



Socio-cultural differences in child unintentional poisoning in the Somali, Vietnamese and Turkish communities



Carolyn Poljski

Dr Lisa Gibbs

Professor Elizabeth Waters

Background



- Child unintentional poisoning is a significant public health concern in Australia
- It is the second most common cause for child injury hospitalisations
- Victoria's poisoning admission rate has increased from 196 per 100,000 in 1987–88 to 248 per 100,000 in 1998-99

Background



- Previous research shows that particular CALD communities are over-represented as users of the RCH ED, but under-represented for presentations for child unintentional poisoning
- Most frequently represented CALD groups at RCH are China, Somalia, Philippines, Turkey and Vietnam
- Data analysis confirmed that these CALD communities are over-represented for other injuries but under-represented for poisoning

Background



- There is little research exploring social and cultural protective factors for the prevention of child unintentional poisoning
- Protective factors identified in the literature include greater supervision, the presence of extended families, consequence explanations, and existence of safety rules
- Risk factors identified in the literature include fears of being labelled as negligent, low self-efficacy, negative outcome expectations, fear of impersonal treatment, and level of acculturation

Research aims

The aims of the project were to:



- Identify the protective and/or risk factors for child unintentional poisoning in the home environment of Somali, Turkish and Vietnamese communities
- Identify similarities in protective and/or risk factors across the communities.

Methodology



- Established project advisory group
- Analysis of ED presentation data
- Identification of target groups: Somali, Turkish & Vietnamese
- Literature review
- Interviews and home visits with primary care-givers of children under 5
- Recruitment: women's groups (S, V), kindergartens (T)
- 23 participants: 8 Somali, 7 Turkish and 8 Vietnamese
21 mothers, 1 father and 1 grandmother

Background to CALD communities

Somali community



- One of the fastest growing communities in Melbourne (pop. 2311 in 2001)
- Migrated to Australia as part of the humanitarian program
- Settled in inner Melbourne and north-eastern suburbs



Background to CALD communities

Turkish community



- Well-established CALD community in Melbourne (pop. 13996 in 2001)
- Migration to Australia began in late 1960s due to labour shortage in Australia
- Based in Melbourne's northern suburbs: Cities of Hume & Moreland



Background to CALD communities

Vietnamese community



- Third largest CALD community in Melbourne (pop. 55859 in 2001)
- Entered Australia on humanitarian grounds after the war ended in 1975
- Since the 1980s, migrated under the Family Reunion Scheme
- Settled in Melbourne's western, inner northern and south eastern suburbs: Cities of Brimbank, Greater Dandenong, Maribyrnong & Yarra



Findings

Toxic agents in the home



- A range of toxic agents were observed across homes visited
- Very few participants were on prescribed medication
- The use of natural remedies to clean or medicate was not common
- Incense used by Vietnamese Buddhists and Somalis
- No toilet cleaners in Somali homes – Jiff used instead

Knowledge of toxic agents

- Parental knowledge of toxic agents was limited
- Many did not believe their child/ren would touch toxic agents (esp. V)

Findings

Product storage



- Storage of products was not unusual but Somalis living in Housing Commission flats stored laundry products in bathrooms
- Few participants were using safety products currently, but others had used them previously
- Safety products were primarily used to prevent children accessing cutlery and crockery rather than toxic agents

Findings

Medication use



- Few participants used prescribed medication
- Medication for children: instructions were followed – label, GP or pharmacist

Findings

Experience of poisoning



- Majority of participants had no experience, direct or indirect
- Only 2 direct incidents (V, T) and 1 suspected (S)
- Contributing factors: poor supervision OR easy access to agent
- Responses varied: contacting GP, calling ambulance and hospitalisation, giving child yoghurt
- Anticipated response: induce vomiting (milk, yoghurt or finger down the throat), call 000
- Only 2 participants would call Poisons Information Centre (T, V)

Findings

Parent approach to child safety



- Harm minimisation: purchasing choices, check product labels, products used only when child is absent
- Supervision: constant with the mother the main caregiver but others were also involved – older siblings look out for younger children
- Education of children: fear-based messages telling children of consequences of touching or consuming products

Findings

Source of information about child safety



- Few participants had received structured information about child safety
- Information about child safety not actively sought – no need
- GP identified as the main source of information if required
- Many participants did not know about the Poisons Information Centre

Conclusions

Common themes

- Participants convinced children did not and would not touch products OR would never experience poisoning



WHY?

- Importance of family and community

'I think it's just the community factor. The people in the household have this very tight family thing happening.'

Turkish participant (T2)

- Importance of children so their safety is paramount

'As a mother in Somalia, we are always here for our kids.'

Somali participant (S6)

Conclusions

WHY? contd-



- Constant supervision

'I grew up with the thing that if you keep an eye on your kids enough that the rest of it is not really a problem.'

Turkish participant (T2)

- Respect for authority demanded of children (esp. V)

'We are so strict so we don't need to tell them many times. We only need to tell them once and I think it's more than enough.'

Vietnamese participant (V1)

Conclusions

WHY? contd-

- Use of fear as a child safety mechanism



'We sort of try to put some fear into her...that she will get very sick and ill and that she'll end up going to the hospital and that would be very bad. So information like this is given to her.'

Turkish participant (T4)

- Level of maturity in children

Conclusions

BUT, there were potential risk factors:



- Parental perception of risk
- Lack of knowledge
- Respect for authority
- Language and cultural barriers

Recommendations



- Greater recognition of the:
 - > value of children in the community
 - > importance of child health as a public health issue
- Promotion of the Poisons Information Centre to parents through MCH centres, child care centres, kindergartens
- Education of parents about the importance of active supervision of children AND children's capacity to understand child safety rules/measures
- Education of children about safety-related issues