

Injuries in Nepal: A growing public health problem

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Nepal is passing through a major social, epidemiological, technological and media transition. The political, economic and social changes have altered the health scenario. In the past two decades, Nepal has witnessed rapid urbanization, motorization, industrialization and migration of people resulting from socioeconomic growth and development. With mechanization and revolution in technology, traditional ways of living and working are being altered. Injuries are a major public health problem in Nepal and disabilities due to violence and injuries are increasing. Underlying causes include traffic accidents, domestic accidents and violence, rapid urbanization and lifestyle changes.

Lack of reliable and good quality national or regional data has thwarted their recognition. Injuries, disabilities and deaths are not systematically recorded or used for the purpose of prevention. The precise number of deaths and injuries due to specific causes, or any scientific estimates of injury deaths in Nepal are not available from any single source. There is not National Crime Records Bureau as such in Nepal that should be responsible for the collection, compilation, analysis and dissemination of injury-related information. Very few studies have been done on injuries in Nepal and data collected from those studies are even not reliable. There are no official data on the number of injuries in Nepal except for the road traffic accidents.

Injuries account to 8% deaths in Nepal. Road traffic accidents are the major cause of injuries followed by occupational injuries, burns, violence and suicide related, poisoning, falls and drowning respectively. (WHO 2002)

The number of registered vehicles increased from 76378 in 1989-1990 to 528570 in 2005-2006. In the last fiscal year, registration of new vehicles increased sharply by 37.6 percent (Department of Transport Management, CBS). The conditions of road infrastructure, including widening and paving of roads, appear to have been improved in the past few decades. These factors, coupled with a limited number of pedestrian crossings, traffic lights, symbols, street lights, and sidewalks, may contribute to high exposure of pedestrians as well as vehicle occupants to motor vehicle crashes.

It is difficult to be accurate about the number of road accident as many accidents, including ones where people are injured, are not reported to the police. Only those accidents with high injury or property damage or with disputes are reported and recorded in the police office. The total number of road traffic accidents in 2062/63 was 1752 and among them 102 cases were fatal followed by 345 serious injuries. However, long term effects of those accidents are not recorded by the Valley Traffic Police. Most of the road traffic accidents are caused due to the carelessness of the drivers followed by the attitudes of overtaking other vehicles and consumption of alcohol. However, accusation of backing over the injured people after knocking them down by heavy vehicles to avoid the medical costs which will be incurred is on rise in Nepal.

A study on road accident and different age group showed the age group of people from 15 to 40 years is most vulnerable, as compared to percentage of population percentage. Though all the road accidents cause pain and suffering to the affected family, society, and loss to the nation's resources, it is particularly more severe when the victims are young people.

Workplace or occupational injuries are other major causes of injuries in Nepal. Occupational injuries occur when a person is injured in the course of their employment. They may occur on the employer's premises when the person is there to work or elsewhere if the person is working or the event or exposure is related to the person's work or status as an employee.

Burn injuries can be accidental, suicidal and homicidal. Depending on the extent and severity of burns, and the availability and accessibility to health care, the impact of burns varies from superficial burns and scalds to damage of the internal body organs. Absence of facilities in district and peripheral hospitals, combined with traditional unscientific household practices and lack of safety systems result in high mortality and disability from burn injuries. Studies on domestic injuries and drowning are virtually non-existent in Nepal.

The people are not aware and knowledgeable about the prevention of injuries and disabilities. Capacity building for injury prevention is one of the main challenges facing the injury prevention area today. Due to the neglect of the area of injury, our country does not have needed experts to address the issues based on the best available evidence. Doctors and other health workers learn about the management of trauma and injuries, but rarely have exposure to latest knowledge on prevention. Upgraded professional skills and knowledge are needed for effective management and prevention of injuries, violence and disabilities. For the same purpose, Ministry of Health and Population and World Health Organization collaborative programme on injury and disability prevention has recently conducted various training programmes for the doctors, health workers and community volunteers on prevention and control of injury, violence and disabilities in Nepal. Similarly, recording and reporting forms on injuries, violence and disabilities have been developed and used in the different level of health services in Lalitpur district for data collection on injury, violence and disabilities. Such activities will support in upgrading professional skills of doctors and technical personnel for management and prevention of violence, injuries and disabilities and facilitate to generate first hand data on injury, violence and disability in Nepal. This will provide initial and catalytic support for the implementation of national action plan for injury prevention as well.

The followings tools are recommended for the prevention and control of injuries, violence and disabilities in Nepal:

- A specified annual budget for injury prevention programme
- Conduction of injury surveillance to track the growing epidemic
- Conduction of an in depth situation analysis of injuries, violence and disability in the country
- Making of a National guidelines/protocols/policy on injury prevention and control
- Establishment of a nodal agency within ministry to coordinate the range of activities
- Enunciating a definitive policy on curriculum on accident prevention and control for undergraduate, postgraduate medical education and allied medical subjects
- Formulating a prioritized plan for human resource development and capacity-building programmes
- Having a mechanism for co-coordinated activities (as several agencies are involved in prevention and control of injuries)
- Specifying a prioritized, targeted, time-bound activity schedule for injury prevention and control
- Need to work out preventive measures as soon as possible as numbers of road traffic accidents and occupational injuries are alarmingly high