ABSTRACT

Background: Unintentional childhood injuries are a growing public health and developmental issue globally. It poses a major health challenge especially to developing countries. Knowledge of the epidemiology of injuries therefore helps in planning, implementation and evaluation of preventive measures in our environment.

Objective: The focus of this study is to determine the point prevalence of individual type of unintentional childhood injuries, how common, outcome of the injury, individual management and prevention.

Design: A total of 174 children with unintentional injuries whose parents or guardian’s consented were enrolled consecutively at the emergency units of selected hospitals in Jos over a four months period. Questionnaire was administered. The adapted questionnaire consisted of the consent form, socio-demographic data, history, physical examination and management. The data analyzed was presented in the form of tables, pie and bar chart. Fisher’s exact was used to correct for continuity and statistical significance. A confidence interval (P) value of <0.05 was taken as statistically significant.

Results: of 174 children enrolled, 108 (62.1%) were males; 63 (36.2%) were < 5 years while 65 (37.4%) were >10 years. The injuries were more during the afternoon period (41.4%) possibly because it was school period. Most of the injuries occurred on or around the road in 56.9% while 25.9% in and around the home environment. Of all the injuries observed, 99 (56.9%) were by vehicular objects, 15 (8.6%) were burns, 41 (23.6%) were from falls and 19 (10.9%) poisoning. Of all the patients studied, 164 (94.3%) presented < 6 hours after the injury, 6 (3.5) between 6-24
hours, 2 (1.1%) between 1-7 days and 2 (1.1%) after 7 days. 141 (81.0%) of those injured were treated and discharged home at the emergency units, 25 (14.4) were admitted into the ward. Four (2.3%) had emergency surgery while 4 (2.3) died. Among the dead, 2 were in children > 10 years of age while one each was in children <5 years and those between 5-10 years respectively. There was no statistically significant relationship between age, sex, mother’s/guardian’s educational level, place of injury and time of injury with outcome. However, there was statistically significant relationship between duration of injury before hospital presentation and outcome of the injury or it’s management.

**Conclusion:** Injuries continue to be among the causes of childhood morbidity and mortality in developing countries. The incidence is high and represents a considerable health burden. There is therefore need for extensive studies to identify risk factors and plan necessary intervention aimed at improving childhood survival in our environment.