Background

Globally, injuries are among the leading causes of death and disease burden in children. The proportion of deaths in children due to unintentional injuries is significantly higher in the WHO’s South East Asia region.

Methods

Epidemiological studies on child unintentional injuries from the South East Asia region countries, published between 2000-2009 were reviewed:
- Database search – Medline, Embase, CINAHL
- Internet search – Google and other websites
- Inclusion and exclusion criteria
- Data extraction
- Narrative synthesis of results

Inclusion Criteria

- All or any types of unintentional injuries
- Community-based, school-based, hospital-based studies
- Subjects of age 0-17 years
- All 11 WHO South East Asian countries
- Primary studies/original articles
- Published from 1/2000 to 12/2009

Search Strategy

Database search (Medline, Embase, CINAHL)
- Relevant titles and abstracts identified (207)
- Studies assessed for inclusion and exclusion criteria (218)
- 90 Finally included in the review (community based 30; hospital based 60)

Results: Hospital-based

Almost all of the hospital-based studies reported proportions but community-based studies reported incidence rates as well as proportions of injuries.

- All injuries - 7% (Sri Lanka) to 39% (Nepal)
  13% (India) to 32% (Bangladesh) – Fatal
- Animal/dog-bite - 5% (India) to 20% (Thailand)
- Burns - 10% (India) to 68% (Bangladesh)
  11% to 22% (within India) – Fatal
- Drowning - 11% to 25% (within India)
- Poisoning - 5% (Bangladesh) to 51% (Nepal)
- RTIs - 8% (India) to 38% (Thailand)
  16% to 52% (within India) – Fatal
- Snakebites - 22% (Sri Lanka) to 50% (Nepal)

Results: Community-based

Reported incidence rates (per 100,000)
- All injuries - 1,400 (Thailand) to 34,189 (India)
- Burn - 288/100,000 (Bangladesh)
- RTIs – 15,600 – 30,100 (India)
- Domestic injuries – 1,200 to minor injuries 25,000 (India)

Conclusions

- 6 out of total 11 South East Asian countries have no published studies
- Great variations are found in injuries between countries
- Rates of injury are much higher from community based studies compared with hospital based studies
- Different definitions for major/minor injuries, age groups, different injury types used – therefore comparisons more difficult
- Hospital based studies show more homogeneity (i.e. similar settings), whereas community based studies reveal local differences
- Hospital based studies generally only provide descriptive statistics, with no further analysis
- Community based studies allow the true scale of problem to be revealed – showing both medically attended and self treated injuries.

Therefore a community-based study on child injuries has been planned to take place in Nepal from Nov 2010 – Feb 2011.

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