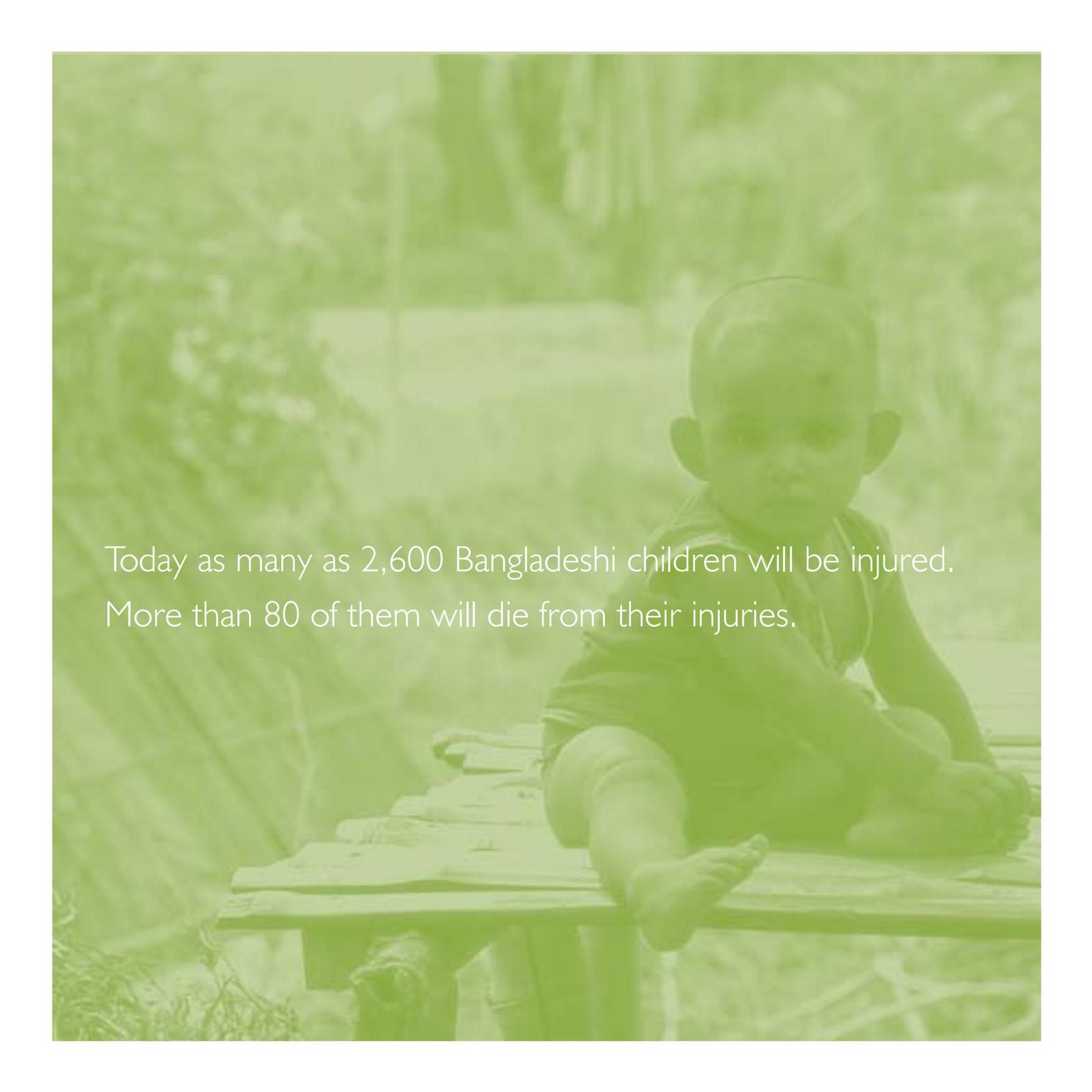
A photograph of a person standing on a wooden structure over water, carrying a basket on their head. The image is overlaid with a green tint. The person is standing on a horizontal wooden beam supported by vertical posts. In the background, there are more wooden structures and some trees.

Bangladesh Health and Injury Survey: Key Findings on Child Injuries

For every child
Health, Education, Equality, Protection
ADVANCE HUMANITY

unicef 

The Bangladesh Health and Injury Survey (BHIS) is a product of collaboration between the Institute of Child and Mother Health (ICMH), the Directorate General of Health Services (DGHS), The Alliance for Safe Children (TASC) and the United Nations Children's Fund (UNICEF).

A young child is sitting on a wooden plank in a rural setting. The child is wearing a dark, long-sleeved shirt and shorts. The background is a blurred outdoor area with some structures and vegetation. The entire image has a green tint. Overlaid on the left side of the image is white text.

Today as many as 2,600 Bangladeshi children will be injured.
More than 80 of them will die from their injuries.

“An epidemiological transition has occurred in Bangladesh. Preventing child injury is the challenge for today.”

Dr. Md. Abdur Rahman Khan, Director General of Health Services, DGHS, Bangladesh.

The truth about child injury in Bangladesh

The Bangladesh Health and Injury Survey (BHIS) has established conclusive evidence of a dramatically altered trend in child deaths in Bangladesh. The research shows that injury is now a leading killer of children over one year of age.*

Taken together, drownings, road traffic accidents, falls, burns, animal bites and other injuries killed more than 30,000 children in Bangladesh in 2002 – making 83 child deaths each day or about three per hour.

The survey findings prove that, while neonatal deaths and infectious diseases remain major concerns for child survival, child health programmes in Bangladesh cannot be considered complete without including injury prevention efforts.

The BHIS provides a road map for future action to promote an agenda of safety for children of all ages in Bangladesh. The response must begin without delay.

*The majority of total child deaths in Bangladesh are among children under the age of one year. In this age group, deaths from infections and non-communicable diseases still greatly outnumber injury deaths.



**My seven-year-old
grandson fell from a
bamboo bridge into
the canal and drowned.**



Injury is a leading child killer

Key Finding I

Among those who have not yet reached their first birthday, deaths from infection and non-communicable diseases still greatly outnumber injury deaths. But for children between the ages of one and four years, injuries now account for nearly one third of all deaths. Once children have reached the age of five, injuries are the leading cause of death.

Overall, injuries now account for no less than 38 per cent of all classifiable deaths among children aged between one and seventeen years. Yet these deaths go relatively unnoticed by programme managers and policy makers. Injury prevention and management remain almost non-existent as a result.

Figure 1: Proportion of total child deaths in each age group that are caused by non-communicable diseases (NCD), by infectious diseases and by injuries.



Our daughter was badly bitten by a dog. She died within two months.

■ Infections
■ NCD
■ Injury

Injury type: many ways to die

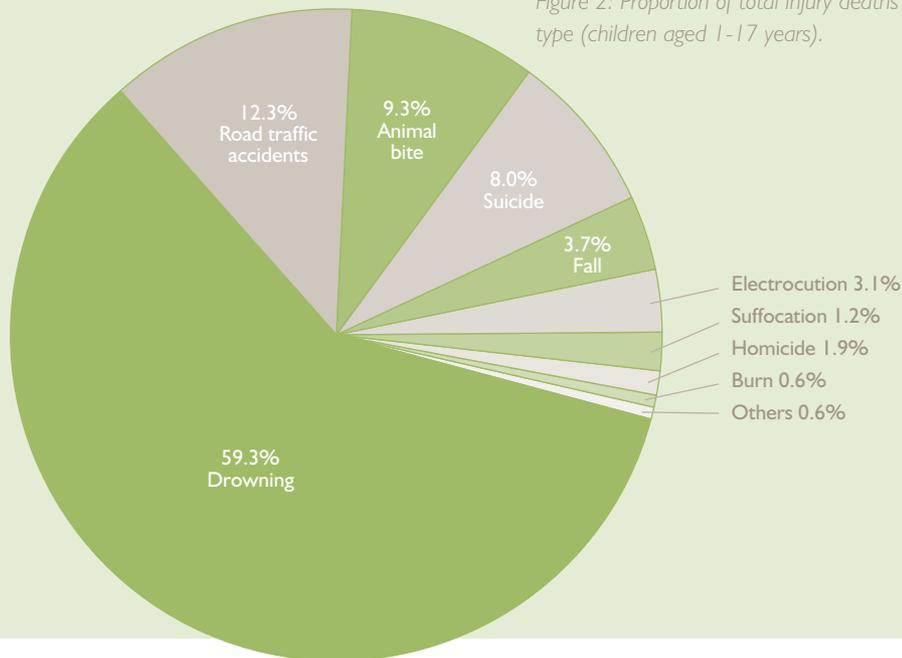
Key Finding 2

Injury deaths result from various causes.

The BHIS shows that drowning clearly dominates the overall spectrum of child injury deaths. In fact drowning is the single leading cause of death among one to seventeen year olds. More die by drowning than by any other type of injury or from any one of the non-injury-related killers such as pneumonia, malnutrition or diarrhoea.

Road traffic accidents represent a growing threat to children who are walking and cycling. The numbers are likely to rise over the coming decade as vehicle ownership increases and the roads become busier. Better road safety prevention measures must be introduced now – before it is too late.

Figure 2: Proportion of total injury deaths by each different injury type (children aged 1-17 years).

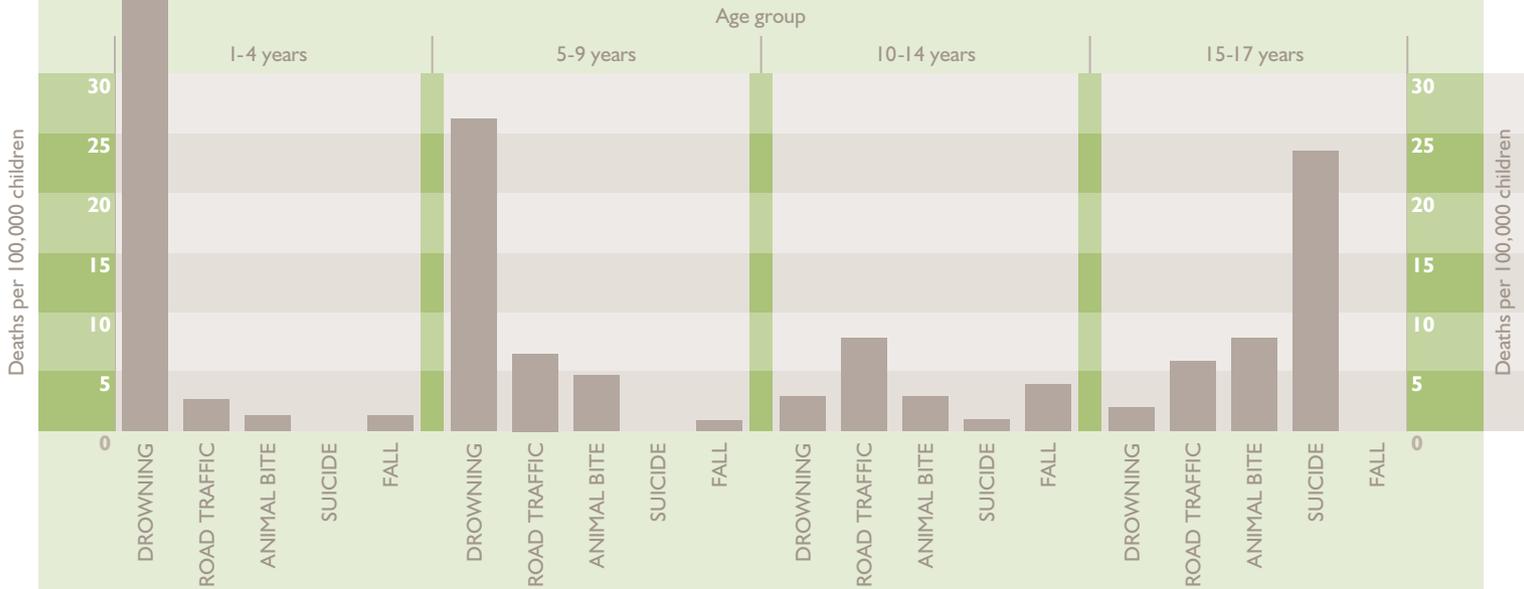


Different dangers at different ages

Key Finding 3

The survey findings highlight a significant variation in injury patterns at different stages of life. Between the ages of one and nine years, drowning presents by far the greatest danger although the rate declines after the age of five as children learn to swim. In early adolescence, road traffic accidents are the biggest killer. In late adolescence, the majority of injury-related deaths are by suicide.

Figure 3: Death rate in each age group from the five leading injury causes.



“Bangladesh is no longer the country where more children are killed from diarrhoeal diseases than any other cause. It is now a country where more children are killed by drowning.”

Ambassador Pete Peterson, President TASC.

Deaths are only part of the picture

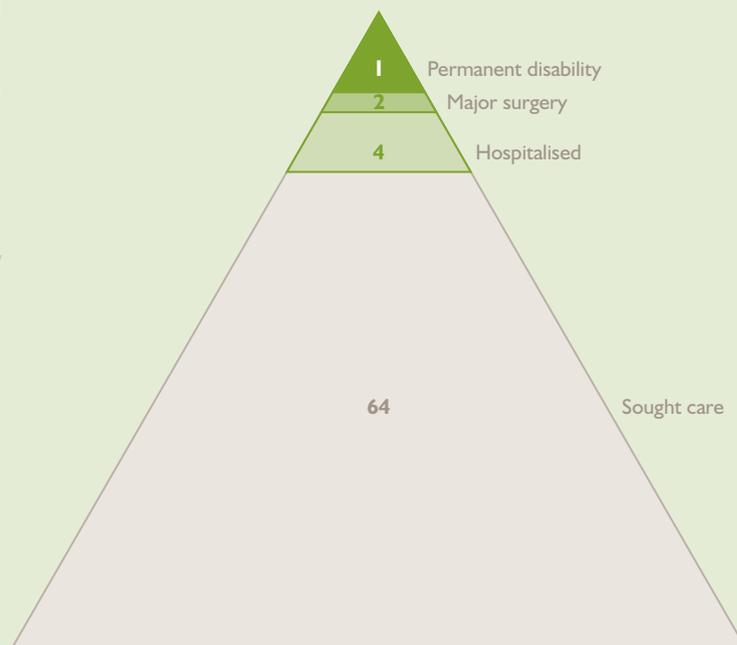
Key Finding 4

For every injured child who dies, many others live on with varying degrees and durations of disability and trauma. For each permanent disability, many more children are hospitalised, seek care, or miss work or school.



My five-year-old daughter was seriously burnt while trying to light a 'kupi' from the cooking stove.

Figure 4: Relative numbers of non-fatal injuries.



No progress on injury prevention in 20 years

Key Finding 5



I probed the water
with a stick and
found the dead body.
My grandchild had
drowned in the pond.

Source: ICDDR, B

Data from the community of Matlab reveal that injury deaths are not a new phenomena. On the contrary, in Matlab the rate of deaths specifically from drowning remained fairly constant between 1983 and 2000. But drownings rose as a proportion of overall deaths among children between one and four years old – from less than five per cent in 1983 to more than half in the year 2000.

Matlab is an area of Bangladesh that has been actively monitoring child deaths over many years through a community-based demographic surveillance system. The trend from this community sheds light on the transition that has occurred throughout the country. Three decades of intense efforts to prevent and treat common childhood diseases such as diarrhoea, acute respiratory infections and vaccine-preventable diseases have shown remarkable success in driving down mortality rates from these causes. But there has been no matching fall in death rates from drowning.

Figure 5: Deaths from drowning and other causes since the 1980s – an example from Matlab.



“It is time to begin developing injury prevention interventions as integral parts of health and development programmes. Child health programmes cannot any longer be considered complete without injury prevention at the core.”

Morten Giersing, Representative, UNICEF Bangladesh.

Prevention

For most injuries there are a range of possible strategies for prevention. Programmes to improve responsible supervision of toddlers, teach older children to swim and teach children the rules of road use are just some of these. Public education and awareness-raising are essential. Environmental modifications to create barriers between children and water bodies and road traffic are among the high priorities for saving lives. Technical innovations and legislative change to improve safety standards will also have a role to play. Improving understanding and skills on managing injury cases can cut the number of deaths and reduce disabilities.



My sister was killed by a passing car when she was eight years old. She was picking up pebbles from the roadside.



Recommendations

The analysis offered in the BHIS leads to some fundamental recommendations:

First, it is clear that child health programmes can no longer be considered complete without injury prevention efforts at the core.

Second, all children of all ages, and not just those under five, must be considered at risk of injury and targeted for prevention based interventions.

Third, the UN Convention on the Rights of the Child affords every child equal protection and it is time that the deaths of all children of all ages are counted. A new child mortality rate that includes children up to the age of seventeen, in addition to the commonly used under-five mortality rate (U5MR), should be included as a standard indicator for child survival programmes.



The Bangladesh Health and Injury Survey (BHIS), conducted in 2003, is the largest injury survey ever conducted at the community level in a developing country. 171,366 households were included representing 819,429 infants, children and adults. In addition to the quantitative survey, the BHIS also conducted a qualitative study to capture the cultural and behavioural factors related to the perception of risk, prevention and practices related to injuries.

The BHIS is available at: www.unicef.org/bangladesh

UNICEF Bangladesh can provide a copy of the report and the CD-ROM copy on request.

Contact details:

UNICEF Bangladesh
BSL Office Complex,
1 Minto Road,
Dhaka 1000
BANGLADESH
t. +8802 933 6701-10
f. +8802 933 5641-42

Further information:

Contact: Kirsty McIvor
Communication Officer
UNICEF Bangladesh
t. +8802 933 6701 ext 209
f. +880173043478
e. kmcivor@unicef.org

The Bangladesh Health and Injury Survey (BHIS), conducted in 2003, is the first and most comprehensive effort ever made to gather accurate data on the burden of injury throughout Bangladesh. The research provides a road map for the development of an agenda of safety for children of all ages in Bangladesh.

