ARTICLE

Paediatric trauma and safety in the media: An audit of its coverage in a South African broadsheet

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Objectives. In view of the high rate of paediatric trauma in South Africa, we investigated how much attention – and of what nature – was given in printed media to these incidents, and to the broader subject of child safety.

Methods. Over 4 months, every article in the *Cape Argus* and *Weekend Argus* that pertained to either: (*i*) a traumatic incident involving at least one child under the age of 13; or (*ii*) other issues involving child safety, was collected. With each article, the number of columns and pictures published was recorded and used as a gauge of media attention. Traumatic incidents were categorised by cause, and the media attention dedicated to each of these was compared with actual admission figures to the Trauma Unit at the Red Cross War Memorial Children's Hospital, the only dedicated unit for children in Cape Town.

Results. Ninety-five articles met the inclusion criteria: 61 (64%) reported incidents involving paediatric trauma, 29 (31%) were related to child safety, and 5 (5%) covered both. Of the articles that reported specific incidents, non-accidental injuries were the most frequently published (68%), and of these sexual assault was by far the most written-about cause (52% of total incidents published). However, non-accidental injuries accounted for only 4% of total trauma admissions at Red Cross Hospital, behind almost every other cause of paediatric trauma including motor vehicle accidents (15% of admissions).

Conclusions. Media attention given to different causes of paediatric trauma is significantly skewed. From a prevention perspective, it would be more appropriate to give greater emphasis to motor vehicle accidents, in line with actual figures for paediatric trauma admissions.

With 32% of South Africa's population under the age of 15,[1] and trauma being a leading cause of morbidity, mortality and disability in childhood, child safety remains a concern that requires national attention. The tragic nature of many trauma incidents frequently makes them the subject of media attention, but it is questionable whether these reports are representative of paediatric trauma seen from a hospital perspective, and what efforts are being made to report on broader issues of child safety. The media plays a considerable role in our culture and has overwhelming influence: it can be used critically to shape public opinion and educate readers. Despite this, and perhaps surprisingly, there is very little in the literature that discusses the link between media coverage and paediatric trauma or safety: a literature search on Medline for paediatric trauma or safety and the media yielded only two articles,[2,3] only one of which had any relevance in a trauma setting.[2] We wanted to investigate what type of paediatric trauma cases were given the most attention by a local daily broadsheet, and how well the newspaper was exercising its responsibility to publicise the issue of child safety.

Materials and methods

Between 22 January 2008 and 13 May 2008 one person compiled all the articles pertaining to paediatric trauma and child safety from the *Cape Argus* and *Weekend Argus* newspapers. This is a daily broadsheet with a readership of 392 000, 93% of whom live in the Cape Town metropolitan area.[4] JMLH read all of the compiled articles and further selected those that fitted the following inclusion criteria: incident reports of trauma that involved at least one child under the age of 13, or articles on issues that directly involved childhood safety. For every article that fitted the inclusion criteria, we recorded two measures of media attention given to the story: the number of columns written and number of pictures published.

We classified reports relating to paediatric trauma into non-accidental injuries (NAIs), further subdivided into sexual assault, physical assault, intentional burn, use of firearm or a combination of methods; motor vehicle accidents (MVAs), subdivided into MVA pedestrian, MVA passenger, or both, and other (other transport accidents, burns, falls, drownings, caught in crossfire, dog attacks). We also recorded the outcome of the event where this was death (either accidental or non-accidental). These figures were compared with admission figures for Red Cross War Memorial Children's Hospital, Cape Town, during the same period over which the newspaper articles were published.

For articles that related to child safety, we re-read the items and categorised them by slant (criticism of the government, call for further action, etc.) and theme (sexual assault, physical assault, etc.). We then compared these categories by frequency and number of columns and pictures.

Results

Data characteristics

Of the newspaper articles, 95 fitted the inclusion criteria: 61 (64%) were related to paediatric trauma events, 29 (31%) reported on an issue of child safety, and 5 (5%) covered both functions. Overall, the median number of columns was 3 (range 1 - 8) and the median number of pictures was 1 (range 0 - 3). Although articles with reference to specific paediatric trauma events had a larger number of pictures on average (median 1 compared with 0 for non-incident reports), more was written in reports on childhood safety (median 4 columns compared with 3 for trauma articles).

Traumatic incidents

Fig. 1 shows the number of articles published that related to an incident of paediatric trauma (*N*=66). NAIs form the majority of the reports (*N*=45, 68%), with sexual assault being the commonest subject of publication (*N*=34, 52% of all trauma incident reports). However, many of these articles followed the same case; 34 articles reported on 16 separate cases of child sexual assault. The greater media attention given to cases of NAI was also reflected in the higher average number of columns (median 3) compared with MVAs (median 2.5) and other accidents (median 2). However, MVA articles had the same median number of pictures (1) as NAI, and both had a higher average than other accidents (median 0).

Of the emergency admissions to the Red Cross Children's Hospital during the same period over which the articles were published, NAIs formed just 4% of total trauma admissions, behind falls (51%), MVAs (15%), being accidentally struck by/against an object (11%), foreign bodies (9%) and burns (8%). Only injuries caused by sharp instruments fell behind NAIs, at 3% (Red Cross Children's Hospital trauma admissions, 22 January - 13 May 2008 – personal correspondence with Giovanna Adams from the Child Accident Prevention Foundation of South Africa (CAPFSA)).

Of the articles 71% (*N*=47) had an outcome of death, either accidental or non-accidental. However, the average number of columns and pictures in these articles was not significantly higher (median columns 3; median pictures 1) than in those reporting on cases that did not result in death (median columns 3; median pictures 0).

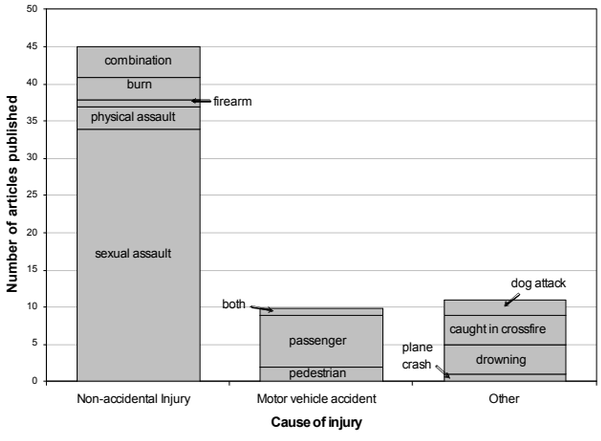

Fig. 1. Number of articles published relating to paediatric trauma (N=66), classified by cause of injury. ('Combination' of NAI included a case of sexual assault, physical assault, and the child being set alight, and an article in which multiple victims of different forms of violence were reported.)

Child safety articles

Fig. 2 shows the relative frequency of the different categories of articles relating to child safety, classified by slant and theme. The most common slant was criticism of the government (30%). Only one article (3%) was educational, explaining basic first aid for parents (Fig. 3), although 4 (11%) did advocate improved parental supervision and vigilance. The most common theme of the child safety articles was school crime/safety (51%). Despite the fact that sexual assault featured heavily in the articles related to traumatic incidents, only 10 articles (29%) wrote more generally about this issue. The slant that had the highest median number of columns (7) was advocacy for parental responsibility/vigilance. Three categories of theme shared the highest median number of columns (4.5): sexual assault, physical injury and other.

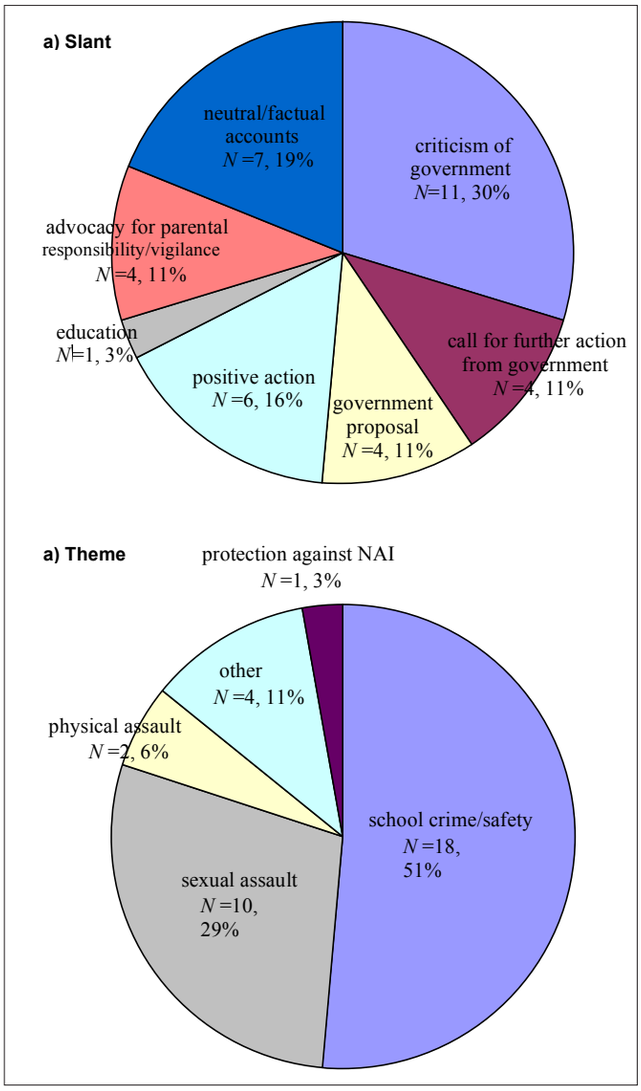

Fig. 2. The distribution of articles relating to child safety (N=34), classified by a) slant and b) theme. (Three articles fell into two categories for slant, and one article fell into two categories for theme. 'Other' includes support services for children, amusement park safety, house fires and first aid.)

20 APRIL 5 2008 LIFE Weekend Argus

Could you save your child's life?

Every parent should know first aid for those unexpected mishaps in the house

School holidays are a source of joy for children – but they are also a prime time for mishaps, says Britain's Royal Society for the Prevention of Accidents.

More than a million children under the age of 15 are treated in hospital every year after accidents around the home. Yet many parents have little or no knowledge of first aid. Research has found that almost 60% of people wouldn't know what to do if their child's life was in danger. Here, with the help of St John Ambulance and Britain's Family Doctors' Association, Weekend Argus explains basic first aid.

BURNS

Cool affected area by holding under cold water for at least 10 minutes. This calms swelling. Remove clothing, but if any is stuck to the burn leave it on. Make a sterile dressing from clean clingfilm or a clean, non-fluffy cloth – though if the burn affects a young child or is larger than the palm of the casualty's procedure: R is for rest – so first get the child to sit down.

I is for ice. Wrap some in a tea towel and apply for 10 minutes to reduce pain and bruising.

C is for compress. Apply a bandage firmly.

E is for elevation. Keep the injured area high to slow blood flow to the injury and so reduce swelling and bruising.

CHOKING

Children may either cough frantically or go silent because they are unable to breathe. If the offending object doesn't come out when they cough, act straight away.

See if there is an object, but take it out only if you think you can reach it without pushing it further down the throat. If not, and child is over 12 months, place over your knee and give five blows between the shoulder blades, using the flat of your hand.

With babies, do back blows by lying the baby over your forearm and making sure you support the head and neck. If this doesn't work, do five chest thrusts.

HOW TO RESUSCITATE

If a child loses consciousness, it's vital to call an ambulance. While waiting for it, follow the ABC procedure: A for airway, B for breathing and C for chest compression.

A: Lift chin with one hand while pushing down on forehead with the other to tilt head back. (With an infant, lift the chin up so the face lies flat. If the head is too far back or forward, the airway will close.) Once airway is open, listen for breathing.

B: If there's no sign of normal breathing, start CPR (cardiopulmonary resuscitation) immediately. Tilt head back, lift up chin and pinch nostrils together. Then take a fresh breath, seal your mouth over the child's mouth and breathe into child's mouth for one second. Repeat no more than five times, checking to see if their chest rises. If not, check mouth for signs of obstruction and ensure head is still tilted back.

C: Place heel of your hand on the child's breast bone, quickly at rate of 100 per minute.

After 30, perform two "rescue breaths" to deliver oxygen into the child's lungs. Tilt the child's head back, placing two fingers under chin and lifting to open the airway. Then pinch the nose closed, take a breath, seal your mouth over the child's and breathe out gently into their mouth for one second.

Watch for chest to rise and fall.

After the two breaths, go back to chest compressions. Repeat cycle in the ratio of 30 chest compressions to two rescue breaths until normal

RECOVERY POSITION

This position is for a child who is breathing but unconscious. It allows them to breathe easily and stops them choking on vomit. (If a neck or head injury is suspected, don't move them if they are breathing normally.)

Lie the child on one side and bring their upper knee forward, and point their head downward to allow any vomit or saliva to drain without them swallowing it. Keep neck supported with cushions. For a baby, cradle in your arms, with the head supported and face tilted downwards to

Fig. 3. An educative article focusing on first aid for parents.

Discussion

We found that paediatric trauma is an issue to which the South African media clearly pays attention, although the focus has been on reporting individual cases of trauma rather than more general issues surrounding childhood safety. The finding that NAI, particularly sexual assault, is the most commonly reported story despite being one of the least common causes of paediatric trauma admission, and the fact that in 71% of events reported a child had died, indicates that the public are presented with a very skewed portrayal of paediatric trauma.

The results also demonstrate a disparity between the specific trauma events reported on and the issues discussed in the child safety articles: despite sexual assault being the most commonly published story (52%), only 29% of child safety reports address this concern. Likewise, although school crime and safety featured heavily in the period of audit (51%), only 5 articles (8%) reported a trauma event that occurred at school or during school hours.

Role of the media

Newspapers with a broad readership such as the *Cape Argus* have a responsibility to society to report the most pertinent current issues. However, they also have an ability to influence our culture: in addition to the fact that NAI is simply over-exaggerated in the press, it can be argued that the high levels of coverage that this currently receives may make the public more *accepting of* violence, even though the opposite effect is clearly desired. One proposal is that through more judicious use of coverage, the media would be able to reverse the current trend in desensitising individuals to violent crime involving children.[5] Additionally, de-emphasising NAI would present a more accurate view of paediatric trauma: MVAs are a much more common cause of admission to trauma units, yet they received less than a quarter of the media attention paid to NAI. Furthermore, MVAs are for the most part avoidable, and it is in the interests of public health that there should be greater coverage of this topic, especially as MVAs are the reported cause of 26 - 40% of childhood deaths in Africa.[6]

The WHO Safe Community model stipulates that all levels of the community must contribute to preventing unintentional injuries. In the areas in which this model has been implemented, local mass media provide regular information about injury prevention alongside other measures targeted at specific populations within the community. These interventions have resulted in a significantly lower relative risk for child injury in the intervention community than in a control community.[7] To improve child safety in South Africa, more media attention should ideally be given to educating parents about the prevention of accidents and advocating greater parental responsibility for the safety of their children. It is disappointing that only 14% of the articles addressing child safety in this study focused on these issues. However, we should acknowledge that media reporting is inherently biased and selective owing to the vast influence of market forces. In the short term at least it may be more valuable for child advocacy bodies and charities to invest their efforts into investigating what other evidence-based prevention strategies work, and establishing mechanisms to scientifically evaluate

their progress once they have been implemented. Both community-wide and specifically targeted approaches will be required to provide a safer community in which to raise our children.

Conclusion

The public are presented with a skewed portrayal of paediatric trauma through the media. In the interests of public health, greater media attention should be given to the preventable accidents such as MVAs that form a relatively large burden of trauma admissions. Articles that advocate vigilance and proper parental supervision, and those that educate parents in simple accident management, are important in tackling paediatric trauma and should be published more frequently, but efforts also need to be invested in developing and implementing non-commercial strategies for preventing paediatric trauma.

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