intentionally malicious," a detective said.

The one-year-old dog was taken to the Brookhaven Animal Shelter.

Source: Cape Times, January 26, 2006.

FIREARMS

Boy, 8, Shoots Girl at Crèche

Washington: Maryland prosecutors have filed charges against an 8-year-old boy who shot and wounded a 7-year-old girl after threatening to rob her at a suburban crèche, The Washington Post said yesterday.

The boy's father was arrested and charged with leaving a firearm within reach of an unsupervised minor and other offences after the Tuesday shooting, the Post said.

The girl was reported in stable condition in a Washington hospital, the paper said.

Source: Cape Times, 26 January 2006.

Kraaifontein Teen Accidentally Shoots Toddler While Playing With Illegal Gun

A teenager playing with a gun critically wounded a one-year-old girl sleeping in the next door shack on Friday afternoon.

Police spokesperson Randall Stoffels said a 17-year-old youth was playing with an illegal firearm in his shack in Machoba street in Kraaifontein.

"A shot went off and traveled through his shack into the shack next door where the baby was sleeping. The baby was shot in the stomach," said Stoffels.

She was taken to Tygerberg Hospital in a critical condition.

The teenager fled. Police are still searching for him in an attempted murder investigation.

Source: Cape Times, 30 January 2006.

DROWNING

Baby Drowns in Bucket of Water

A nine-month-old baby drowned in a bucket of water at her West Rand home on Saturday while trying to reach for a ball that had fallen inside. Kyla Smit was playing with her brother in the garden and their mother was cleaning inside the house when the accident happened.

Source: Cape Argus, 30 January 2006.

EXPLOSION INJURIES

Internet Bomb Recipe Maims Boy, 17

If 17-year-old Jurgens Schoeman had not been a fit and strong sportsman, the injuries he sustained when a home-made bomb exploded in his hands could have been much more severe.

Now Schoeman's father, Johan, is hoping that provincial education authorities will use his son as a graphic example of the dangers of making explosives at home.

Jurgens was badly injured in the explosion, losing two fingers and his thumb on his left hand, his right pinkie, and sustaining a serious wound to his right thigh.

He and a friend had been in the garage at the friend's house, trying to make a bomb based on household chemicals from a recipe found on the internet.

Jurgens was holding the device in his left hand when the chemicals inside reacted and the device exploded.

He is currently in the Stellenbosch Medi-Clinic Intensive Care Unit where he is recovering after emergency surgery. His friend was left with a couple of scratches.

Johan Schoeman said today: "Look, it was a matter of boys being inquisitive and investigating things. He is doing well at the moment. It might sound strange, but fortunately he still has two fingers on his left hand. The greatest concern remains infection. If the doctors succeed with that, he has a very good chance of leading a normal life."

Schoeman said the orthopaedic surgeon treating Jurgens had gone on to the Internet and found three million sites dealing with home-made bombs. A third of them contained recipes for making bombs.

"It won't help trying to censor such sites. I told Jurgens that if he hadn't been injured in the explosion, he would have been given a decent spanking.

"But the fact is that parents and schools should always be ready on a formal basis to educate the children about the very real dangers of messing with this kind of thing."

Schoeman said it might be useful for the Department of Education to use graphic illustrations to make children aware of the dangers of trying to make bombs. "The shock element might just do the trick."

Source: Cape Argus, 31 January 2006.

FIRE

Four Die in Bellville Blaze

A two-month-old baby, a 15-year-old girl and two men died in a Bellville South Wendy house when a fire broke out, completely destroying the structure.

Western Cape police spokesman Captain Randall Stoffels said the fire had started at about 2am today in the backyard of a house in Stilvaney Street. It is understood that a candle fell over and set the Wendy house alight.

People in the main house woke up when they heard screams for help and the homeowner, his relatives and neighbours tried in vain to put out the fire. Two fire engines took about an hour to put out the blaze.

Stoffels said four occupants had died and that no foul play was suspected.

Source: Cape Argus, 2 March 2006.

VIOLENCE

More Than Three Children Murdered, 60 Raped Daily

More children are being murdered in South Africa than in previous years, according to police statistics, which reveal that more than three children are killed every day.

Equally shocking is that statistics also show that more than 60 children are raped daily.

The figures were released in the same week that saw the brutal murder of Transvaal judge president Bernard Ngoepe's grand-daughter Makgabo Matlala, 4, whose body was found under a bed in her parents' Lenasia home.

Statistics released yesterday by Safety and Security Minister Charles Nqakula show that 1128 children were murdered between April 2004 and March last year. This is substantially higher than the 700 reported cases of child murder the previous year.

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What Parents Need to Know About Child Safety and Identification

By Scott Irwin

Parents commonly believe, that by recording their children's fingerprints and DNA information, they have taken all the steps necessary in order to protect as well as provide identification for their children.

Common sense dictates that the only time a child's fingerprints or DNA information would ever become necessary would be in the worst-case scenario, after the unthinkable has happened.

There seems to be a general misconception concerning child safety and child identification. In speaking with parents, one thing becomes very clear. Parents commonly believe, that by recording their children's fingerprints and DNA information, they have taken all the steps necessary in order to protect as well as provide identification for their children.

Unfortunately, this could not be further from the truth. Common sense dictates that the only time a child's fingerprints or DNA information would ever become necessary would be in the worst-case scenario, after the unthinkable has happened.

We as parents would like to watch over our children 24-hours a day, thereby, ensuring our children's safety. However, this is unrealistic.

In situations where young children get separated from their parents as well as natural disasters such as: hurricanes, floods, earthquakes and tsunamis, we are reminded time and again, that children do not carry identification.

A Canadian company seems to have taken a very logical approach towards helping parents protect their children. Their small label can give parents great peace of mind as far as their children are concerned. Jerry Scala founded Child ID Labels inc. in 1995, with the intentions of offering his identification concept to fellow members of his congregation. However, within nine months, the fledgling program gained national exposure with their first recovery.

The company's first successful recovery happened on Easter Weekend, 1996, outside of Toronto, Canada. While his parents were in the kitchen, a small three year-old boy let himself out and wandered three blocks before ending up in a convenience store. The store's clerk noticed the identification label on the outside of the back collar and contacted the toll free number on the id label. The authorities, with Child ID's help, had the young escapee in his parent's arms in less than eight minutes.

Child ID's program, which is now available to residents of South Africa, helps parents deal with everyday events that happen, not out of neglect, but are due to situations that are beyond our control. Unlike other programs that are passive in nature and wait for something to happen before they spring into action, This company's unique focus and approach towards child safety and identification is proactive as well as preventative, thereby, offering parents an unparalleled amount of peace of mind.

In today's world, identity theft is not at all uncommon and, therefore, a very real concern.

Each Child ID "kit" is assigned a unique, personal identification number (PIN) code, which is specific to each family.

The company supplies parents with an unlimited supply of the coded iron-on identification labels and coded weatherproof stickers, which can be placed on literally anything that leaves the home as well as key rings, which list the family's unique pin code, which can be used for school bags, sports bags, luggage etc.

The id labels and coded stickers protect the families privacy as they contain only the company name, a message that reads "If Found Call", a toll free number as well as the PIN code; this ensures the prompt and accurate identification of a child after a 0-800 number is called.

If anyone locates a lost child who is wearing the identification labels, a phone call is all it takes to identify the child and contact the parents.

Child ID Labels Inc.'s concept focuses on the fact that "Children do not carry id", if they did they would likely lose it. We as adults never leave home without our id, frightening but true; there is more identification on the neighborhood dogs than on our children.

For pre-teens, the elderly who suffer from Alzheimer's as well as the intellectually challenged, the company also offers their version of a "no name" label, which simply reads in bold letters "If Found Call" and the same toll free number as well as the family's PIN code. When called, the 0-800 number links the caller to a monitoring service, which is staffed twenty-four hours a day, seven days a week.

The company's database contains the PIN codes assigned to families so there is no danger of anyone identifying the child except Child ID. One of the many advantages to this labelling system, is the labels can be as visible or invisible as the parents feel necessary.

The company recommends that for individuals who might be considered high flight risk, such as Autistic children or sufferers of Alzheimer's, the label should be placed in plain view. In one case the company has recovered a 21 year-old autistic man twice.

This program seems to have taken everything into account. For those parents who believe that prevention far outweighs the cure, it's nice to know that there is a company working to protect and keep our children safe.

Scott Irwin is the Marketing Director and Atlantic Regional Director for Child I.D. Labels inc., which has been protecting and providing ID for children and families for more than 10 years. Child ID's unique proactive and preventative approach towards child identification and child safety is now available in South Africa. Visit <http://www.childidatlantic.com> to find out how Child ID can help you to protect and keep your children safe.

Children Cannot Protect Themselves – They Need Help

Sebastian Van As and Nelmarie Du Toit

ERICATMORE (Cape Times, January 30) makes a passionate plea to politicians to meet the social and educational development needs of the city's youngest children and states that commitment to the survival and protection of children is paramount for prosperity in society.

The Child Accident Prevention Foundation of Southern Africa (CAPFSA) wholeheartedly agrees with these arguments, but would like to add another very important issue, often forgotten or neglected.

This is the issue of child trauma. About 20 million of South Africa's inhabitants are children. According to the Medical Research Council, about 3 000 children under the age of 15 years die each year from unnatural causes. The most common causes of childhood deaths are motor vehicle pedestrian fatalities 282°-0; motor vehicle passenger fatalities 7.G%; drowning 139%; burns 13.3%.

International and South African research has shown that children living in low-income settings are more likely to be injured than children in communities with greater financial resources. Informal settlements and townships in South Africa have historically been environmentally degraded, with inadequate infrastructure, overcrowding and limited recreational facilities. All of these compromise the health and safety of children.

The impact of childhood injuries are many and include:

- Short term effects: Hospitalisation of the child is a traumatic event for the child and family. Schoolgoing children are often admitted to hospital for a long period, which has an influence on the child's schoolwork. Working parents have to take time off from work to visit, which has consequences for the parent, such as no work, no pay.
- Financial costs: The cost of injuries can be reflected in economic costs to the individual victim and family, to the medical care system and to society.
- Long-term effects: Injuries to children may cause permanent disability or disfigurement. Burns often result in a changed self-image and long-term psychological damage.
- Loss of manpower: The child, when reaching adulthood, may not be able to function as a productive income-generating person.

Contrary to common belief, childhood accidents are not "natural events" and can be prevented.

The basic components of child accident prevention are:

- Education: This should be targeted at specific groups such as parents, children, families, community health workers, legislators and many more. However, it is ineffective on its own. Often vulnerable groups, such as the very young, are difficult to reach with education and/or are incapable of implementing safe practices.

Older children may be more amenable to school education programmes. Various educational child safety campaigns have been developed to educate the public about safe behaviour and the prevention of childhood injuries. Local organisations such as CAPFSA, Paraffin Safety Association, emergency services and the MRCI have initiated prevention programmes to increase injury awareness and prevention.

- Environmental modification: Environmental modification or changes are required to reduce childhood injuries and deaths. Socio-economic and environmental upliftment in especially low-income communities is essential. Safe housing and improved housing standards, fire-breaks between informal dwellings, access to water etc could all be instrumental in the prevention of childhood injuries.
- Engineering: This involves technological changes that make products safer. Engineering strategies frequently offer automatic protection from injury without requiring individuals to change their behaviour. Examples are fabric flammability of children's clothing; reflective materials incorporated into child products such as school uniforms; childproof containers for medication, toxic household solutions, paraffin and other products.
- Enforcement: This attempts to reduce dangerous behaviour through regulation that requires individuals, manufacturers and governments to comply with certain safety practices. Examples of legislation currently in place to protect children from injury include mandatory use of seatbelts, firearms control, South African Bureau of Standards specific mandatory regulation, and specifications for child restraints in motor vehicles.

Politicians will only be able to make a difference once they have secured collaboration of a wide range of disciplines, including healthcare workers, engineers, town planners and others. As long as society does not focus on the prevention of child injuries, we are failing our children; they are incapable of protecting themselves.

- *Professor Van As is director and Du Toit deputy director of the Child Accident Prevention Foundation of Southern Africa.*

CAPE TIMES: WEDNESDAY February 15 2006



CONGRATULATIONS

Pumla Nyakaza, CAPFSA trainer, gave birth to a beautiful baby daughter MIHLALI on the 5th January 2006. Congratulations Pumla and family!

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During the same period 22 486 children were raped. Again, the figure is higher than the 15 867 reports of child rape during the 2003/2004 financial year.

Nqakula was responding to a parliamentary question from DA member of parliament Mike Waters.

The minister also said there were 1569 cases of attempted murder reported to police, 4829 of indecent assault and 24 189 of assault with grievous bodily harm.

Of the murder cases, the highest number of reports came from KwaZulu-Natal (284), followed by Gauteng (222) and Eastern Cape (204). There were 164 reported murders in the Western Cape, Gauteng led the way in terms of the number of child rapes with 4859, followed by KwaZulu-Natal (3936) and the Eastern Cape (3006).

Waters said he was appalled at the horrific increases.

In 2002/2003, 15 144 child rapes were reported while last year there were 22 486. That's an increase of 48% in the past two years, he said.

"Now the government will tell you that it's got to do with better reporting but that's not true. If that was the case it would be a steady increase," Waters said.

He urged the government to introduce drastic steps to reduce the crimes against minors.

He added there was a 95% chance of not being caught so people are re-offending all the time.

Source: Weekend Argus, 11 March 2006.

NEW DROWNING DEFINITION

Drowning is a major global public health problem. Effective prevention of drowning requires programmes and policies that address known risk factors throughout the world. Surveillance, however, has been hampered by the lack of a uniform and internationally accepted definition that permits all relevant cases to be counted.

To develop a new definition, an international consensus procedure was conducted. Experts in clinical medicine, injury epidemiology, prevention and rescue from all over the world participated in a series of "electronic" discussions and face-to-face workshops. The suitability of previous definitions and the major requirements of a new definition were intensely debated. The consensus was that the new definition should include both cases of fatal and non-fatal drowning. After considerable dialogue and debate, the following definition was adopted:

"Drowning is the process of experiencing respiratory impairment from submersion/immersion in liquid." Drowning outcomes should be classified as: death, morbidity, and no morbidity. There was also consensus that the terms wet, dry, active, passive, silent and secondary drowning should no longer be used. Thus a simple, comprehensive and internationally accepted definition of drowning has been developed. Its use should support future activities in drowning surveillance worldwide, and lead to more reliable and comprehensive epidemiological information on this global, and frequently preventable, public health problem.

SOURCE: WHO Bulletin.

<http://www.who.int/bulletin/volumes/83/11/editorial11105html/en/>

Conferences and Meetings**WHO 15th International Safe Communities Conference in Cape Town 9-11 April 2006**

The Child Accident Prevention Foundation of Southern Africa will host the International Safe Communities Conference in Cape Town 9-11 April 2006 at the University of Cape Town.

The central theme of this conference will be focused around three topics:

1. Creating a Safe Community.
2. Creating Safe Schools.
3. Creating a Safe Home.

More information:

<http://www.uct-cmc.co.za/conference/2006/safecom/info.php>

The 8th World Conference on Injury Prevention and Safety Promotion

2 - 5 April 2006
Durban, South Africa
www.safety2006.info

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Holborn, London**

email admin@brake.org.uk
<http://www.brake.org.uk/index.php?p=77>

The 20th World Congress of the International Traffic Medicine Association (ITMA 2006) 16-18 October 2006, Melbourne, Australia

The Organizing Committee is now calling for abstracts from those wishing to present a short paper for oral or poster presentation. The deadline for abstract submission is March 31 2006. Instructions for submitting an abstract have been posted on the website

ITMA 2006 Organising Committee

Tel: (+613) 9887 8003

Fax: (+613) 9887 8773

Email: you can reach us at traffmed@vifm.org

<http://www.trafficmedicine.org/>

XVth ISPCAN International Congress on Child Abuse and Neglect

Children in a Changing World: Getting it Right
September 3 - 6, 2006 – York, United Kingdom
www.ispcan.org/congress2006

2nd International Seminar on Injury Research Methods

Eurosafe and the Medical Research Council are proud to announce that the next international seminar on Injury Research Methods will take place on 6-7 April, 2006, in Cape Town, South Africa.

The aim of the seminar on Injury Research Methods is to exchange knowledge and experiences on concepts and methods applied in injury research. The focus is on methodology instead of findings. Special attention will be paid to measuring the economic costs of injuries, evidence based injury prevention, quantifying disabilities and translating the results of research into recommendations for prevention. The seminar should increase synergy between researchers in the field of injury prevention and safety promotion.

More info:

<http://www.mrc.ac.za/conference/ecosa/index.htm>