

# ANALYSING ROAD FATALITIES IMPACTING CHILDREN AGED 0-17 IN THE CASE OF GAUTENG: A THREE-YEAR ANALYSIS (2015-2017)

**A JANMOHAMMED\***, **M VANDERSCHUREN\*\*** and **S VAN AS\***

\*Childsafe, Red Cross War Memorial Hospital, South Africa

\*\* University of Cape Town, Centre for Transport Studies, South Africa

email: [ali@childsafe.org.za](mailto:ali@childsafe.org.za)

## ABSTRACT

In Africa, South Africa is known to have the second highest fatality rate (Peden *et al.*, 2013), claiming approximately 12 000 lives per year (RTMC, 2016). Perhaps the most disturbing victims of this epidemic are children under the age of 20, who are twice as likely to be killed on South African roads than any other part of the world (Matzopoulos *et al.*, 2004). In terms of road users affected, pedestrian deaths accounted for the largest single cause of death for children aged 1-14, while passenger deaths constituted the second largest cause for children aged 10-19 (Harris *et al.*, 2004).

Analysis of road fatality data for the Gauteng Province suggests that children aged 0-17 constitute 7% of all road fatalities during the 2015-2017 period. Over the three-year period, the fatalities impacting children increased by 37%, with child pedestrians constituting the majority every year (average 73%), followed by child passengers (average 26%). In terms of the time period, the data shows children are more vulnerable on the road after 2 pm, with the 6 pm – 7 pm period being the most dangerous. Lastly, 42% of child fatalities occur on the two days of the weekend.

The findings suggest that children are becoming more vulnerable on the Gauteng roads every year. Furthermore, the results on the vulnerability of children based on the time period and weekends suggests that 'after-school' activities make children more susceptible on the road. Zeedyk *et al.* (2001) suggest that children are at a particular disadvantage on the road because of their height, which limits their ability to see or be seen. A child's cognitive abilities are also limited which, in turn, affects their perception of speed and distance (WHO, 2008). Because of these disadvantages, road safety officials need to prioritise children's safety on all roads, especially roads that are used by children 'after-school'. By creating safer roads for children, it can be argued that these roads would consequently be safer for all road users.

## **ACKNOWLEDGEMENTS**

The authors thank Childsafe and UNICEF for the opportunity of performing research on the 'Prevention of Injuries Impacting Children in South Africa (PRICSA)' project, and the trust they put in the team. We would also like to thank the Road Traffic Management Cooperation (RTMC) for performing the requested analysis.