

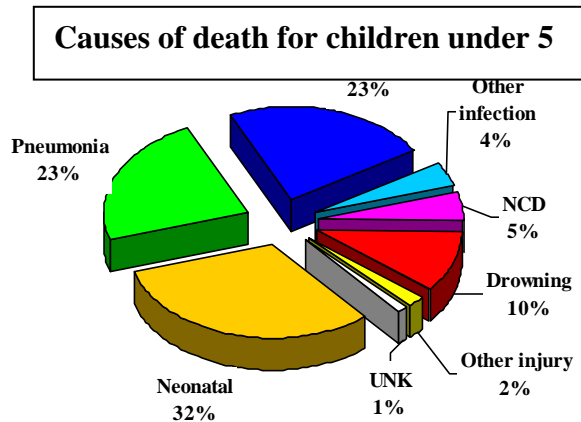


Accidents are now the leading killer of children in Asia

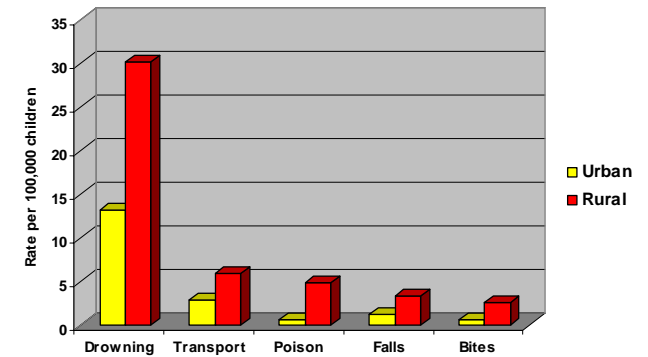
The child survival revolution began in 1978 with "Health for All". Then, one out of four children in developing countries died before five, mainly due to birth problems, infections and malnutrition.

diarrheal deaths. Nutritional fortification and breastfeeding were added and then came reproductive health programs, and HIV/AIDS programs. This disease-by-disease battle in the child survival revolution has been extraordinarily successful. Today in Asia, less than one child in twenty dies in the first five years of life. These successes have changed the picture of child death in these countries. It now resembles developed countries like the US, Europe and Australia. Surveys carried out by TASC and UNICEF show accidents are now the leading killer of Asian children. More children die from accidents than from either infectious or chronic diseases. When the mortality pie for children under five is extended to all children from infants to age eighteen, the proportion of child death caused by injury increases to well over half of all child deaths.

Fatal accidents are the leading cause of death,



Immunizations were introduced to prevent diseases such as measles, whooping cough, and tuberculosis; sanitation and oral rehydration therapy followed to prevent

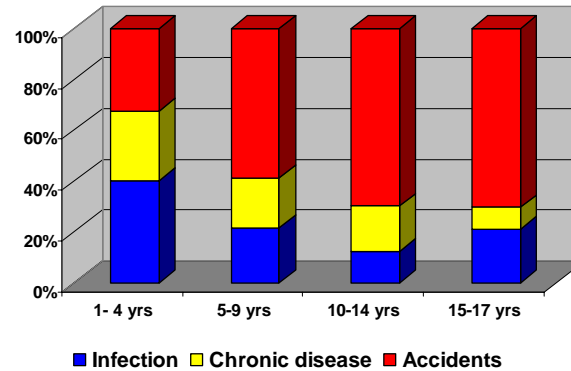


The causes

Drowning was found to be the most common cause of death. Across Asia, hundreds of children drown each day; enough children to fill several schools. Two thirds of all child deaths were from drowning and rural children had twice the rate of urban children.



About a fifth of the deaths were caused by transport accidents, with most being pedestrians and bicyclists. Even with the lesser



and non-fatal accidents are also the leading cause of child illness, with vast numbers of children missing school or work, being hospitalized, undergoing surgery, or being permanently disabled. The picture is particularly grim in rural areas, where over three quarters of children live in Asia.

numbers compared to drowning, across Asia, over one school-full of children dies each day in road traffic accidents. Again, rural children had rates about twice as high as urban children.

The third leading cause of death was poisoning. Many children were poisoned by plants, and especially from agricultural chemicals, such as pesticides. Most children live in rural areas where farming is the primary endeavor and agricultural chemicals are everywhere. Not surprisingly, rural children were poisoned five times as often as urban children.



Falls were the fourth leading cause of child death and the main cause of nonfatal injuries.



Children fell from trees, roofs, stairs, balconies, and structures of all heights.

Animal bites were a serious cause of death. Children were mainly bitten by dogs and snakes and died from rabies or snake envenomation. Nonfatal bites from farm animals often resulted in permanent disabilities, with fingers and hands being bitten off. Crush injuries from large animals stepping on children's feet were also very common.

The costs

There are major social and economic costs associated with high rates of child accidents. The direct economic cost comes from providing medical care, particularly surgery, to children who have been involved in accidents and the extensive costs associated with the lengthy recuperative period after surgery. Individual families suffer the costs of these medical expenses, the provision of daily care for the injured child, and the lost wages as a result of staying home to care for the child.

There are devastating social costs for children who suffer permanent disabilities, including brain and spinal cord damage, amputation of limbs, disfigurement, blinding, and extensive scarring from burns. These children lose their ability to become productive adults and to contribute to economic development.



The solution

It is important to put prevention programs in place to combat the problem of child accidents. These programs will educate parents and children about the hazards that



cause accidents, and show parents ways to reduce the risks in the child's environment.

Funding allows for the education of individuals and communities to prevent injuries. Funding makes it possible for interventions and technologies to be put in place to reduce the risks for children. This will help to reduce the number of children who are injured and who suffer devastating consequences. Many of the interventions that will save children's lives are very inexpensive. Educating families, children and policy-makers is relatively inexpensive, as is developing awareness within the community to the need to protect children from injury.

A contribution of any amount can help TASC save children's lives. To make a tax deductible donation, send checks to:

**TASC, 213 Adahi Road
Vienna, VA 22180-5937 USA**



Additional information about the epidemic of accidents in developing countries, and about TASC's programs to prevent these may be found on our website at www.tasc-gcipf.org or email: information@tasc-gcipf.org.