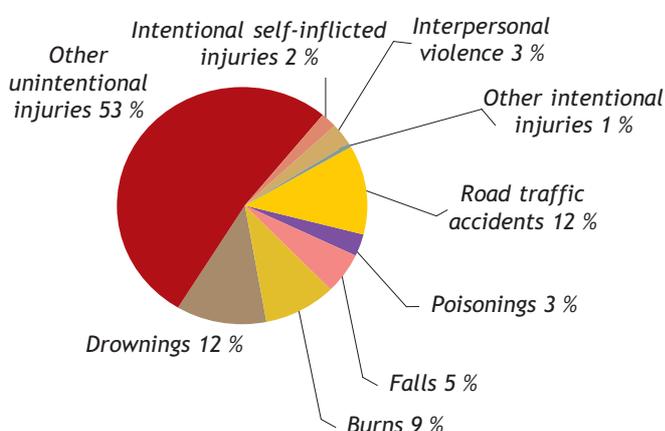


Child Injury Prevention in the South-East Asia Region

Globally, around 950 000 children* under the age of 18 years die due to injury and violence each year¹. Injury is a major cause of death in children over one year of age in the South-East Asia (SEA) Region. In 2004, the Region had the second highest rate of unintentional child injuries (49/100 000

children per year) globally, following the African Region. In the South-East Asia Region, road traffic injuries, drowning, burns and self-inflicted injuries are the leading causes of death among children (Fig. 1)². Mortality rates of major causes of child injury in the Region are illustrated in Table 1.

Figure 1: Distribution of child (0-14 years) deaths in SEA region, 2004.



Source: *The Global Burden of Disease 2004, Update*.

Table 1: Mortality rates due to major causes of injury per 100 000 children by sex in the South-East Asia Region

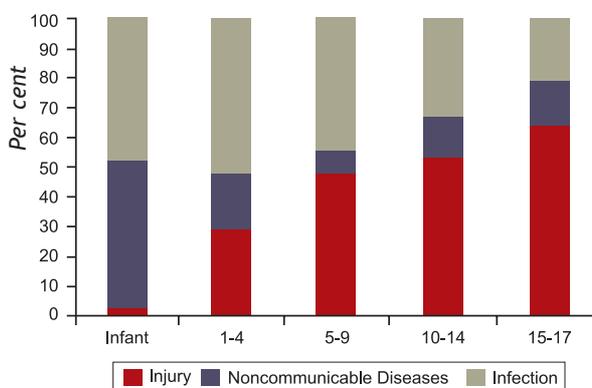
Types of injury	Boys	Girls	Total
Road Traffic Injuries	9.6	5.1	7.4
Drownings	7.1	5.2	6.2
Burns	3.3	9.1	6.1
Falls	3.0	2.4	2.7

Source: *World report on child injury prevention, Geneva, World Health Organization 2008*.

Child injury scenario in Member States of the South-East Asia Region

Few countries in the Region have sufficient data on child injuries. However, from available data it was observed that in Bangladesh, injuries constituted 38% of all classifiable deaths in children (less than 18 years) over one year of age in 2003. The proportion of injuries increased in children after one year of age³ (Figure 2). According to the Bangladesh Health and Injury Survey 2005, the overall injury rate among children

Figure 2: Proportional mortality by age, Bangladesh, 2003



Source: *Bangladesh Health and Injury Survey, 2005*.

* There is no universally agreed range for what constitutes childhood. For clarity, age ranges are indicated in tables and figures.

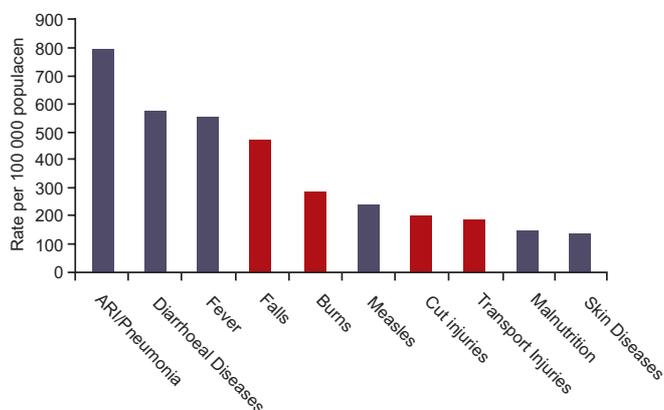
1 World Report on Child Injury Prevention, Geneva, World Health Organization, 2008.

2 The Global Burden of Disease, 2004 Update, Geneva, World Health Organization, 2008.

3 Bangladesh Health and Injury Survey, Report on Children. Dhaka, Bangladesh, 2005.

(less than 18 years) was 1592 /100 000 children per year. Drowning was the leading cause of death among children of 1-17 years

Figure 3: Leading causes of illness in children aged 1-17 years, Bangladesh, 2003.

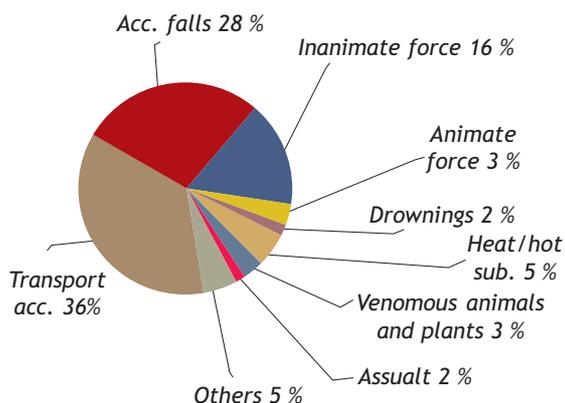


Source: Bangladesh Health and Injury Survey, 2005.

old (28.6/100 000 children per year)³; falls, burns, cut injuries and transport injuries were the major causes of injury (Figure 3).

In Thailand, injuries accounted for 34.4% of all deaths among 1-14 year old children during 1999⁴ and were the leading cause of child mortality in a 2003 survey⁵. The injury

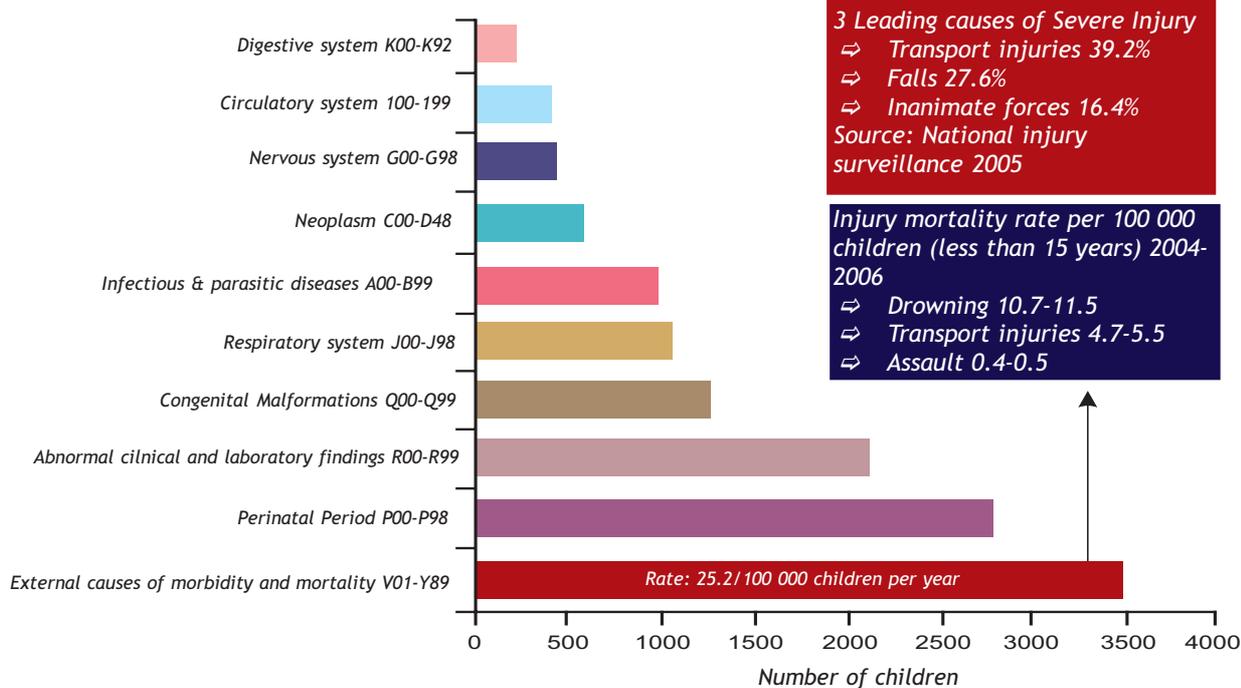
Figure 5: Distribution of severe injury among Thai children (less than 15 years), 2004.



Source: National Injury Surveillance System, Bureau of Epidemiology, Ministry of Public Health, Thailand.

(external causes of morbidity and mortality V01-Y89, ICD 10) mortality rate compiled from Thailand death certificates of 2006 was 25.2/100 000 children (less than 15 years) per year and was the leading cause of child death for the first time (figure 4)⁶, which is a warning sign for other countries in the Region.

Figure 4: Top 10 causes of death in Thai children (less than 15 years), 2006
Standard mortality tabulation list 3, ICD 10



Source: 1) Death certificate, Bureau of Health Policy and Strategy, Ministry of Public Health, Thailand
2) National Injury Surveillance System, Bureau of Epidemiology, Ministry of Public Health, Thailand

4 Plitponkarnpim A. Injury: emerging health problem in Thai Children. Asian-Oceanian J Pediatr. Child Health. 2003; 2:14-21.

5 Innocenti Working Papers – Child Mortality and Injury in Asia, UNICEF, 2008.

6 Death Certificate, Ministry of Public Health, Thailand 2006.

In India, injuries were the second leading cause of death in 5-14 year-old children and the fourth leading cause of death in children under 15 years old⁷. In Sri Lanka, child injury was the fourth leading cause of death in children less than 5 years old in 2003⁸ and accounted for 17.3% of the total burden of injuries in 2007⁹. Bhutan is undergoing a

process to report the data on child injuries. In Myanmar, falls (66%) and road traffic accidents (22%) are the major causes of child morbidity⁸.

In other countries, national-level data on child injuries are being collected but not segregated by age and sex.

Who is affected?

Injuries disproportionately affect the poor. About 95% of all global child deaths from injury occur in low- and middle-income countries. Children over one year are most vulnerable to injuries⁵. In general, boys are far more likely to get injured than girls. However, burns are the only type of fatal injury that occur more frequently among

girls than boys in South-East Asia and in low- and middle-income countries in the Eastern Mediterranean and Western Pacific Regions¹. Classification of burns due to intentional and unintentional causes needs to be explored for valid data in developing feasible interventions.

What are the approaches to prevent child injuries?

- multisectoral and multipronged approaches to child injury prevention (*high-income countries have been able to reduce child injury deaths by up to 50% over the past three decades¹*);
- legislation, regulation and enforcement;
- modification of the environment;
- supportive home visits;
- promoting the use of safety devices, such as helmets and safety belts;
- education, life skills development and behavioural change;
- product modification, especially standardizing helmets;
- community-based projects;
- pre-hospital care, acute trauma care and rehabilitation that reach rural communities;
- research to examine the epidemiology of injuries, effectiveness and cost-effective interventions.

What are the challenges in the Region?

- injuries are still thought to be due to fate;
- in spite of eight countries having national plans for selected injury prevention, data and implementation for child injury prevention are still a challenge;
- limited human resources to address the issue;
- lack of funding for prevention activities;
- inadequate political understanding and commitment;
- variation in defining “child” by age and utilizing data among Member States;
- collection of data on causes of injury and classification according to ICD 10;

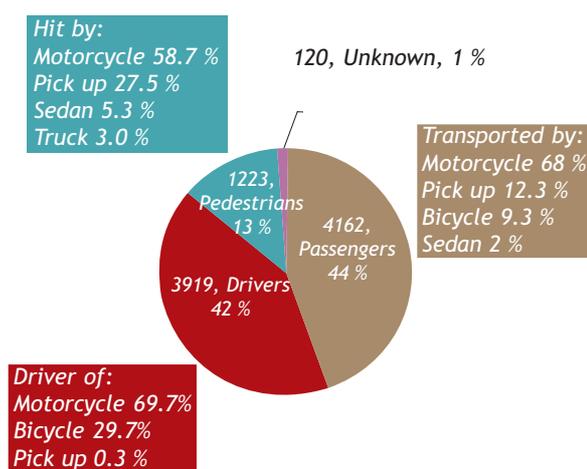
⁷ Gururaj G. Injuries in India: A national perspective. NCMH background papers – Burden of Disease in India. New Delhi, India. 2005.

⁸ Bi-regional Workshop on Injury Surveillance, Chiang Mai, Thailand, December 2007.

⁹ Injury Surveillance, Sri Lanka. 2007 data.

- segregation of data from the national injury information system and other sources by age and sex;
- involvement of motorcycles in cases where children were severely injured in transport crashes is significant (Figure 6) and motorcycle use is growing at an alarming rate in the South-East Asia Region;
- alcohol-related cases in severely injured child (less than 15 years) drivers is increasing in selected countries of the Region¹⁰;
- the nature of the problem is different from high-income countries; hence more specific research is needed to identify specific prevention efforts; and

Figure 6: Involvement of motorcycles in transport injuries among Thai children (less than 15 years), Thailand 2005.



Source: National Injury Surveillance, MoPH, Thailand.

- poor collaboration between agencies to address child injuries in a coherent manner.

What are the WHO Regional Office and the Member States doing and planning to deal with the problem?

- Establish/support injury surveillance and other injury related information system in countries;
- further analysis of the child injury data according to age and sex;
- support experience-sharing among countries in dealing with major causes of child injuries and helmet use;
- support research and dissemination of knowledge specific to the regional and country context;
- advocate for political commitment;
- validate and improve burn-related data; and
- review child transport safety, especially in relation to motorcycle use.

Losing a child unexpectedly leaves families and communities with emotional wounds that take decades to heal and many parents never do.

¹⁰ National Injury Surveillance, MOPH, Thailand 2003-2005 data.

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