Globally, around 950 000 children* under the age of 18 years die due to injury and violence each year. 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). 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.

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

<table>
<thead>
<tr>
<th>Types of injury</th>
<th>Boys</th>
<th>Girls</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Road Traffic Injuries</td>
<td>9.6</td>
<td>5.1</td>
<td>7.4</td>
</tr>
<tr>
<td>Drownings</td>
<td>7.1</td>
<td>5.2</td>
<td>6.2</td>
</tr>
<tr>
<td>Burns</td>
<td>3.3</td>
<td>9.1</td>
<td>6.1</td>
</tr>
<tr>
<td>Falls</td>
<td>3.0</td>
<td>2.4</td>
<td>2.7</td>
</tr>
</tbody>
</table>

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 age (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


* There is no universally agreed range for what constitutes childhood. For clarity, age ranges are indicated in tables and figures.
In Thailand, injuries accounted for 34.4% of all deaths among 1-14 year old children during 1999\(^4\) and were the leading cause of child mortality in a 2003 survey\(^5\). The injury 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), which is a warning sign for other countries in the Region.

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

<table>
<thead>
<tr>
<th>Disease/Condition</th>
<th>Rate per 100,000 population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accidents (acc)</td>
<td>28%</td>
</tr>
<tr>
<td>Inanimate force</td>
<td>16%</td>
</tr>
<tr>
<td>Heat/hot sub</td>
<td>5%</td>
</tr>
<tr>
<td>Drownings</td>
<td>2%</td>
</tr>
<tr>
<td>Assault</td>
<td>2%</td>
</tr>
<tr>
<td>Transport injuries</td>
<td>36%</td>
</tr>
<tr>
<td>Others</td>
<td>5%</td>
</tr>
</tbody>
</table>

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

- **Acc. falls 28%**
- **Inanimate force 16%**
- **Animate force 3%**
- **Drownings 2%**
- **Heat/hot sub. 5%**
- **Venomous animals and plants 3%**
- **Others 5%**
- **Assault 2%**


Note:

1. Death certificate, Bureau of Health Policy and Strategy, Ministry of Public Health, Thailand
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 old. In Sri Lanka, child injury was the fourth leading cause of death in children less than 5 years old in 2003 and accounted for 17.3% of the total burden of injuries in 2007. 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 morbidity.

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 injuries. 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 Regions. 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 decades*);
- 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;

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7 Gururaj G. Injuries in India: A national perspective. NCMH background papers – Burden of Disease in India. New Delhi, India. 2005.
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 Region\textsuperscript{10};
• the nature of the problem is different from high-income countries; hence more specific research is needed to identify specific prevention efforts; and

**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.

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

\textsuperscript{10} National Injury Surveillance, MoPH, Thailand 2003-2005 data.