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ASSINGMENT

SUBMITTED TO MAM SAMAR FAHAD

PREVENTING INJURIES

UNINTENSIONAL INJURIES

Unintentional injuries are the 4th leading cause of death inUSA.in 2000y 4% cases are seen and 95000 deaths. But injuries rate drop sharply from 1965 to 1985.in 2000y more than 405 cases are seen in adults age up to 35 and also among young age up to 15 to 24. Up to age 15 few children die from motor vehicle crashes or from other unintentional injuries

* **AGE OF VICTIM**

Age of victims has an interesting relationship with death from unintentional injuries in U.S.A.

**Safest age** is about 5to 14y.

* Fewer than 100 per 1 lac dying from unintentional injuries.Adolsents and adults have higher rate of death until age 65. Skyrockets rate 100 per 1 lac population.
* **GENDER**

Men are more than twice as likely as women to die from this cause.

* **PRIMARY CAUSE**

Primary cause of unintentional injuries is motor vehicle crashes. Their rate decline continuous from 1965 to 1998. (1970, 55,000 deaths reduce to 1998, 42,000).

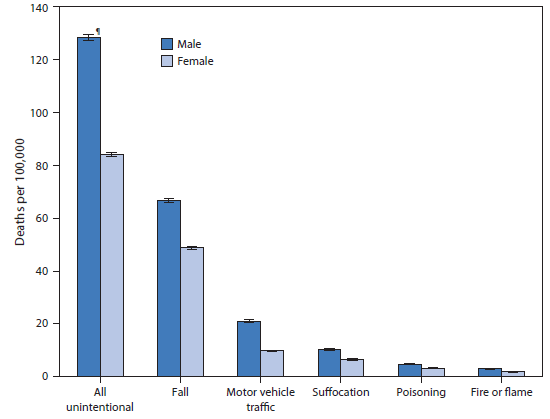
* STRATEGIES TO REDUCE UNINTENTIONAL INURIES

Uses of seat belts and airbags, better built cars, safer roads and stiffer penalties for driving while intoxicated have each contributed to this decline. Motor vehicle crashes are parallel to unintentional injuries

* Death increases dramatically reaching a peak during adolescence and young adulthood declining gradually until age 65 after which time death increases sharply.
* **Non-fatal injuries**

Non-fatal injuries are responsible for increased health care costs, lost work and school days, disability and pain.

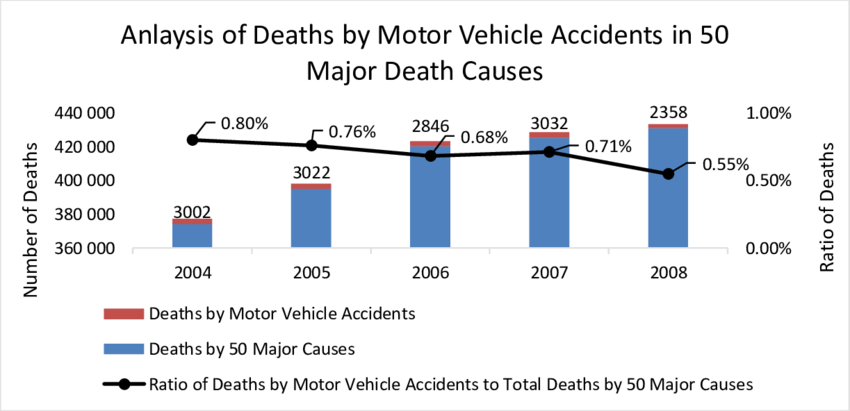
Violent death and injury major health problem in U.S .Health scientist have been involve in strategies to reduce their number. All groups are vulnerable to Unintentional injuries it varies with different developmental stages.

[](https://www.google.com.pk/url?sa=i&url=https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6429a13.htm&psig=AOvVaw1LxuH1Ak8wyQC95DJVniuC&ust=1585241845019000&source=images&cd=vfe&ved=0CAIQjRxqFwoTCICMpaSMtugCFQAAAAAdAAAAABAD)

**1. CHILDHOOD;**

* Leading cause of death in children (in 2000y, 40% deaths under age 15) relatively low death rate than adolescents or older people.
* Caused by unsafe acts of adults or an environment made unsafe young adults.
* **Motor vehicle crashes**

Frequent fatal injuries at every age .1/3 deaths (1-4y age) and 5 to 14y age.

[](https://www.google.com.pk/url?sa=i&url=https://www.researchgate.net/figure/Deaths-by-motor-vehicle-accidents-in-50-major-death-causes-TSI-2015f_fig5_328196781&psig=AOvVaw2jmWcR1Jd4zzXNrHtMECwb&ust=1585241946321000&source=images&cd=vfe&ved=0CAIQjRxqFwoTCIDIhNKMtugCFQAAAAAdAAAAABAD)

* **Automobile related injuries**

Under age 5 result from a adults failure to properly restraint an infant or toddler in the ac seat of a car. Several infants and young children in the front seat of car have been killed or seriously injured by the deployment of passenger side airbags

* **Avoided** by properly restraining children in the back seat.
* **Alcohol** 20% of motor vehicle related deaths of children as pedestrian, bicyclist or passengers this percentage is declining.
* **Drowning’s**
* 2nd leading cause.
* Not all occur in swimming pool
* **Baths and large buckets**
* under age 5 filled with water are potentially deadly containers
* **Swimming pools**
* Older children most common place for drowning’s
* **Warm weather states**
* e.g. California, Arizona and Florida have more than their share of swimming pool drowning’s
* **Burns**
* House fires due to adult smoking and children’s are the victims. residential fires under age 5 younger child have greater risk more among boys than girls
* [](https://www.google.com.pk/url?sa=i&url=https://www.pinterest.com/pin/590886413579424209/&psig=AOvVaw3YpYl6iRK_3AS_OXhtdmK0&ust=1585242046333000&source=images&cd=vfe&ved=0CAIQjRxqFwoTCIDA_JqNtugCFQAAAAAdAAAAABAE)
* **Other causes**

**1** falls, **2**. Suffocation, **3**. Poisoning, **4.** Bicycle mishaps

**1. Falls** under age 4 falling from relatively short distance, bunk bed swing, open window

**2. Suffocation**

* 2nd leading cause in 1y
* fourth leading cause in 1-4y

**3. Poisoning**

* Decreased because increased used of child resistant containers, thousands ill due to dangerous chemicals.

**4. Bicycle injuries**

* related to both age and gender
* , increase up to early adolescents , 10-14y ,
* Head injuries ,

Can be prevented by using helmets, increased risk of death especially resulting from automobile crashes.

**2. YOUTH**

**Motor vehicle crashes**

Increased six fold as individual moved from childhood to adolescence and young adulthood.

**Primary reason**

Young people beginning to drive, also ride with other neotype drivers

**Drinking Alcohol**

Drinking alcohol drive after drinking

Ride with someone who has been drinking

**Weekends/night times**

* Teenagers deaths from motor vehicle crashes
* Least likely to use seatbelts
* Leading killer of young people
* Injuries responsible for more lost years of life than any other source
* E.g. heart disease (13 lost y) , cancer ( 16 lost y) , unintentional ( subtract average 35y from life expectancy)

**Changing behavior**

* Reduce risk of heart and cancer
* Reduce unintentional injuries by alter behavior
* Not using seatbelts
* Driving after drinking
* Not using bicycle and motorcycle helmets
* Riding with a driver who has been drinking

**JO ANNE GRAAUM, LAURA KANN**

* Reported 1/7, 9-12y never used seatbelts
* Males were less likely than female students use seatbelts
* Past years 1/3or never wore helmets
* 1/3 students ride with drinking drivers(nationwide)
* U.S high schools child engage in many unsafe behaviors
* comparison (1997 and 1999) data shows trend toward safe behavior
* comparison between African American and European American youth

**GENDER AND ETHNIC DIFFERENCE**

* Contribute to unintentional injuries
* More similarity than difference
* High school boys less use helmets and seat belts , more likely to drive after drinking
* African American not wear helmets , ride with drinking drivers than European Americans
* e.g. high schools children’s of all ethnic groups never wore bicycle helmets , young people are involved in risky behaviors

**Automobile crashes**

* fatal and non fata injuries
* 15-24 fatal due to motor crashes

**ALCOHOL**

* Due to alcohol , half of the motor vehicle deaths involving teenagers
* Despite more severe penalties for drunk drivers
* Students not used seatbelts
* Night outing with friends
* 15-24 not only motor crashes but also alcohol impaired driving episodes have highest rate
* [](https://www.google.com.pk/url?sa=i&url=https://tti.tamu.edu/news/driving-high-vs-driving-drunk-we-still-have-a-lot-to-learn/&psig=AOvVaw3KvXnyS9Wc1YLEn5c5lK8M&ust=1585242258545000&source=images&cd=vfe&ved=0CAIQjRxqFwoTCLCOu-uNtugCFQAAAAAdAAAAABAD)

**THREE SOURCES**

1. Greater risk taking

2. Impaired psychomotor functioning

3. Fatigue

**Bicycle**

* Greater no of injuries
* Involved alcohol
* 5% wore helmets intoxicated riders
* 355 sober riders wore at time of accidents

**Case control study in Finland**

* Bicycling is important mode of transportation
* Intoxicated bicyclist had a more than tenfold risk of accidental injury compared with bicyclist who had not been drinking bicycle injuries were more likely to result from falling than from collisions.( more than 80% never wear helmets)

**DROWNING DEATHS**

* Peak at 18y
* Young men 10 times die more than women

**GUNSHOT WOUNDS**

* U.S most deaths are intentional their aim to shot themselves and others
* Fireman are unintentional. in U.S 1/3 of all households with young children have some sort of fireman and in those hoe 1/5 of guns are kept loaded and unlocked
* 500deaths per year 10-19y
* Hunting
* Playing

**SPORTS INURIES**

* More in men
* 3 million people seek treatment
* Seldom fatal
* Teenagers and young adults

**3. ADULTHOOD**

* Change in a person risk with passages of time
* People advances from adolescence and young adult to mature adulthood (smaller over all)
* Declining death rate of motor crashes risk
* Improve roads
* Penalties for drinking
* Uses of airbags
* Safe cars
* Use of seatbelts (reduce facial injuries)
* STUDY
* COMPARISON Between younger/middle aged/older adults
* Higher mortality rates (45-65)
* 85y age double death rates
* Older drivers
* More consumption of alcohol

**RESIDENTIAL FIRES**

Older peoples and children’s have greater risk because its difficult for them to escape from house

* **TWO POSSIBILITIES**

1. Diminished cognitive functioning which can led cooking devices left unattended or improperly used
2. Die from complications of medical procedures and misuse of legal drugs and medication.

**CONTRAST TO CHILDEREN AND OLDER PEOPLE**

* Suffer unintentional injuries at home
* Young and middle age affect at workplace

**GENDER AND ETHNIC BACKGROUND**

* African American have higher risk (men )
* More hazardous jobs
* 15y period 36% greater job related injuries

**HAARDOUS INDUSTIES**

* Construction , manufacturing, transportation, agriculture
* Attitudes of both workers and managers are important creating a workplace atmosphere that can increase or decrease the risk of injuries
* When managers place workers under time pressure to perform hazardous task, safety precautions become a lower priority , thereby increasing chance of injury
* Manager’s beliefs that safety is the workers responsibility not managers. he provided safety equipment but not training and blame

Employee workers who are aware of hazardous not take appropriate precautions, beliefs part of job,

* Safety procedures too much trouble, accidents happen beyond personal control.
* **STRATEGIES FOR REDUCING UNINTENTIONAL INURIES**

Death rate is decline due to interventions aimed at

1. Changing individual behavior
2. Changing the environment
3. Changing the law

**1. CHANGING THE INDIVIDUAL BEHAVIOR**

Reduce unintentional injuries through changes in the individual behavior has centered on home safety, workplace safety, motor vehicle safety, and bicycle safety.

* **STRATEGIES TO PREVENT HOME INURIES**

**LIZETTE PETERSON**

Concerned with reducing injuries to children those that occur in the home. The most effective intervention to reduce children’s injuries are directed at parents.

**PETERSON AND BBRENDA SCHICK (1953**)

* Trained bot children’s and their mothers in setting rules of safe behavior.
* Using behavior analysis of B.F skinner (1953), using this analysis as a guide they developed categories of rules for injury prevention. Most injuries could have been avoided if children had followed such basic rules
* Don’t walk backwards
* Don’t run with anything in your mouth
* Don’t touch, taste, or smell medicines or cleaners.
* **TWO PROGRAMS**

A recent study compared the effectiveness of two programs

1. Safety councelling plus parents visit to a safety centers
2. These two interventions plus a home safety visit by a community health worker.

* Result from these studies suggest that interventions aim at changing behavior of individuals are not, by themselves, sufficient to reduce unintentional injuries in the home.

**Strategies to prevent workplace injuries**

* During 20century, deaths from workplace injuries declined by more than 90%, a remarkable achievement brought about largely by safer environments.
* Changing environment is generally a more effective way to prevent workplace injuries than changing individual behavior.
* Environmental changes rely on workers behavior e.g. protective clothes does not protect when it remains on the rack , ventilation system do not work unless activated, alarms that have been disconnected to eliminate their annoying noise fail to alert workers of dangers.

**TRAINING WORKERS**

Training workers and enforcing safety procedures can reduce workplace injuries by changing individual behavior. Workers cannot behave safely without knowledge and skills that allow them to recognize and avoid dangers on the job.

Workers education is one strategy to prevent workplace injuries.

* **STRATEGIES TO PREVENT MOTOR VEHICLE INJURIES**

Safer cars, better roads, and strict laws against drunken driving.

Driving while drowsy, independent of driving while intoxicated, is a risk for both fatal and non-fatal injuries the suggested behaviors included stopping driving when first feeling sleepy, using highways rest stops, drinking coffee , turning on the radio, getting at least 12 hours of sleep during the 48 hours on long trips.

ALCOHHOL

Alcohol is an even stronger risk factor for vehicle crashes than drowsiness.

* **STRATEGIES TO PREVENT BICYCLE-RELATED INJURIES**
* About one third of the injuries and two thirds of the fatalities could have been prevented if the rider had been wearing a protective helmet.
* Regardless of bicyclist age or type of helmet worn use of helmet can significantly reduce the number of head injuries especially in collision with motor vehicles.
* **BARRIERS**
* Medical personnel have identified a number of possible barriers to the wide spread use of helmets including high costs , parental lack of interest,
* Inconvenience, discomfort, poor fit, misconception about the risk of cycling, lack of knowledge about the effectiveness of a helmet, and negative attitudes of peers concerning the appearance of bicycle helmets that is the nerd factor.
* If children believe that their peers regards bicycle helmets as a fashionable, they are more likely to wear them.
* Children in the cities that received the intervention increased bicycle helmets use from a very low rate of 1.3% to 33% after 4 years .during this time children in the control cities also increased their use of helmets but only to a level less than half that of children in the exposed cities.

**2. CHANGING THE ENVIRONENT**

2nd strategy for reducing unintentional injuries is to make changes in the environment.

Building safer cars and roads

Manufacturing better bicycle and motor cycle helmets

Making home and workplace safer

The presence of smoke alarms has cut residential fire related deaths by 89% in one large investigation.

Peoples demands for safer car was an incentive for automobiles manufacture to build cars with seat belts and air bags long before legislation mandated passive restraints

Similar environmental changes can be effective means of reducing unintentional injuries.

**SAFE/KIDS/HEALTHY NEIGHBOURHOODS**

Injury prevention program including such environmental interventions, conducted in Harlem

1. Renovating play grounds
2. Involving children and adolescents in safe, supervised activities, such as dance art, sports, carpentry
3. Conducting injury and violence prevention classes
4. Providing bicycle helmets and other safety equipment

Comprehensive program alter specific environmental condition can successfully reduce the rate of injury.

A comprehensive injury prevention program in African American community in Philadelphia consisted of

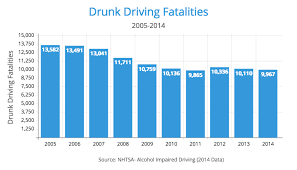
1. Making simple modification in the home such as providing smoke detectors , water thermometers , , night lights , poison prevention supplies, and emergency telephone numbers
2. Inspecting the home to inform residence of hazards and ways to eliminate and reduce them.
3. Educating residence about specific injury prevention practice.

**3. CHANGING THE LAW**

* Children now live in a safer environment because of laws that require protective action or prohibit the manufacture of hazardous products that can kill or inured children
* Act during 1960s and 1970 Deaths from refrigerators due to asphyxiation, banned those products which cannot open from inside
* Act 1970
* Poisson prevention
* Clothes that easily catch fires
* Unsafe storage of guns
* Deaths from motor vehicle crashes
* Use bicycle helmets
* Use of seat belt (1998, 1999, airbags)
* Illegal drinking( law, penalties)

INTENTIONAL INJURIES

In us deaths from unintentional injuries below age 35 but intentional injuries are also among to that age group.

* Suicide
* Homicide
* Violence, violent crime
* [](https://www.google.com.pk/url?sa=i&url=https://www.after-car-accidents.com/car-accident-causes.html&psig=AOvVaw3wJ8SN25D8nuUBqU3Dos1r&ust=1585242455509000&source=images&cd=vfe&ved=0CAIQjRxqFwoTCPjU3sSOtugCFQAAAAAdAAAAABAR)
* **CHILDHOOD**

**Mortality rates are low**

5-9y age lower death rate

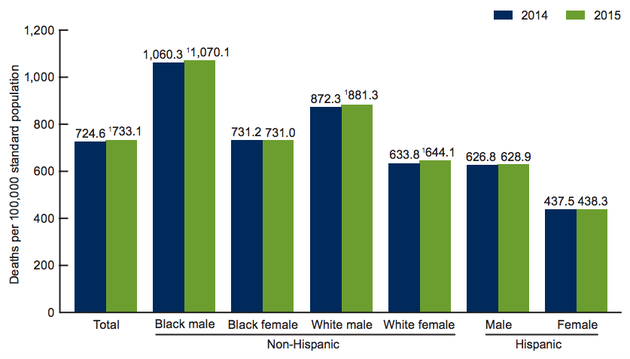
Highest risk for unintentional injuries

Intentional violence often at the hands of parents

Treating infants with skull and long bone fracture led pediatricians and radiologist to recognize that these injuries were caused by beatings

Abusing, threatened,

* **YOUTH**
* Young people are the perpetrators as well as the victims of violence.
* Several types of violence affect youth, including community violence, school violence, sexual assault, homicide and suicide.
* Young men are at higher risk than young women for all types of violence except sexual assault.
* In addition to gender, several risk factors combine to put young African American workplaces.
* .living in inner-city neighborhoods at a sharply increased risk for assaults and homicides in both their communities and their schools
* Availability of firearms is one factor that relates to the deadliness of violence. Several well-publicized school shootings highlighted the easy availability of guns for youth, but school violence was a problem years before these incidents brought the problem to the public attention.
* Access to firearms also relates to suicide risk for youth.

[](https://www.google.com.pk/url?sa=i&url=https://www.theatlantic.com/health/archive/2016/12/why-are-so-many-americans-dying-young/510455/&psig=AOvVaw3iXS-3YJNbnRxmUp868yXe&ust=1585242655891000&source=images&cd=vfe&ved=0CAIQjRxqFwoTCNj79KSPtugCFQAAAAAdAAAAABAD)

* **Adults**
* Adults are also in jeopardy from violence. Two types of domestic violence-partner abuse and elder abuse-affect adults.
* In addition, adults experience violence in their communities and workplaces.
* People in intimate relationships behave violently with each other but women are the targets of the most severe attacks and suffer more injuries than men from partner abuse.
* The availability of firearms can turn partner abuse into homicides.  Community violence rates are lower for adults than for adolescents, but suicide rates increase with increasing age.  Elder abuse can occur in the form of physical, emotional, or financial abuse or neglect of older people.
* Thus all age groups are at risk for various types of intentional violence.
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Strategies to Reduce Intentional Injuries;

(a) Domestic Violence

(i) Child Abuse Programs

(ii) Partner Abuse Interventions

(b) Creating Safer Workplace

(c) Reducing Community and School Violence Cutting Suicide Rates

* **Domestic Violence**
* Violence prevention strategies can work through changing individual behavior, the environment, or the law.
* In addition, a societal change in the acceptability of violence is necessary to decrease violence on many levels.
* Domestic violence interventions, are aimed at decreasing child, partner and elder abuse through all three strategies.

**(1)Child Abuse Programs**

* Reducing parental violence can have long term benefits for reducing societal violence because abused children grow up into people who do violence to others.
* Changes in the law have made reporting of child abuse mandatory for health care and educational professionals. The rationale is that, by requiring physicians, nurses, psychologists and teachers to report suspicious cases, children can be protected from escalating violence.(Gerbert,et al.,2000)

**(2)Partner Abuse Interventions**

* The ideal strategy to prevent partner abuse would be to change social values so that violence is not an acceptable way to resolve conflicts and to allow women the power and resources to leave violent relationships(Jewkes,2002)
* Strategies for reducing partner abuse focus on caring for victim and preventing additional incidents. These strategies fall into 2 groups: Social services and Legal interventions.

**(3)Reducing Elder Abuse**;

* Such programs are less common and less frequently evaluated.
* All states in U.S have some protective services oriented towards elder people. Such services investigate cases of suspected abuse or neglect combined with case management that include medical, educational and legal services.
* **(b)Creating Safer Workplaces**
* Three types of intentional workplace violence pose hazards;
* Efforts to reduce workplace violence concentrates on robbery and other violent crimes penetrated by those who come into a workplace.
* Bright external lightening, forbidding working alone at night and keeping doors looked can decrease workplace homicides from robbers.
* By identifying employees who may be violent in difficult can be helpful. Reemployment screenings can identify those with a history of harassing or violent behavior.
* **(c)Reducing Community and School Violence**
* Violence in the community and the school affect young people in two ways; as victims and as perpetrators.
* Changing the behavior of large population seems to be an overwhelming task, still it decreased all four types of violence.
* American psychological Association teamed with Music Television in a program, brochure and website called, “Warning Signs”(APA,1999). These messages are aimed at ought and help young people to analyze and deal with conflicts.
* Programs such as Big Brothers/Big Sisters provide children with adult mentors who form nurturing relationship with the children.
* Intentional Workplace Violence
* Violent Crime:Assualt and homicide at work
* Extension of Partner Abuse
* Retaliation of Employees against Supervisors
* **(d)Cutting Suicide Rates**
* In 1999, U.S surgeon called for a development of a national strategy to prevent suicide, which resulted in a comprehensive plan that includes many levels of prevention (USDHHS, 2001). This strategy has taken the approach of suicide as a public health problem that needs to be controlled.
* The plan emphasizes identifying risk factors, then developing, implementing and evaluating interventions.
* Another suicide reduction strategy is limiting access to the means commit suicide, including drugs and firearms (Cohen, Spirito and brown, 1996). Use of firearms to commit suicide has increased, and a majority of completed suicides involves firearms.