

Understanding child-pedestrian injuries in Ghana: Implications for policies and supervision strategies

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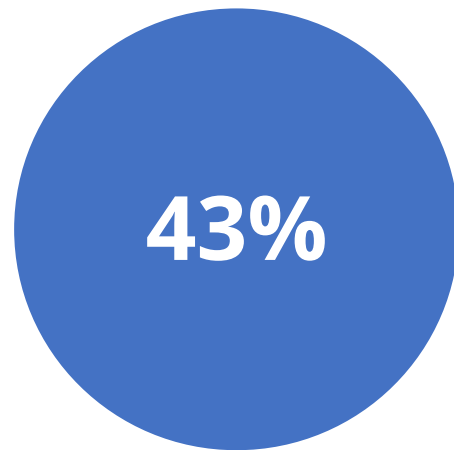
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Presentation outline

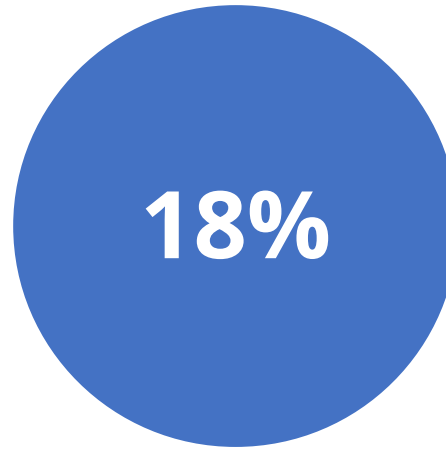
- Background
- Methods
- Results
- Recommendation

INTRODUCTION

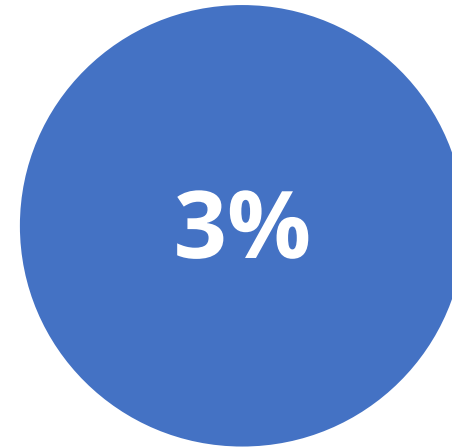
In Ghana, vulnerable road users account for most of the road traffic deaths



Pedestrians



Occupants of
powered two-
and three-
wheelers



Cyclists

Fig 1: Safe system approach to road safety



Fig 2: Comparison of child-pedestrians supervision in two settings

Supervised child-pedestrian in Seattle, USA



Unsupervised child-pedestrian in Essiama, Ghana



Community severance along trunk roads in Ghana



Fig 3a: Does pedestrians' infrastructure always lead patronage and reduction in pedestrians' incidents?



Fig 3b: Observation of pedestrians' crossing behavior



Fig 3c: Observation-Jaywalking behavior



Fig 4: Does speed reduction always lead Reduction in pedestrians' injuries?

Nkawie

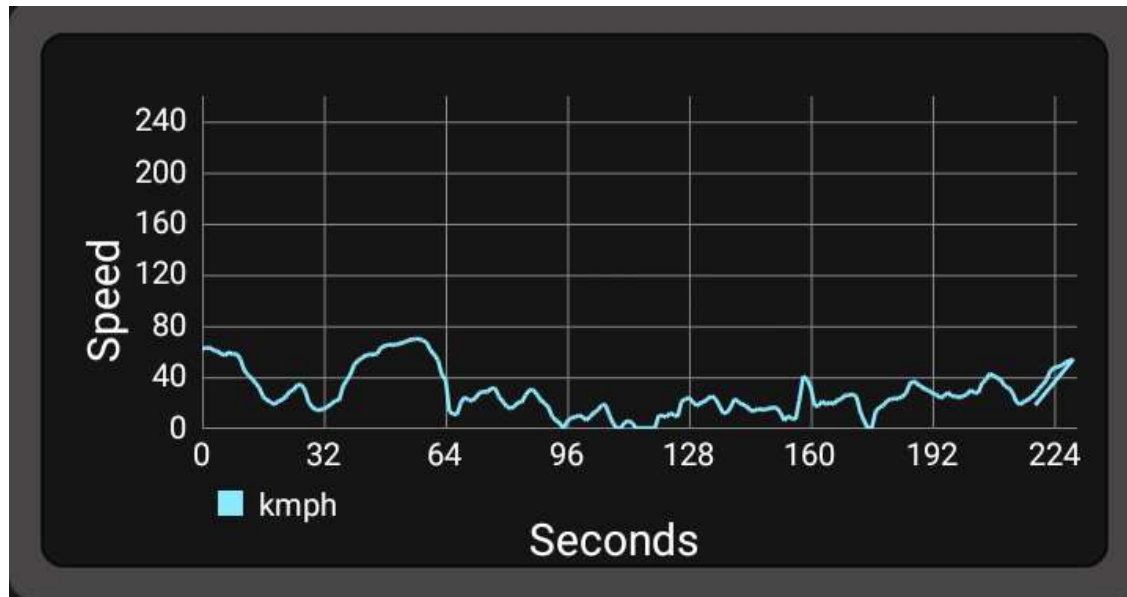


Fig 4 a speed profile at Nkawie

Nyinahin

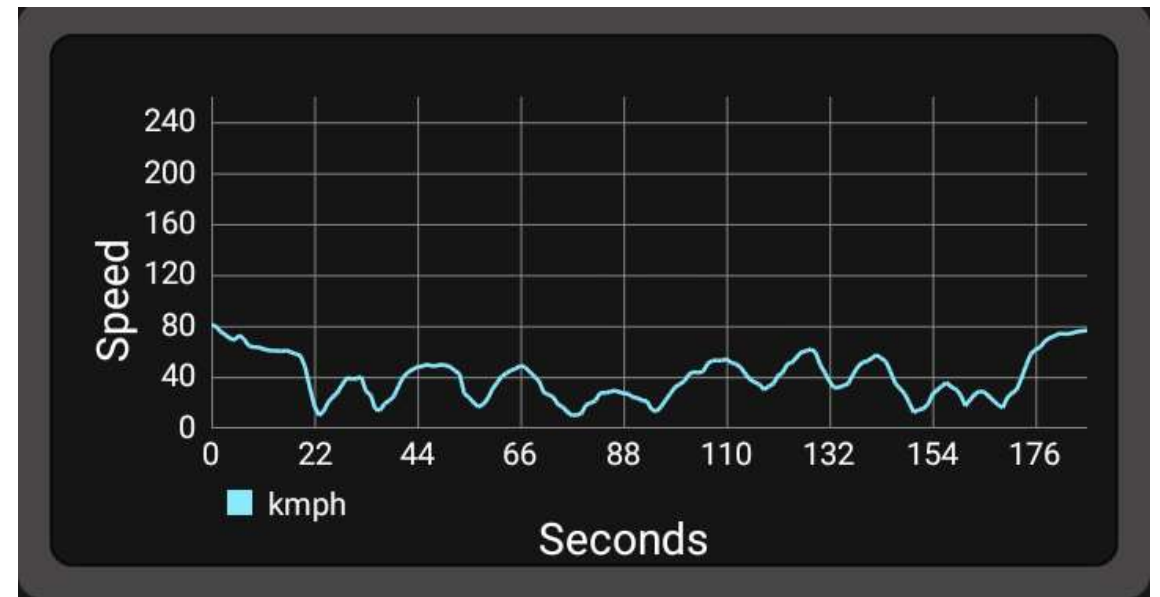


Fig 4b: Speed Profile at Nyinahin

Objectives

- The main objectives of this research were to establish the;
 - I. prevalence of child-pedestrians' injuries and;
 - II. the association between child-pedestrian injuries and covariates such as age, gender and temporal characteristics.

METHODOLOGY

- Study Area-Ashanti Region
- Data-BRRI databank from 2016 to 2020
- MAAP, 78 items
- TRL
- Underreporting (see Salifu & Ackaah, 2009)
- Statistical analysis
 - Accident severity (dependent variable)
 - Independent variables include (age, gender, road user type, vehicle types, rd environment, time of day, day of week. etc)

Fig 5: Regional Map of Ghana



RESULTS

- **National Pedestrian Casualty for 2016 – 2020**
- Fatal = 3765, Hospitalized = 6925, Minor injury = 3340
- **Total = 14030**

- **Ashanti Region Pedestrian casualty 2016 -2020 (22%)**
- Fatal = 784 , Hospitalized = 1692, Minor injury = 599
- **Total =3075**

- **Pedestrian casualty of children <= 17 years 2016 -2020 (26% of AR)**
- Fatal = 194 , Hospitalized = 486, Minor injury = 123
- Total = 803

Table 1: Distribution of road traffic injury severity by years-Ashanti Region

Year	Injury Severity			
	Minor	Serious	fatal	Total
2016	24	66	52	142
2017	29	69	30	128
2018	16	98	30	144
2019	30	127	46	203
2020	24	126	36	186
Total	123	486	194	803

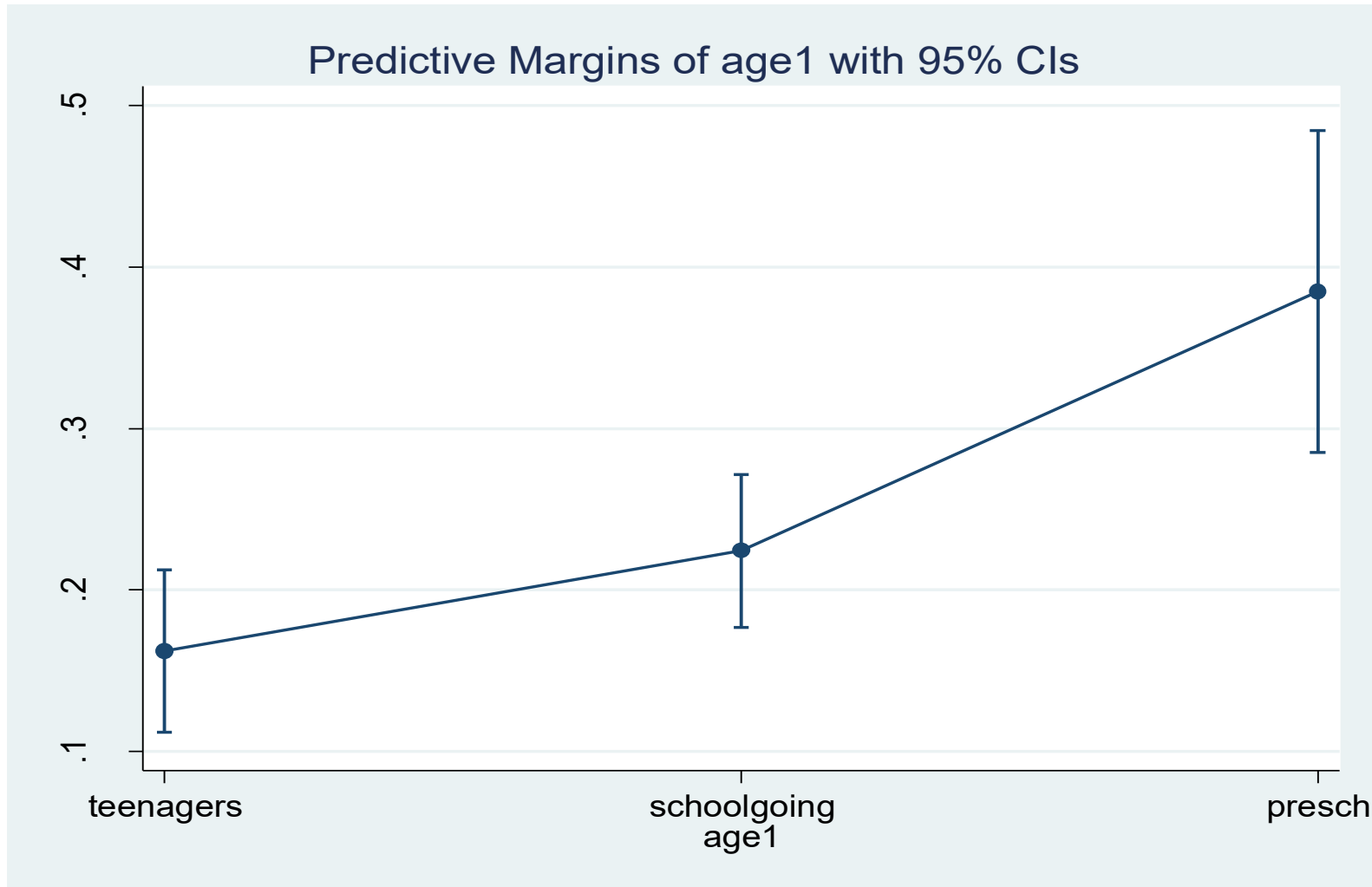
Table 2: Distribution of child-pedestrians injury severity by action

Ped action	Injury Severity			
	Minor	Serious	fatal	Total
None	1.7	1.1	2.2	1.4
Crossing	59.5	71.5	63.2	67.7
Walking along	30.6	18.3	16.5	19.8
Playing	0.0	0.8	0.5	0.6
On path	0.0	0.2	0.0	0.1
Other	8.3	8.1	17.6	10.3
Total	121	471	182	774

Table 3: Relative risk of death among child pedestrians

Variable	cOR	aOR	P-value	95% CI
Age				
<i>Adolescent (11 to 17)</i>	1.00	1.00		
<i>School going (6 to 10)</i>	1.36	1.51	0.09	0.93 to 3.30
<i>Pre School (0 to 5)</i>	2.27	3.31	0.04	1.66 to 6.59
Gender				
<i>Female</i>	1.00	1.00		
<i>Male</i>	1.64	1.89	0.03	1.08 to 3.30
Year				
<i>2016</i>	1.00	1.00		
<i>2017</i>	0.46	0.43	0.003	0.29 to 0.75
<i>2018</i>	0.42	0.39	0.001	0.22 to 0.69
<i>2019</i>	0.47	0.49	0.004	0.30 to 0.80
<i>2020</i>	0.41	0.40	0.001	0.24 to 0.69

Fig. 6: Probability of child-pedestrians' fatality



RECOMMENDATIONS

- And so what?
- What can we do?

Fig 7: First, Child-pedestrians' education



- Social Learning theory
- Vygotsky's zone of proximal development; Percer (2009)
 - Child's own capability and knowledge
 - Support from his significant others
- Interplay between biological development and sociocultural inputs-ZPD (**scaffolding**)
- Social learning theory improves child-pedestrians' crossing behavior(Thomson & Whelan 1997; Thomson et al. 2005)

Fig 8: Child-pedestrian behavior modelling



2 Mandatory Supervision Law for child-pedestrians under 6

Thank you