Arising the immune protection of the children drowned in Thailand

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Background
Drowning is the first leading cause of child mortality among Thai children under the age of 15 years old (1). This is higher than the deaths with a result of infection, twice higher than road traffic injury. Each year approximately 1500 Thai children under the age 15 die of drowning. The mortality rate per 100,000 children aged 0–14 years is between 9.3–11.5, (2004–2008) (2). In foreign countries, it has been found that teaching children to swim and survive in the water is one of the measures to prevent children from drowning while in Thailand children's opportunity to learn to swim is still limited (3–5). Furthermore, the current swimming instruction does not include water safety skills, skills to survive in water, water casualty prevention, and water rescue (5). According to a survey on swimming ability among Thai children across the country in 2003–2004, 16.3% of Thai children under 15 years can swim (6). In other words, among the 13 million children under 15, only 2 million can swim.

Objective
To drive Thai children to arose drowned immune protection.

Methodology
The study involved a comparison of two different swimming programs, a general swimming and a survival swimming course. From the evaluation it was found that the group who participated in the survival swimming course had more survival and rescue skills than the other group, and the difference was statistically significant. Therefore, all Thai children should be protected from drowning by receiving appropriate instruction. However, the strategy to drive participation from all parties involved is important, so relevant agencies are invited to join the programme to produce the survival swimming curriculum. Executives of all relevant agencies were invited to evaluate the curriculum and to disseminate information about the difference between the two types of swimming course.

Result
The executives have developed a policy that Thai children must be protected from drowning, and are encouraged the relevant agencies to promote drowning protection in Thai children by bringing the survival swimming curriculum into the curriculum at the elementary education level, the Institute of Physical Education and programs of the First Responder. It also has been pushing for the regional Training Center. In remote areas, the local administration operated to provide resources for teaching the survival swimming curriculum such as budget, instructor, mobile swimming pool, teaching materials and maintenance.

Conclusion
It is important that all relevant parties are involved from the beginning and feel ownership in the plan in order to execute it successfully. To promote the opportunity for children to learning survival swimming curriculum is to immunize them, likewise the immune children which have been infected by communicable disease.

References

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