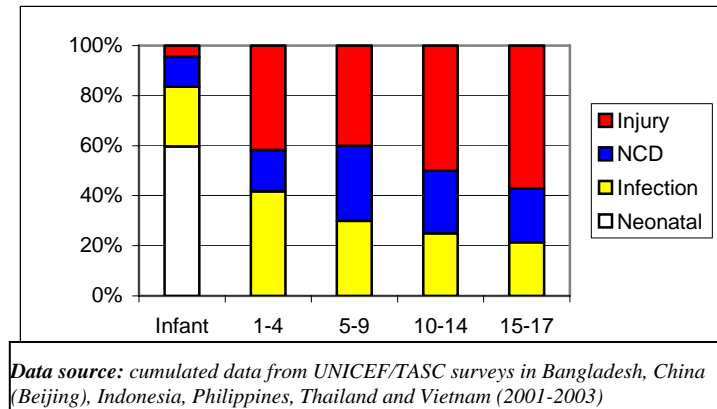


Fact Sheet on Child Injury

Situation

There is a growing consensus in the international public health community that injury is a leading cause of death and disability throughout the world. Despite large gaps in reporting, injury is estimated to account for almost 6 million deaths of people of all ages each year and is one of the leading contributors to the global burden of disease. As a result of improving social and economic conditions, the East Asia and Pacific Region is experiencing an epidemiologic transition from infectious diseases to other causes. Traditional child survival efforts have also met with great success so mortality in most countries in the region has dropped significantly. This allows the extent of the death toll from child injury to become increasingly prominent. Injury is a leading cause of death in all child age groups in most countries in the region now. The impact increases as the child grows older.

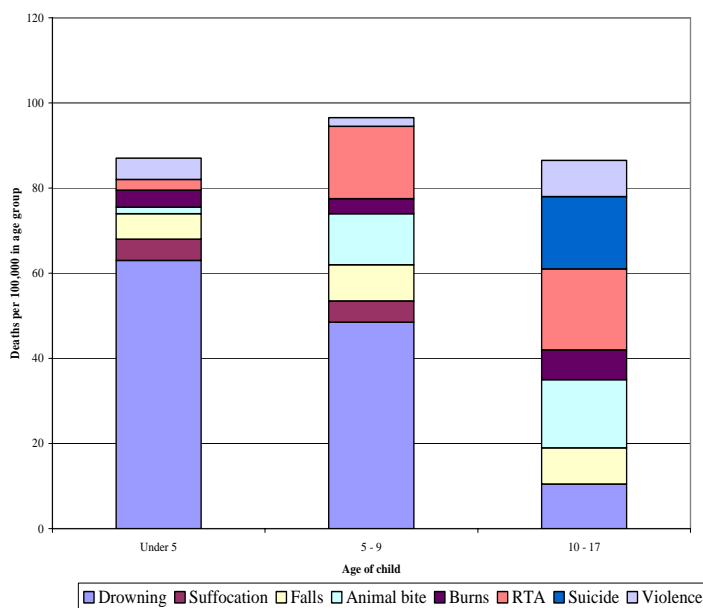


Discussion

The leading causes of injury leading to death differ by age group. Overall, drowning is the leading cause of child death in most countries for which data are available. Drowning incidence is highest in late infancy and early childhood and then gradually decreases as children grow older, and can occur either during natural disaster or in ordinary life. Note that in countries with significant leftover ordnance, landmines and unexploded bombs are also a significant risk to children. Transport-related injury, mainly road traffic accidents, becomes a leading cause of

death in late childhood and early adolescence and continues to increase into adulthood. For younger children, deaths occur as pedestrians; in middle childhood, deaths are largely as bicyclists, and in late childhood and adolescence deaths occur with children as vehicle occupants or occasionally drivers. At higher ages, from 10 and into adolescence, intentional injury (mainly suicide and assault) becomes a significant cause of death and in many countries is likely a leading cause of adolescent deaths.

Accident death rates by cause and age



Data source: cumulated data from UNICEF/TASC surveys in Bangladesh, China (Beijing), Indonesia, Philippines, Thailand and Vietnam (2001-2003)

Deaths from injury are only the tip of the iceberg: for every injured child who dies, there are an estimated 20 more who are disabled with devastating emotional and financial impact on the children, their families and society at large. Common causes of non-fatal injuries include: animal bites; falls; poisoning; electrocution; burns; scalding; suffocation; and injury due to sharp object. Non-fatal injury has high economic costs - and the more severe the injury, the

higher the economic costs and social burden. A seriously injured child usually requires both parents to provide care, resulting in lost schooling for the child, and lost wages or other earning potential for the parents. The costs of paying for treatment and the loss of earnings can place significant financial strain on families, and on the social and economic advancement of countries in the region.

“Injury orphans” are children orphaned due to the death of the chief provider and the primary care giver. Injury was the leading cause of parental death and disability in all the adult age groups which had children under 17 years of age. The younger the child is when a parent is lost to injury, the more severe the effect on the child’s

future growth and development. Infants who lose mothers to injury are at greatly increased risk of other adverse health outcomes within the first five years of life.

Vietnam is the first country in the region that developed a National Policy for Accident and Injury Prevention (2002-2010) signed by the Prime Minister. The government of **China** also acted on the result of a Beijing injury survey and plans to implement community based programs in Beijing in both urban and rural pilot areas. They set targets for decreasing child injury in the next Beijing Plan of Action for Children (2006 to 2010), integrate injury into school health surveillance system and promote and enforce relevant safety policy and regulations in the city of the Beijing.

Disparities

The burden of injury is not equally distributed among high income and low and middle countries. There is a range of social, economic and structural factors that contribute to inequity in injuries. This includes age, gender, socio-economic status and location (urban/rural) of the injured children. Injuries bring dire consequences for those who are already poor and disadvantaged. Moderate and low-income families are pushed towards poverty and family dissolution in coping with serious injury due to surgical and rehabilitation costs.

Injuries often have a greater impact on women and girls than men and boys. Mothers and female siblings of the injured child provide more care and pay a higher social cost, e.g., lost days of schooling, lost days of paid work, etc, than husbands and male siblings. Injured male children receive more care and supplemental support, such as rehabilitation and continued education, than female children.

Injuries tend to be more severe in rural settings in part related to the frequent amputations and severe scalds associated with agricultural machinery and harsh living environments. In contrast, injured urban children receive more medical care and social services than rural residents.

Conclusions

Child injury is as preventable as infectious diseases. Over the past 50 years, child deaths due to injury have been reduced substantially in industrialized countries. The reduction was not a natural outcome of economic development, but rather a concerted, collective effort that began with recognition of the problem, followed by political commitment and policy change. The record in these countries shows that child injury is just as preventable as child morbidity from infectious diseases.

Major prevention strategies include: (1) Educate the target population to be aware of injury risk, provide skills for them to practice safe behaviour; (2) Modify environments to remove hazards and provide safety devices to reduce harm; (3) Establish safety law and legislation and strictly enforce them; and (4) multi-sector collaboration.

Action Points

Child injury is an urgent and seriously neglected problem in this region. The first step that must be taken is to **increase its visibility** through advocacy with policymakers, donors, partners and the public at large.

Since 2001, five countries in the region (Vietnam, China, Thailand, Philippines and Indonesia) have **conducted national or sub-national injury surveys** to define the magnitude of the problem and assess the risk factors and economic burden of child injury. Using data from these surveys, governments of these countries are taking initiatives to stop preventable injury. Other governments should make similar surveys and use the result to guide developing policy and interventions.

Policy change is key to reducing child injury. All governments in the region must seriously consider how to significantly reduce child injury and deaths from accidents and neglect. Policy makers in the region must now invest in injury prevention research, injury prevention programme development and implementation, and public awareness campaigns to bring similar results in mortality and disability reduction as have past efforts to reduce infectious disease. The infrastructure created by traditional child survival programs is well suited for the preventing child injury. Therefore, addressing child injury provides an opportunity to integrate resources and activities into other child survival and development programmes and thus increases the cost-effectiveness of the infrastructure invested. It also provides an opportunity to implement inter-sectoral interventions that target children of all age groups.