CHILD SAFETY COUNTRY PROFILE
2009

EUROPEAN
child
SAFETY ALLIANCE
EuroSafe

Malta

The Child Safety Country Profile 2009 for Malta highlights the burden of child and adolescent injury and examines socio-demographic determinants to provide a starting point for interpreting the results of Malta's Child Safety Report Card 2009 and for measuring progress toward and setting targets for reducing child and adolescent injury-related death and disability.

Injury is the leading cause of death in children and adolescents aged 0-19 years in Malta. When compared to the 27 countries participating in the 2009 Child Safety Report Cards, Malta ranked 10/27 for both males and females for child and adolescent mortality rates using the most recent years for which data are available. Injury deaths in 2005 represented over 648 potential years of life lost (PYLL) – years where children and adolescents won't be growing, learning and eventually contributing to society (Table 1). Due to small numbers, child and adolescent injury death rates in Malta have fluctuated over the years, and have not followed the pattern of consistent decrease that many other countries in the EU have seen (Figure A) However injuries remain responsible for 19% of all child and adolescent deaths in Malta; more than all other causes combined.

Table 1.   Select measures of child and adolescent injury mortality

	Malta	EU-27
Injury death rate children and adolescents 0-19 years/100 000 (2003-2005)	7.99	14.18
Potential years of life lost (PYLL) as a result of injury deaths to children and adolescents 0-19 years (2005)	648	
Contribution of unintentional injuries to all child and adolescent mortality (2005)	23.26%	19.71%
Contribution of intentional injuries to all child and adolescent mortality (2005)	0.00%	4.65%

Source: WHO Mortality database

Figure A. **Child and adolescent injury deaths in Malta and the Netherlands**
3-year moving averages for children and adolescents 0-19 years
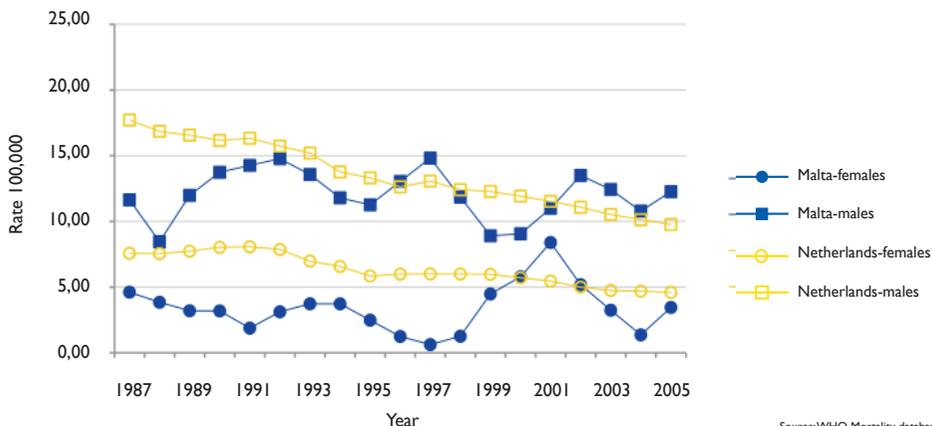
Source: WHO Mortality database

A look at specific causes indicates that road traffic accidents continue to take the greatest toll, particularly in males, however other causes types of accidents typically seen in and around the home also contribute significantly to injury deaths (Table 2). Of note are the higher rates of poisoning related deaths amongst 15-19 year old males. However, deaths are just the tip of the 'injury iceberg' and many more children are hospitalised or seen in ambulatory care settings because of an injury.

Table 2. **Unintentional injury-related death rates by specific cause for children and adolescents 0-19 years, 3-year averages 2003-2005**

	Injury death rate /100,000			
	Males		Females	
	0-14 yrs	15-19 yrs	0-14 yrs	15-19 yrs
Motorcycle drivers	0.00	4.53	0.00	0.00
Motor vehicle drivers / passengers	11.31	3.19	0.00	0.00
Pedestrians	1.95	0.00	0.00	2.41
Cyclists (traffic and non-traffic)	0.00	0.00	0.00	0.00
Drowning	0.00	0.00	2.86	0.00
Falls	0.00	2.27	0.00	0.00
Fires, burns and scalds	0.00	0.00	0.00	1.26
Poisoning	0.00	4.53	0.00	0.00
Choking/strangulation	0.90	0.00	0.00	0.00

Source: WHO Mortality database

Injuries disproportionately affect the most vulnerable children and adolescents in society and in many ways health relates to the wealth of the individual as well as the country.* More children and adolescents are injured when families are of lower income, have less education and are less literate, live in more crowded conditions and when adequate funding is not provided for public health as part of healthcare. In addition the continued loss of children and adolescents to injury is a critical demographic and economic issue, particularly with a negative natural population change.

It is important to look at these factors to help interpret Malta's response to the child and adolescent injury problem and Table 3 provides information on select socio-demographic measures and determinants of injury. Malta needs to work to ensure that inequalities are addressed so that every child born is provided with a safe environment to live, learn, grow and play to ensure they grow up to be contributing members to society.

Table 3. **Select socio-demographic measures and determinants of injury**

	Malta	EU-27
Total population (2008)	410,290	497,455,033
Average population density (population/square kilometre, 2006)	1287.8	114.8
Percent urbanised (2006)	96%	74%
Percent population under 14 years of age (2007)	16.7%	15.8%
Natural population change (annual live births − annual deaths, 2008)	600	555,831
Adult illiteracy rate (% ages 15 and older, 1995-2005)	12.1%	1.5%
Gross Domestic Product (GDP) per capita PPS (index EU-27=100, 2008)	76.4	100
Total health expenditure as percent of GDP (WHO estimates, 2005)	8.4%	8.2%
Percent at-risk-of-poverty rate (after social transfers, 2006)	14%	16%
Percent children and adolescents aged 0-17 years living in jobless households (2007)	8.9%	9.7%
Human Development Index (HDI, 2005)	0.878	—
HDI Ranking in European Economic Region (2005)	21/29	—
GINI index (2006)	27	30
GINI index ranking in European Economic Region (2006)	11/29	—

N/A - not available

* UNICEF Innocenti Research Centre. A league table of child death by injury in rich nations. UNICEF; 2001. Report Card No. 2. Florence. Available from: http://www.unicef-icdc.org/publications/pdf/repcard2e.pdf

Methods to prepare child safety profile

● The Child Safety Profile was developed by the Child Safety Action Plan Project (CSAP), a European initiative led by the European Child Safety Alliance of EuroSafe with co-funding and partnership from the European Commission, the Health and Environment Alliance (HEAL), UNICEF, the WHO Regional Office for Europe and country partners. One of the objectives of the CSAP project was to establish a set of indicators and standardised data collection tools focussing on child and adolescent injury to identify a baseline level of injury burden and action in participating countries. This both supports planning and provide a means of benchmarking and evaluating progress in reducing injury as countries move from planning to implementation.

● The purpose of the Child Safety Profile is to provide a starting point for interpreting the results of the Child Safety Report Card 2009 and for measuring progress toward and setting targets for reducing injury-related death and disability amongst children and adolescents. The Profile highlights the burden of child and adolescent injury and examines socio-demographic determinants of child and adolescent injury that may impact both burden and prevention efforts.

● Measures for the Profile were selected in conjunction with an expert advisory group made up of members from the HEAL, UNICEF, the WHO Regional Office for Europe and experts on indicators and child injury prevention from the Universities of Keele and the West of England, respectively.

Data on injury deaths and socio-demographic determinants were obtained from existing databases managed by several organisations including UNICEF, WHO, Eurostat and the United Nations Development Programme during 2008 and mortality indicators were calculated at Kuratorium für Verkehrssicherheit (KfV) in Austria. Data presented are for the most recent year(s) available from the data sources at the time of data collection. Mortality data are for ages 0-19 as data for ages 0-17 are not available.

Ranking for child and adolescent injury deaths by gender were done using 3-year averages of the most recent years available, in most cases 2003-2005. Ranking for the Human Development Index (HDI) and GINI Index were done using data from UN Human Development Report 2007/2008 which uses most recent year of data available to calculate HDI and GINI index for a country; HDI and GINI ranking of 29/31 countries in European Economic Region (EEA) for which data were available.

Data on safety device availability and affordability were collected by country partners in the participating countries in 2008 and indicators were calculated at the European Child Safety Alliance.

Definitions for select items included in Child Safety Profiles

At-risk-of-poverty rate after social transfers – the share of persons with an equivalised disposable income below the risk-of-poverty threshold, which is set at 60% of the national median equivalised disposable income (after social transfers). (Eurostat)

Children and adolescents aged 0-17 living in jobless households – the share of children and adolescents aged 0-17 who are living in households where no one is working. Both the numerators and the denominators come from the EU Labour force survey. (Eurostat)

Gini index – a quantitative index measuring inequality over the entire distribution of income or consumption; the GINI coefficient expressed as a percentage. A value of 0 represents perfect equality, and a value of 100 perfect inequality, thus the higher the coefficient, the higher the inequality of the income distribution. (United Nations Human Development Project)

Gross domestic product (GDP) – a measure of economic activity; the value of all goods and services produced less the value of any goods or services used in their creation. The volume index of GDP per capity in Purchasing Power Standards (PPS) is expressed in relation to the European Union (EU-27) average set to equal 100. If the index of a country is higher than 100 this country's level of GDP per head is higher than the EU average and vice versa. (Eurostat)

Human Development Index – a summary measure of human development. It measures the average achievements in a country in three basic dimensions of human development: 1) A long and healthy life, as measured by life expectancy at birth; 2) Knowledge, as measured by the adult literacy rate (with two-thirds weight) and the combined primary, secondary and tertiary gross enrolment ratio (with one-third weight) and 3) a decent standard of living, as measured by GDP per capita in purchasing power parity (PPP) terms in US dollars. (United Nations Human Development Project)

Natural population change – the difference between the number of live births and the number of deaths during the year. A negative number means the number of deaths exceeds the number of births. (EuroStat)

Potential Years of Life Lost (PYLL) – an indicator of premature mortality representing the total number of years NOT lived by an individual who died before average life expectancy at birth. For this profile ages 78 and 83 were used for males and females, respectively.

More information at:
www.childsafetyeurope.org

The findings and views expressed are those of the authors and do not necessarily reflect the views of the partner organisations.

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