

Children Pedestrian Safety

The Caribbean Mentorship Institute (CMI) is disturbed by the increasing number of child fatalities due to vehicular accidents and is advocating that all children of school age to be provided comprehensive training on pedestrian safety. Road crashes are the leading cause of death among young people ages 15-29 (as pedestrians and occupants), and the second leading cause of death worldwide among young people ages 5-14. In 2013, children vehicle occupancy accounted for the majority of motor vehicle accident deaths for children of all age groups. Pedestrian fatalities accounted for 8 percent of crash deaths for children less than one year of age, 29 percent for children 1-3 years, 23 percent for children 4-8 years, and 17 percent for children aged 9-12. Children aged 9-12 had the largest relative percentage of bicycle and all terrain vehicle fatalities, at 8 and 3 percent, respectively. 54 percent of children younger than 13 years who were killed in motor vehicle crashes in 2013 were male. The gender difference in fatalities was greater among child bicyclists (91 percent males, 9 percent females) than among child pedestrians (61 percent males, 39 percent females). Fatalities among child occupants of passenger vehicles were about evenly divided between males and females.

The Institute's president Ms. Felicia Browne feels strongly that, "Our children should be given the learning skills that will uplift their knowledge and response to road safety.

Effective educational tools should be implemented in schools to provide teachers, parents and transport conductors the opportunity to train their children on road safety. It is a community problem in which everyone can assist in some way in saving a young person's life. Although children may have limited knowledge of self-safety, they can be readily taught basic life-saving procedures.”

The National Highway Traffic Safety Department reported in 2010 that injury outcomes for children can be worse than similar injuries sustained by adults. For example, children who suffer traumatic brain injuries (TBI) can experience lasting or late-appearing neuropsychological problems that may not manifest until a child reaches their teens. For this reason, head injuries require special medical attention when evaluating children injured in motor vehicle traffic crashes. As some neurological deficits after head trauma may not manifest for many years, the need for ongoing medical monitoring of children with TBI as they grow older is critical.

The Institute supports the WHO recommendations that policymakers implement effective interventions, interventions that 1) include the design of safer infrastructures; 2) incorporate road safety features into land-use and transport planning; 3) improve the safety features of vehicles and 4) improve post-crash care for victims of road crashes. Interventions that target road user behaviors are equally important, such as setting and enforcing laws that address key risk factors, and raising public awareness about these risk factors.

The Institute also advocates that the Child Pedestrian Safety Curriculum for students from Kindergarten through the 5th Grade be developed and implemented to guide and standardize the information teachers, parents and motorists utilize in teaching, encouraging and practicing pedestrian safety in the schools and the community. The Child Pedestrian Safety Curriculum is organized into five lessons that include: 1) walking near traffic, 2) crossing streets, 3) crossing intersections, 4) parking lot safety, and 5) school bus safety.

In conclusion, the institute believes that all of these life-saving interventions should be implemented in the schools and within the community to provide greater safeguards for child pedestrians on the roads and in traffic and to begin educating them from an early age about pedestrian safety procedures, which can help save their lives.