Childrens' rights and a sample study on accidents in children groups aged 0–5 years old in the light of parents' responsibility in Turkey

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ABSTRACT

Objective: Most frequent reasons for the accidents seen in children under 5 years of age who have a right to be cared and protected are negligence and carelessness. In this study, judicial cases were compiled from children between the age of 0 to 5, who had been injured due to severe family negligence.

Methods: Files of cases were obtained from archives with file numbers, indicating cases obtained from the records of the hospital and police were studied retrospectively. The gender, age, and type of application of patients, the type of interference, and the results obtained from the procedure were studied. This study encompasses the results of cases at Osmangazi University Training, Practice and Research Hospital, Eskisehir, Turkey, between September 1999 and March 2001.

Results: Forty of 113 cases (35.4%) were due to poisoning from drugs. The main reasons were unawareness of children regarding the harm of drugs, putting drugs in reach of children and easy access to drugs from pharmacies without prescription. On the other hand, the recognition of international measures by the Turkish government is a guarantee for the children's rights.

Conclusion: Our study implies that, as suggested by other researchers, the investigation of measures to prevent injuries due to negligence and the application of these measures will certainly improve the welfare of society.

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C hildren rights is a concept that considers the most special conditions of children. All rights basically remind several liabilities and responsibilities.¹ This is just owing to the unique state of this group. Article 25/2 of the Declaration of Universal Human Rights states that maternity and childhood own the utmost rights to receive special care and help.² According to Article 27 in the Agreement of Children Rights in Turkey, each child has the right to attain an adequate level of living standards in order to accomplish his or her ideal

physical, intellectual, psychological, moral and social development. The responsibility of providing an adequate level of living standards for the children is primarily rest on their parents. Accidents have been the most frequent reason of infant and child death, under 5 years, in the urban, which makes the home accidents a problem as a whole with utmost precedence.³ Swallowing toxic materials accidentally is encountered mostly in children group between the ages one and 5. The incidence is mainly

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due to the natural curiosity of the young children and the carelessness of adults, leaving drugs and chemicals at the reach of children. Therefore, 92% of accidental poisoning events occur in a typical home environment.^{4,5} Sodium and potassium hydroxide, cleansing powders, some detergents, dye extractors, and oven and toilet cleaners are alkali materials that may cause poisoning. Acids, such as hydrochloric acid, are compounds, which are widely used in cleaning metallic items and toilets, liquids used for car batteries, and compounds applied against corrosion such as hydrofluoric acid and oxalic acid.3,4 Burns are another frequently seen accidents at home. Burns mostly occur when children are left alone at home. Poisoning is also a cause of accidents at home. Dermal application of substances for agriculture protection, eating disinfected fruits and vegetables, and wearing contaminated clothes may cause poisoning.6

Health rights as found in the 'agreement of children rights'. An agreement related with Children Rights signed by Turkish Republic on September 14, 1990 and was verified after some drawbacks were placed in Articles 17, 29 and 30 by the Turkish Great National Assembly on December 9, 1994 and after then was converted to an internal legislation of law by the Act/No.4058 and was eventually published on the Official Gazette dated January 27 1995/No. 22184. The Turkish Code of Civil Law took the opinion "the most ideal state of raising a child would be with his or her mother and father" as a starting point. This condition had been openly determined in Article 262 and 272 of the Code of Civil Law. Therefore, the legal regulation that holds parents primarily responsible to raise the child with proper physical, psychological and intellectual support seems adequate.

Parental tasks towards the *child*. Legal Guardianship has a dual meaning in Turkish code of family law; while the first meaning includes the parents with the right of power to administer the personal wealth and possessions of the child, the meaning covers duties second the and responsibilities of the parents against the children.⁷ Therefore, the word 'legal guardianship' comprise not only the authority but also the duties and responsibilities. According to the sixth article of 6 'Agreement of Children's Rights', every child owns the fundamental right to live. States are obliged to guarantee the life and growth of a child. Article 18 of the Agreement of Children's Right lists the responsibilities of the parents. Both mother and father carry shared responsibilities on children while they are brought up. According to the Code of Civil Law, Articles 262-264, it has been emphasized that a family environment is accepted as the most convenient media in order to raise children. Compliance to Article 24 of the Agreement, children possess the right to achieve the most

advanced standard level of health care and medical aid. Governmental authorities pay attention on issues related with basic and preventive health care to reduce the numbers of infant death, and obtain international collaboration that would support and promote effective healthcare services, without allowing deprivation of any child.

Methods. Judicial cases compiled from children between the ages 0 and 5 who had been injured due to severe family negligence referred to the Osmangazi University Training, Practice and Research Hospital between September 1999 and March 2001, were included in the scope of the study. It was determined that patients had applied to our clinic from the Central Province of Eskisehir and other neighboring cities. Files of cases that were obtained from archives with file numbers, indicating cases obtained from the records of the hospital police were studied retrospectively. The gender, age and type of application of patients the type of interference, and the results obtained from the study were investigated. In search of patients' files, all efforts were paid to benefit in maximal level from the available data. However, the information was not available in the files regarding socio-demographic features of the children and families, attitudes against accidents, and social and psychological support provided to the children and the families. It is also known that social and psychological support services are not well established in governmental organizations in the country.

Results. Sixty-five (57.5%) of the cases were boys and 48 (42.5%) were girls. Thirty (26.7%) of the cases were 2 years old and 28 (24.7%) were 3.68 (60.2%) of the patient. They were referred to our hospital after receiving their first intervention from other clinics. However, 45 (39.8%) of them had applied to our hospital directly. The present study indicates a high level of drug intoxication among children aged between 0-5. It was determined that 16 of the girls (33.3%) and 24 of the boys (53.6%) had been referred to our hospital due to intoxication drugs used in human beings. with Oral administration of corrosive substances was listed in the second row. The third row consists of referrals due to events of burns in 7 girls (14.6%) and digestion of dye solvents in 8 boys (12.3%) (Table 1). Ninety-one (80.5%) of the patients were treated after hospitalization, 2 patients (1.8%) were taken under observation and the remaining 2 (1.8%) had been discharged from the hospital upon request of their parents. One hundred and two (90.3%) of the patients were discharged from the hospital after receiving necessary medical intervention while 2 (1.8%) had deceased.

Table 1 - Dis	stribution of types of events	s according to gender.
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Type of event	Girls		Boys	
	n	(%)	n	(%)
Food poisoning	4	(8.3)	3	(4.6)
Drug intoxication	16	(33.3)	24	(36.9)
intoxication with drugs administered to animals	2	(4.2)	7	(10.8)
cleaning materials	8	(16.7)	9	(13.8)
dye solvents	5	(10.4)	8	(12.3)
Stoves and natural gases	2	(4.2)	4	(6.2)
Burns	7	(14.6)	4	(6.2)
Bumps and falls	1	(2.1)	1	(1.5)
Falling into water canals	1	(2.1)	3	(4.6)
No information	-	-	1	(1.5)
Animal bites	-	-	1	(1.5)
Cuts	2	(4.2)	-	-
Total	48	(100)	65	(100)

Discussion. This study was carried out on 113 patients, and it was clearly observed that the most frequent type of poisoning had occurred by drugs. The main reason for such a condition relays on the fact that the young children are unaware of the dangers of the hazardous substances, and the drugs are kept at reach of children. Among our patients, the drugs that led to poisoning were various medical preparations that were easily available at pharmacies and sold without prescription, and abundantly existed everywhere.5 Thirty (26.5%) of the patients were included in the 2 years old group. Intoxication is seen more frequently in boys than in girls. According to a similar study carried out by Petridou et al9 it has been stated that the events of poisoning were encountered mostly during the second year of life and more frequently in boys.⁸ Among factors of intoxication, the administration of accidental corrosive substances follows the swallowing of drugs. Girls displayed a higher incidence of using such substances. Our findings were also compatible with findings of another study published in 1997 suggesting that the best therapy for accidents that had occurred in children between 0-5 years of age due to carelessness and improvident manner is to provide sufficient precautions.9 Burns are frequently seen in children who are new toddlers. As it has been described in the literature, adult negligence and curiosity of the child may cause such type of accidents.¹⁰ According to our findings obtained from the study, 7 (14.6%) of the girls and 4 (6.2%) of the boys who had been referred to our hospital were burned by boiling milk, soup and other liquids which had flipped over them, or by sudden ignition of pajamas or clothes after playing with matches. Seven to 17% of all type of hot water burns would require medical care in hospitals. However, according to our findings obtained from the study, children with burns were hospitalized at longer periods when compared with other accidents.¹¹ The most hazardous substance that is inhaled by accident is carbon monoxide (CO). Inhalation of CO during winter season due to burning stoves or water heaters in bathrooms may cause dangerous conditions. According to findings obtained from our study, 6 children (together with their families) were referred to our hospital due to The most frequent types of CO intoxication. accidents encountered are 'falls'. These types of accidents usually occur when the child is climbing the stairs or when he or she tries to reach or stretch out for an object from high shelves. Additionally, falls can occur when then a child is on the playground or riding a bicycle. Six of our patients (5.3%) had applied to the hospital due to falls. As it has been stated in various studies, cranial traumas due to falls are very frequent in this age group, and would require medical follow-up. Traumas are still considered as important factors that cause death of children.^{12,13} One of every 6 cases, which were evaluated under the topic of 'strikes' and 'falls', had occurred after falling out from a tractor. According to the literature, falls from tractors and agricultural machinery were among the accidents that had occurred in farms, which ranked at the first row were frequently seen in boys. Our findings were compatible with the study carried out in Canada.¹⁴ A recording system related with children accident must be generated and widened throughout the country. Generating adequate records shall establish the basic ground in order to designate the aforesaid precautions with priority. Events of poisoning may display regional differences related with accidents occurred in the 0-5 age groups of children, but intoxication due to inattention and improvident behavior leading to poisoning by drugs, insecticide and pesticide substances, corrosive agents and deficient information related with burns and food intoxication especially with mushrooms and plants ranks the first row in Turkey. As it is seen the majority of these accidents occur from preventable events, however they may very well lead to severe morbidity and mortality. There are some precautions that may help prevent those unpleasant and unhealthy occasions, which are the lack of information available in files suggested that the research, which will be carried out in this field

should be a prospective rather than retrospective. Standard forms can be prepared for patient files that information on socio-demographic comprise features as well as information regarding to families attitudes. It is also urgently targeted that social and psychological support are provided to families in these kinds of cases. Owing to the fact that children may reach everywhere, even though drugs and chemicals are stored in cupboards, they must be kept tightly locked. In order to avoid intoxication of children, packages of drugs must be carefully re-designed and utmost care must be displayed in order not to distract children's attention and store drugs with locked stoppers. Disinfectant materials, detergents, anti-freezers, accumulator liquids and similar substances must be stored in their original packages. Natural cotton, synthetic and acrylic threads that may suddenly ignite must be keep not of the reach of children. Young children should never be left alone at homes, and household items such as matches that may lead to fire must be strictly prohibited and kept out of their reach. Children should play with 'safe toys' under adult supervision. Adult surveillance and monitoring must be provided in the bathrooms and kitchens, safety and security precautions must be maintained. Safety helmets must be worn during bicycle ride, and adult supervision must be provided while running, climbing and bicycling activities of the 0-5 years old groups of children in order to maintain environmental safety.¹⁵ Lakes, ponds, swimming pools, streams, rivers and bathtubs are very dangerous sources for young children especially, for toddlers and children who cannot swim. Strict adult supervision must be provided in such areas. Pediatricians must inform mothers and fathers on home accidents and their prevention and also provide continuous information related subjects that includes topics of miscellaneous activities.¹⁶

It is particularly essential to provide consultancy services for inexperienced, young mothers on child accidents and their prevention.¹⁷

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References

- 1. Kingdom E. Birthrights: Equal or special? In: Morgan D, Lee R, editors. Birthrights. London (UK): Routledge; 1990. p. 12.
- 2. Robertson AH, Merrils JG. Human rights in the world. Manchester (UK): Manchester University Press; 1992.
- Daart RC, Rumork BH. Poisoning. In: Hay WW, Hayward AR, Lewin JM, Sondheimer M J, editors. Current Pediatric Diagnosis & Treatment. Connecticut (CT): A Simon & Schuster Co; 1999. p. 290-315.
- Rudolph AM, Kamei RK. Rudolph's fundamental of pediatrics. Connecticut (CT): A Simon & Schuster Cop; 1998. p. 334-357.
- 5. Krug SE. The acutely ill or injured child. In: Behrman RE, Kliegman RM, editors. Nelson essentials of pediatrics. 3rd ed. Philadelphia, Connecticut (CT): WB Saunders; 1998. p. 103-112.
- Leonard IB. Injuries and poisoning. In: Dworkin PH, editor. Pediatrics. Pennsylvania (USA): Harwal Publishing Co; 1992. p. 25-42.
- 7. Hanci H. Hekimin yasal sorumlulukları: Tıbbi hukuk. (Legal responsibility of physician: Medical law) Izmir: Egem yayıncılık; 1995.
- Petridou E, Polychronopoulou A, Kauri N, Karpatios T, Kaussouri M, Messaritakos Y et al. Unintentional childhood poisoning in Athens: a mirror of consumerism J *Toxicol Clin Toxicol* 1997; 35: 669-677.
- Ellias PJ, Ruizde Tamiro Bravo M, Esteban Ibarz JA, Albo Losado J. Severe caustic esophagitis in childhood. *An Esp Pediatr* 1997; 4: 579-583.
- Fieldman KW, Schaller RT, Feldman JA, Mc Millan M. Tap water scald burns in children. *Pediatrics* 1978; 62: 1-7.
- Klauber MR, Barret-Connor E, Hofstetter CR, Micik SH. A population: based study of non-fetal childhood injures. *Prev Med* 1986; 15 : 139-149.
- 12. O'neill JA. Advances in management of pediatric trauma. *Am J Surg* 2000; 18: 365-369.
- Meiers S, Baerg J. Farm accident in children eleven years of experiences. *J Pediatr Surg* 2001; 36: 726-729.
- 14. Snajder M, Chevallier B, Leroux G, Bruneau C, Yacoubovitch J, Auvert B. Frequency of childhood injuries: First result of the Bolougne-Billancourt registry. *Rev Epidemiol Sante Publique* 2001; 49: 125-134.
- Klassen TP, MacKay JM, Moher D, Walker A, Jones AL. Community based in injury prevention intervention. *Future Child* 2000; 10: 83-110.
- Zuckermen BS, Duby JD. Developmental approach to injury prevention. *Pediatr Clin North Am* 1985; 32: 17-29.
- Gulotta CS, Finney JW. Intervention models for mothers and children at risk for injuries. *Clin Child Fam Psychol Rev* 2000; 3: 25-36.