

CHILD DROWNING IS A SILENT KILLER

Let's break the silence

MD RAJIB HOSSAIN

A four-year-old Tanim went to the riverside to play and fell down into the water. His companions rushed back home to inform his mother. She rushed to the site and called for help. A local youth jumped into the water to rescue the child. But it was too late. After half an hour's search the dead body was found.

Obviously it is painful. But we experience these sort of terrible events very often. Death by drowning happens so quickly that a child may die before anyone helps him/her.

A comprehensive research reveals that drowning is the single leading cause of death among children aged between 1 and 17 years. The Bangladesh Health and Injury Survey (BHIS) showed that almost 17000 children drown every year in Bangladesh, while 46 everyday.

More children die because of drowning than that of any other injury or of non-injury related killers like pneumonia, malnutrition or diarrhoea. Yet deaths due to drowning have gone relatively unnoticed. As a result drowning prevention and management remain almost non-existent.

The BHIS finding shows that the greatest number of victims are children between the ages of one and four years. Those who are just learning to walk face the highest risk of all. When a busy mother notices that her toddler is not by



her side is often too late.

The child need not wander far, most deaths happen very close to home. Three quarters of all child drowning take place in water less than 20 metres from their houses. The youngest usually die in water less than 10 metres away.

All water sources are dangerous equally and rivers, ponds, lakes claim many lives. Greater numbers die in drainage ditches or puddles and even in household water such as tubs, buckets, water drums and

so on. Babies may drown into water even at one inch deep.

The drowning death toll peaks at one year old. It falls steeply once children reach the age of five years as after that they learn how to swim.

Usually drowning occurs while children are engaged in playing and there remains lack of adequate supervision. Busy mothers with a large family are often unable to look after their little ones.

In most drowning cases, chil-

What kills children in Bangladesh?

Drowning	28%
Pneumonia	20%
Malnutrition	13%
Diarrhoea	13%
Meningitis	7%
Road traffic Accidents	6%
Diarrhoea & Pneumonia	4%
Suicide	4%
Animal bite	4%
Septicemia	1%

Source: Unicef

Whenever young children are swimming, playing or bathing in water, make sure a grown-up person is watching them — that means the supervisor should not read, play cards, talk on the phone, mow the lawn or do any other distracting activity while watching children.

Awareness raising

Making the families aware of the risks is another tool to prevent the unexpected cases. A drowning-checklist could be given to mothers so that they become alert to the risk factors.

Barriers around water

Establish fences or other types of barriers between children and water sources. Encourage families and communities to devise their own safety measures where water is present.

Keep small children away from buckets containing liquids; specially 5-gallon industrial containers are a particular danger. Be sure to empty buckets when household chores are done.

Swimming and water safety

World Congress on Drowning recommends the following interventions that could save children from drowning.

Supervision

The first action to prevent drowning is to monitor children. Supervision is the best way to cut short the number of drowning cases. Never leave a child unattended around water.



DR M KARIM KHAN

strated that zinc with ORS reduces stool output and duration of diarrhoea in hospitalised children in a randomised controlled trial in 287 children.

In a study in Kolkata, India, zinc supplementation to low birth weight infants reported lesser diarrhoeal episodes in the zinc supplemented group versus the placebo group suggesting a beneficial impact on the incidence of diarrhoea among low birth weight infants.

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Zinc is an important micronutrient. The effect of zinc therapy in diarrhoea is as follows:

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1.Bhandari N et al assessed the impact of daily zinc supplementation on the incidence of severe and recurrent diarrhoea in a double blind randomised controlled trial. They found that the incidence of diarrhoea during follow-up was lower in the zinc supplemented group as compared with the placebo group as well as the there was decreased incidence of prolonged diarrhoea in the zinc supplemented group.

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2.Roy SK et al demonstrated in a double blind randomised controlled trial that children with diarrhoea receiving zinc in addition to multivitamins had lesser stool output and shorter duration of diarrhoea.

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3.A study from India by Sazawal et al has shown a 7% reduction in the proportion of episodes lasting more than

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