

Child Injury: A Silent Epidemic



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The problem

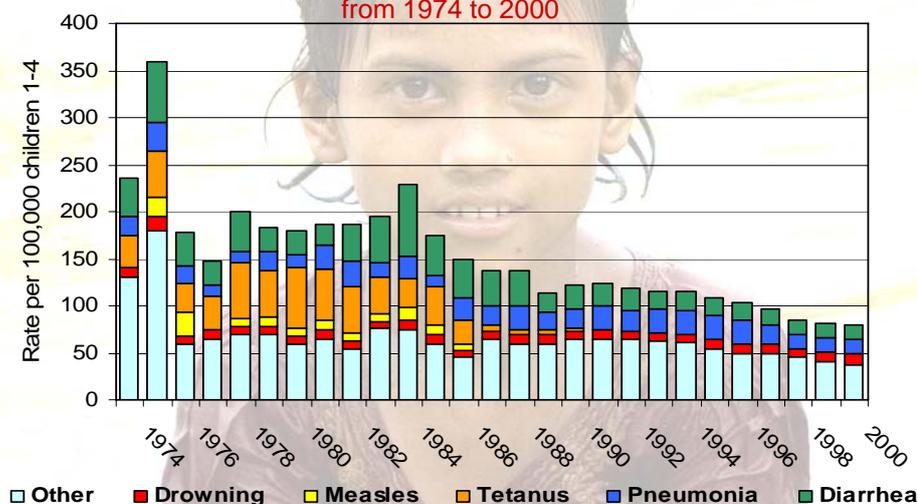
Injury has become the leading cause of death for children older than one, outstripping the previous leading childhood killers of infectious and chronic diseases in the four countries where The Alliance for Safe Children (TASC) and partners' household surveys have been extensive: Bangladesh, Thailand, Viet Nam and in China, the capital Beijing and the province of Jiangxi. In these areas alone, nearly 200 children die from injury every day. Yet, injury is rarely included, let alone at the forefront, of child health programs.

One child drowns every 15 minutes in Asia, many swimming unsupervised like this girl (above). Yet this staggering statistic is rarely present in national health surveys. Drowning, like other injury deaths, is hidden because of the very speed at which it kills — there is no time for hospitalization.

Not new, but hidden

Part of the reason injury has not been addressed is that it is a hidden, silent killer. While in some cases injuries have increased with the advent of new injury hazards, such as the rapid motorization of developing countries, other leading killers, such as drowning, have always been present. It is the global success in reducing deaths from infections and non-communicable diseases that has made the injury problem more pronounced. The graph below shows the drowning rates have remained steady in the community laboratory of Matlab, Bangladesh, for the past 25 years, while other infectious and non-communicable causes have decreased. Drowning now accounts for a greater proportion of child deaths. It is not a new phenomenon, just newly recognized.

Rates and causes of death for children aged 1-4 in Matlab, Bangladesh, from 1974 to 2000



Victims of success

As the graph above indicates, there have been huge successes in the past 30 years in reducing childhood deaths from the traditional “six killers” of childhood: pneumonia, tuberculosis, diarrheal diseases, malaria, measles and polio. While these are still major killers for children under five and must continue to be part of the focus for health programs targeting these children, injury prevention should become part of the package.

Injury prevention is effective, simple and cheap. Injury programs can complement existing initiatives and should become as central to child survival programs as fighting infectious diseases and nutritional deficiencies. The time to act is now: if injury prevention were implemented on a broad scale across Asia, it would save the lives of hundreds of thousands of children every year.

Child injury's silent epidemic: under-reporting



In developing countries child deaths are not counted one-by-one as they occur. Instead, they are estimated from the number of deaths that are reported by hospitals and clinics. This requires that all child deaths have to be reported or occur in a clinic or hospital. In reality, this rarely happens.

Nature of Injury

Often injuries strike too quickly for children to make it to a doctor or hospital. Injury deaths occur in minutes, if not seconds, especially for drowning, suffocation or electrocution. In the Thai National Injury Survey no immediately fatal drowning deaths were reported to a hospital. This accounted for nearly three out of four (70%) of all drownings, meaning some 2,000 drownings were missed in hospital reporting. From the families' perspective, it's easy to understand why. The drowned child might have been missing for some time before the body was found and, particularly in rural areas, the trip to the hospital could take an hour or more. There is nothing the hospital can do for the child, or for the family, so they begin their grieving rituals and bury or cremate their child.

In contrast, deaths from infections or disease occur over days or weeks and often children will receive treatment at some point of their illness. A large proportion of these infections and non-communicable diseases would be reported to a hospital or clinic, while injury goes under-reported.

Nature of Registration

Registration systems, such as birth, marriage or death certificates, are not yet universal in developing countries. So the family would see little need to report a death to a hospital. If they report it at all, it is usually to the village chief.

Nature of Reporting

Injury is also under-reported because many health statistics focus only on children under five, which means health issues for older children, such as injury, are at risk of dropping off the reporting radar. Fatal and non-fatal injuries are a huge burden for children of school age and older.

However, infant deaths dominate the under five death statistics. Most infant deaths occur during their first month of life, mainly from birth related causes and congenital defects. After that first month, infants are highly susceptible to infectious diseases. It is not until after the infant's first birthday that injury becomes a real threat.

Nature of Dying

There are also cultural factors which prevent hospitals from reporting all deaths. In many developing countries, people prefer to die at home for cultural and financial reasons. In one study in Hanoi, Viet Nam, more than one out of three severely injured people were discharged but were expected to die at home. When the death statistics are collected, these die-at-home deaths and sudden injury deaths are missing from the overall picture and infectious deaths are again over-represented.

Limitations of household surveys

In several Asian countries, it has only been through The Alliance for Safe Children (TASC) and partners by going house-to-house in a national sample-sized survey that have investigators been able to discover the hundreds of thousands of injury deaths and millions of serious injuries. However, these household surveys are not the stand-alone solution to comprehensive reporting.

Many intentional injuries go unreported or are misrepresented in a self-report survey. For example, child suicides and homicides are often masked as accidental injuries or are simply not spoken about. There are many reasons for this: personal, cultural, social and even legal. However, even as gross underestimates, assault and suicide are still leading causes of death and injury for children, particularly for late adolescents and need to be addressed.