
Produced by the [IDS Health and Development Information](#) team in collaboration with [Eldis](#) and the [DFID Health Resource Centre](#)

Child injuries and violence

Health reporter, January 2009

Feature: [Child injuries and violence](#)

Recommended readings:

- [World report on violence against children](#)
- [World report on child injury prevention](#)
- [Child mortality and injury in Asia](#)
- [Violence against young children: a painful issue](#)
- [Born to high risk: violence against girls in Africa](#)

Latest additions:

- [Household coping strategies and illness in rural China](#)
- [A livelihoods perspective on the delivery of health care in resource-poor settings](#)
- [Recommendations to improve the role of research in policymaking processes](#)
- [Orphanhood and childhood mortality in Malawi](#)
- [WHO Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergencies](#)

[Announcements](#)

Feature: Child injuries and violence

Child injuries are an increasing public health problem worldwide. Children, from birth until 18 years, are highly susceptible to all types of injuries, millions of which occur each year. Children's development and behaviour, their smaller stature, sensitive skin and their cognitive abilities are just some of the factors which increase their vulnerability to accidents. Road traffic injuries, drowning, burns, falls, poisonings and violence all affect children, and as a result have a profound social and economic impact on their families and society.

Violence against children can take many forms and can take place in many different

environments: in the home and family, in the community, in the work place, in schools, or in the care and justice system. Children from every ethnic, cultural, social and economic background are affected by violence.

Nearly 950,000 children under the age of 18 are estimated to die worldwide each year from injuries and violence. Most of these deaths occur in the developing world and within vulnerable communities, such as poor communities, urban slums and rural villages. Many of these vulnerable communities lack access to good quality medical services, which contributes to the higher mortality rates due to child injury in these communities. Millions of children suffer injuries but do not die from them; unfortunately they are often left disabled or in need of care, sometimes for the rest of their lives.

The importance of taking action to prevent child injury is underlined by the fact that progress toward major investments in child health is being undermined by the high mortality rates due to child injuries and violence. Child injuries are preventable. But strategies for child injury prevention must not just be a reproduction of safety strategies relevant for adults. Evidence has shown that countries that have had the most success in reducing child injuries have used a broad range of approaches, have displayed political commitment and have encouraged a culture of safety.

One country that has made great progress in reducing child injury is Sweden. Their approach to preventing child injury included having good surveillance data; regulations and legislation to improve safety; education campaigns on safety issues; a commitment to research; and strong political commitment on safety issues. These factors have contributed to a 50 per cent reduction of child injuries in Sweden over 30 years.

In the approach to addressing the growing problems of both child injury and violence, prevention strategies are the key. Although there are many actions governments can take to address these issues, such as the development of a child injury prevention policy, involvement is needed from a range of groups, including international organisations, NGOs, the media and children themselves.

More information:

- Injury and violence, Eldis Health Resource Guide
www.eldis.org/go/topics/resource-guides/health/injury-and-violence
- Violence against children, Eldis Children and Young People Resource Guide
www.eldis.org/go/topics/resource-guides/children-and-young-people/violence-against-children
- Department of Violence and Injury Prevention (VIP), World Health Organization
www.eldis.org/go/topics/resource-guides/health/injury-and-violence&id=7565&type=Organisation
- International Society for the Prevention of Child Abuse and Neglect (ISPCAN)
www.eldis.org/go/topics/resource-guides/health/injury-and-violence&id=41663&type=Organisation

- The Alliance for Safe Children (TASC)
www.tasc-gcipf.org/

[Back to top](#)

Recommended readings

1. World report on violence against children

Authors: P.S. Pinheiro

Publisher: Child Rights Information Network, 2006

This book documents the findings and recommendations of the process of the United Nations Secretary-General's Study on Violence against Children. It describes the nature and extent of violence against children, the impacts of the violence, and contributing factors. The report also discusses practical examples of responses to each form of violence, highlighting good practice and key elements of effective programmes.

The book presents its findings in separate chapters addressing the following topics:

- international instruments and mechanisms applicable to violence against children
- violence in the home and family
- violence in schools and educational settings
- violence in care and justice institutions
- violence in places of work
- violence in the community.

Recommendations outlining the responses required of governments highlight that violence against children is preventable, that states bear primary responsibility for preventing and responding to violence, and that children should never receive less protection than adults. Among the overarching recommendations are that states should:

- develop national strategies and frameworks for implementation
- prioritise prevention
- promote non-violent values and awareness raising
- enhance the capacity of all who work with children
- provide recovery and integration services
- ensure the integration of children
- create accessible and child-friendly reporting systems and services.

Available online at: www.eldis.org/go/topics/resource-guides/health&id=24214&type=Document

[Back to top](#)

2. World report on child injury prevention

Author: M. Peden; K. Oyegbite; J. Ozanne-Smith; World Health Organization

Publisher: UNICEF East Asia and Pacific Regional Office, 2009

This report on child injury prevention brings together all that is currently known about the various types of child injuries and how to prevent them. At the same time, it recognises that there are major gaps in knowledge. The overall aims of the report are:

- to raise awareness about the magnitude, risk factors and impacts of child injuries globally
- to draw attention to the preventability of child injuries and present what is known about the effectiveness of intervention strategies
- to make recommendations that can be implemented by all countries to reduce child injuries effectively.

The report consists of seven main chapters. Chapter 1 places child injuries in the context of other health concerns and related global issues and discusses the fundamentals of child injury prevention. Chapters 2 through 6 examine the five major mechanisms of child injuries: road traffic injuries, drowning, burns, falls and poisonings. Each of these chapters reviews the epidemiology, the risk factors, the interventions and the effectiveness of interventions, and concludes with some important strategies to prevent or manage the particular type of injury. Chapter 7 draws together the common themes of earlier chapters. It also presents a set of broad recommendations that governments and others concerned should seriously consider implementing so as to begin reducing the burden of child injuries. These include:

- integrate child injury into a comprehensive approach to child health and development
- develop and implement a child injury prevention policy and a plan of action
- implement specific actions to prevent and control child injuries
- strengthen health systems to address child injuries
- enhance the quality and quantity of data for child injury prevention
- define priorities for research, and support research on the causes, consequences, costs and prevention of child injuries
- raise awareness of and target investments towards child injury prevention.

Available online at: www.eldis.org/go/topics/resource-guides/health&id=41668&type=Document

[Back to top](#)

3. Child mortality and injury in Asia

Publisher: UNICEF Innocenti Research Centre, 2007

This special Innocenti series on Child Injury, developed jointly by UNICEF and TASC,

presents recently acquired evidence from surveys in five Asian countries: Bangladesh, China, Philippines, Thailand and Viet Nam. The surveys are large in scale, similar to a census. In total over half a million households and nearly 2.5 million people were surveyed. The scale of the research provides an in-depth view of child mortality from all causes, as well as of morbidity from injury throughout all the years of childhood. The results show in detail the leading contribution made by injury to child death and disability, a fact that has been insufficiently recognised to date.

This document contains four working papers which present a comprehensive overview as well as an in-depth focus on the methodology, the detailed results and the policy and programmatic implications of the surveys that have been carried out on child injury in Asian countries. Papers are also presented on the association of poverty and injury, and on a community laboratory for developing effective injury interventions.

A brief summary of these interventions and overview of the papers includes:

- **child mortality and injury in Asia: an overview** - an introduction to child injury and the issues that underlie the new data, with a summary of results. The data show child injury to be far more prevalent than previously understood
- **survey methods** - an explanation of the methodology used for the surveys. It provides a detailed discussion of the methodology for readers with a technical background who desire more in-depth information on the surveys and how they differ from previous work
- **survey results and evidence** - detailed presentation of the results from the series of injury surveys, particularly for readers with specific country or category interests
- **policy and programme implications** - implications of the new findings are explored for child health programmes within the countries surveyed
- **the cost of injury and its association with poverty** - using economic methods introduced for the Jiangxi Survey in China, data are presented on the cost of injury and its association with poverty. These costs and associations have implications for the wider Asian region
- **a community laboratory for child injury prevention in Bangladesh** - an additional introduction to a new community laboratory in Bangladesh for child injury interventions. Covering over 170,000 rural and urban households, the initiative focuses on measurement of the efficacy of injury interventions and their cost-effectiveness.

Available online at: www.eldis.org/go/topics/resource-guides/health&id=40937&type=Document

[Back to top](#)

4. Violence against young children: a painful issue

Author: T. Moreno; J. Jan van Dongen

Publisher: Bernard van Leer Foundation, 2006

This edition of *Early Childhood Matters* examines initiatives to discourage parents, teachers and others from using violence against children and encourage more positive strategies.

The edition begins with an interview with Jaap Doek, the Chairperson of the UN Committee on the Rights of the Child. The following articles discuss initiatives from various developing countries:

- If smacking works, why are the prisons so full?: describes a community intervention initiative in a poor area of Brazil that aims to discourage parents from using violence, using group education focusing on critical reflection combined with community campaigns
- Addressing violence in schools through transforming their organisational culture: presents a project to encourage respectful relationships and discourage violent punishment in schools in Israel
- Protecting children from violence and abuse: describes the work of the Oak Foundation to support NGOs to prevent sexual abuse of children and to assist children who have been abused
- Bulgaria: Big Brothers Big Sisters: presents the key elements of a project aimed at preventing violent behaviour among children living in institutions
- Ethiopia: the love for children organization: describes a pilot programme that aims to build resilience and train former street children to communicate with vulnerable children about sexual abuse and the risks of living on the streets
- El Salvador: joining forces, opening spaces: documents the development of a range of initiatives, including the formation of mothers' circles, that emerged from the challenges faced in addressing impoverished single mothers' violent behaviour towards their children
- Kenya: making parents and teachers think about the effects of corporal punishment: presents the efforts to reduce violence through community awareness raising, and the provision of training in more positive discipline techniques
- Colombia: treatment and prevention for child victims of domestic violence: describes the psycho-social characteristics of child victims of domestic violence, and outlines a programme of therapy and support that addresses the children's problems primarily through art and play activities
- Jamaica: hope for children: describes efforts to reduce violence through workshops for parents
- Conflicts and togetherness in child daycare centres: deals with the ways in which children's behaviours can be influenced through interactions with other children in daycare, and describes strategies that staff can use to encourage non-violent socialisation between children.

The edition concludes with an annotated bibliography of relevant resources.

Available online at: www.eldis.org/go/topics/resource-

5. Born to high risk: violence against girls in Africa

Author: D. Mugawe; A. Powell

Publisher: African Child Policy Forum, 2005

This report aims to enrich work on violence against children in Africa and to provide a framework for action. It provides strong foundations for future action by exploring the concept of violence and identifying what makes African girls especially vulnerable to various forms of violence.

The report focuses on violence against girls specifically in the following areas:

- violence in the community
- trafficking and child labour
- girls in crisis situations.

Main recommendations from the report includes:

- girls must be legally protected from violence. Governments should draw up national policies to protect girls and give them free and fair access to legal redress
- education is fundamental to creating a non-violent society. Families, communities, national and international policy-makers, and those responsible for implementing policy at country-level can play an essential role in initiatives to raise awareness of the devastating impact of gender-based violence
- lessons must be drawn from the successes of practical programmes that provide assistance to girls who have experienced violence. These can provide valuable insights for implementing similar support mechanisms across Africa
- comprehensive information is needed if governments and civil society organisations are to implement informed, effective programmes to address gender-based violence
- policies and strategies will remain ineffective if resources are not allocated to implement initiatives to combat violence against girls
- increasingly, children are perpetrating violence against children. And so it is vital to involve children as part of any solution to address violence against girls.

Available online at: www.eldis.org/go/topics/resource-guides/health&id=23143&type=Document

Latest additions from the Health resource guide

1. Household coping strategies and illness in rural China

Authors: S. Ding; Y. Chen; L. Feng

Publisher: Prince Leopold Institute of Tropical Medicine, Antwerp, 2008

This paper reviews literature on the prevalence of illness and household coping strategies in rural China, and determines the questions needed to be answered through further research.

Existing studies provide evidence that ill-health risks has become more complex in rural China. Due to tremendous socioeconomic changes chronic non-communicable illnesses have become a leading cause of death. While morbidity from infectious chronic diseases has declined, morbidity from non-communicable chronic illness has been increasing. Evidence is provided that serious illness has a great impact on household income generation, consumption expenditure, human capital accumulation, and livelihood strategies and outcomes.

Households with low-income are more exposed to the risks of ill-health, often forming a vicious cycle in which the illness leads to lower income, which in turn reduces the coping strategies available. Researchers have found evidence of households in rural areas adopting various methods of prevention, mitigation and coping strategies in response to health risk. These strategies are dependent on household composition and economic status.

Investigated literature includes the following topics:

- prevalence of illness in rural china which includes the study of the two-week morbidity, morbidity from chronic illness and the prevalence of selected serious illnesses like TB and HIV/AIDS
- economic risks of ill-health and household coping strategies which includes the study of impact of ill-health on household livelihoods, income and consumption expenditure, investment and human capital and household ex ante and ex post coping strategies.

Besides this, further research on certain topics is recommended. More research on patterns of illness prevalence for both previously common illnesses and increasingly widespread illnesses (such as non-communicable chronic illnesses) is needed. There is also a need to further investigate the characteristics of households with different types of illness, to understand the socio-economic factors determining household healthcare seeking behaviour and the impact of serious illness on household livelihoods. More empirical studies on household ill-health risk coping strategies deserve high research priority. Studies using both quantitative and qualitative methods to investigate the impact of informal and institutionalised solutions to overcome the huge problems of the poor in accessing quality health care are needed. These would assist the early identification of

vulnerable households and the design of appropriate policy interventions.

Available online at: www.eldis.org/go/topics/resource-guides/health&id=41587&type=Document

[Back to top](#)

2. A livelihoods perspective on the delivery of health care in resource-poor settings

Authors: B. Obrist; N. Iteba; C. Lengeler

Publisher: Public Library of Science Medicine, 2007

This paper highlights the increasing need for providing high quality goods and service delivery in health care in resource-poor settings, especially in Africa. It further suggests additional efforts for equitable health care access and provision of basic livelihood assets required to initiate treatment seeking. These suggestions are presented through an interdisciplinary framework to provide a comprehensive and structured analysis of access to health care in resource-poor settings by identifying key entry points and targeted actions for health and poverty alleviation in horizontal community-based approaches.

This framework known as the Health Access Livelihood Framework has been designed in the frame of ACCESS Programme which was developed in the context of malaria treatment in rural Tanzania. This framework combines health services and health-seeking approaches and situates access to health care in the broader context of livelihood insecurity. 'Health-seeking' studies focus on people, 'health service' studies concentrate on factors influencing access to health care and 'livelihood approaches' emphasise assets and activities needed to gain and sustain a living under a condition of economic hardship.

The Health Access Livelihood Framework can be summarised as follows. Once people recognise an illness and decide to initiate treatment, access becomes a critical issue. Five dimensions of access influence the course of the health-seeking process: availability, accessibility, affordability, adequacy, and acceptability. What degree of access is reached along the five dimensions depends on the interplay between:

- the health care services and the broader policies, institutions, organisations, and processes that govern the services, and
- the livelihood assets people can mobilise in particular vulnerability contexts.

However, improved access and health care utilisation has to be combined with high quality of care to reach positive outcomes. The outcomes can be measured in terms of health status (as evaluated by patients or by experts), patient satisfaction, and equity.

Available online at: www.eldis.org/go/topics/resource-guides/health&id=41570&type=Document

3. Recommendations to improve the role of research in policymaking processes

Authors: Towards 4+5 Research Programme Consortium

Publisher: Towards 4+5 Research Programme Consortium, 2008

This briefing paper, by the Towards 4+5 Research Programme Consortium, focuses on the Evidence-Based Policymaking (EBPM) movement which currently dominates public health research, policy and practice. It finds that EBPM has been successful in raising awareness about the importance of research for policy. However powerful international decision-makers, researchers and donors continue to play a central role in shaping how research is developed and used, both internationally and nationally.

The briefing paper highlights some factors that constrain the effective use of research in policy in maternal and neonatal health. These include:

- the influence of powerful international actors on national policies
- a preference for experimental research methods which limits research conducted on complex health systems issues
- conflicting attitudes within countries concerning research agendas and the capacity of local researchers.

The paper concludes that to increase the effectiveness of EBPM, it is important to build the capacity of national level stakeholders to develop and use diverse forms of research from multiple disciplines in an effort to respond more effectively to local problem solving.

Available online at: www.eldis.org/go/topics/resource-guides/health&id=41566&type=Document

4. Orphanhood and childhood mortality in Malawi

Authors: M. Ueyama

Publisher: International Food Policy Research Institute, 2008

More than 30 percent of school-aged children have lost at least one parent in Malawi. Lack of investments in human capital and adverse conditions during childhood are often associated with lower living standards in the future. Therefore, if orphans face an increased risk of poverty, exploitation, malnutrition, and poorer access to health care and schooling, early intervention is critical so as to avoid the potential poverty trap. Using household panel data from Malawi, this paper investigates the impacts of orphanhood/parental death on children's mortality risks, migration behaviors, and

schooling outcomes.

The study finds the following:

- maternal and double orphans are more likely to face higher mortality risks and they tend to move out from original households
- maternal and double orphans are more likely to have lower schooling outcomes than other children however, being paternalorphans has no significant and negative impacts on schooling outcomes
- investments in human capital are more affected by maternal death - being a paternal orphan seems not to have a significant impact on human capital investments and mobility decision.

The authors conclude that the magnitude of impacts of maternal and double orphanhood on schooling outcomes differs by characteristics of the children. First, older children losing their mothers are more likely to face negative impacts on school enrollment. This result suggests that the school enrollment decision of younger children is less likely to be affected by orphan status because of the introduction of a universal primary education policy in 1994. [Adapted from author]

Available online at: www.eldis.org/go/topics/resource-guides/health&id=41564&type=Document

[Back to top](#)

5. WHO Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergencies

Publisher: World Health Organization, 2008

Sexual violence in emergencies is a complex, sensitive, and dangerous problem. Increasingly, humanitarian and human rights actors, researchers, donors, governments, civil society, and others are supporting or engaging in activities to collect information about sexual violence. This information is sought to inform prevention and response efforts as well as advocacy. Regardless of the purpose of the inquiry, there are many serious ethical and safety issues that must be addressed when collecting and documenting information about sexual violence in emergency and humanitarian settings. The recommendations in this document are directed towards anyone involved in planning, conducting, approving or supporting information collection on sexual violence in humanitarian settings. They are offered to inform the process of ensuring that the exercise is justified, conducted in a safe and ethical manner, and that data are used appropriately.

The recommendations are:

- the benefits to respondents or communities of documenting sexual violence must be greater than the risks to respondents and communities

- information gathering and documentation must be done in a manner that presents the least risk to respondents, is methodologically sound, and builds on current experience and good practice
- basic care and support for survivors/victims must be available locally before commencing any activity that may involve individuals disclosing information about their experiences of sexual violence
- the safety and security of all those involved in information gathering about sexual violence is of paramount concern and in emergency settings in particular should be continuously monitored
- the confidentiality of individuals who provide information about sexual violence must be protected at all times
- anyone providing information about sexual violence must give informed consent before participating in the data gathering activity
- all members of the data collection team must be carefully selected and receive relevant and sufficient specialized training and ongoing support
- additional safeguards must be put into place if children (i.e. those under 18 years) are to be the subject of information gathering.

Available online at: www.eldis.org/go/topics/resource-guides/health&id=41482&type=Document

[Back to top](#)

Announcements

1. Conference: EPFL Latsis Symposium 2009, "Understanding Violence" - Recent advances in biology, sociology and modeling

Dates: 11-13 February 2009

Location: EPFL, Lausanne, Switzerland

This symposium, organised by the Ecole Polytechnique Federale de Lausanne (EPFL), will present discussions on major recent advances in biological (genetic risk factors; stress; hormonal alterations; neuroimaging data on brain function alterations), psycho-sociological (hierarchical relationships and population health; elements of the micro-context; developmental trajectories) and modeling approaches (virtual reality and emotions; computational models on the development of hierarchical societies). The event aims to foster actual interactions between these fields.

More information: www.eldis.org/go/topics/resource-guides/health/health-events-and-announcements&id=41524&type=Item

2. Conference: Unite for Sight 6th Annual Global Health Conference, "Achieving Global Goals Through Innovation"

Dates: 18-19 April 2009

Location: Yale University, New Haven, Connecticut, USA

The theme of the Unite for Sight's Annual Global Health Conference in 2009 will be "Achieving Global Goals Through Innovation". The conference aims to challenge students, professionals, educators, doctors, scientists, lawyers, universities, corporations, nonprofits, and others, to develop innovative solutions to achieve global goals.

Who should attend? Anyone interested in international health, public health, international development, medicine, nonprofits, eye care, philanthropy, microfinance, social entrepreneurship, bioethics, economics, anthropology, health policy, advocacy, environmental health, service-learning, medical education, and public service.

More information: www.eldis.org/go/topics/resource-guides/health/health-events-and-announcements&id=41165&type=Item

See the complete list of announcements at: www.eldis.org/go/topics/resource-guides/health/health-events-and-announcements

[Back to top](#)

The Health Reporter is produced by the IDS Health and Development Information team in collaboration with the DFID Health Resource Centre (HRC) and Eldis.

The IDS Health and Development Information team promotes health and equity in developing countries through the provision of high quality, accessible information to policymakers and practitioners. IDS Health and Development Information currently has three flagship products:

- Health Resource Guide - <http://www.eldis.org/health/index.htm>
- Health Systems Resource Guide - <http://www.eldis.org/healthsystems/index.htm>
- HIV and AIDS Resource Guide - <http://www.eldis.org/go/topics/resource-guides/hiv-and-aids>

The HRC provides access to technical assistance and information for the Department for International Development (DFID UK), and its partners, in support of pro-poor health policies as well as health systems, service delivery and public health topics and programmes.

Eldis is funded by DFID, Sida, SDC and NORAD, and hosted by the Institute of Development Studies, Sussex, UK.

The views expressed in this newsletter and on the Eldis website are the opinion of the authors and do not necessarily reflect the view of Eldis, IDS or its funders.

Eldis currently includes descriptions and links to over 4,500 organisations and over 22,000 full-text online documents covering development and environmental issues. It can be searched or browsed free over the Internet. Eldis is one of a family of Knowledge services at IDS - <http://www.ids.ac.uk/go/knowledge-services>

You are welcome to re-use material from this bulletin on your own website, provided that it is accompanied by an acknowledgement to Eldis and a link to the Eldis website (either to our home page or to the home page of one of our Resource Guides). An alternative way to add Eldis content to your website is by adding one of our [newsfeeds](#).

If you are unable to access any of these materials online and would like to receive a copy of a document as an email attachment, please contact our editor at the email address given below.

If you like the Health Reporter, you may also be interested in subscribing to the other Reporters produced by the IDS Health & Development Information Team:

- Health Systems Reporter - to subscribe, send an email to lyris@lyris.ids.ac.uk with "subscribe eldis-healthsystems FirstName LastName" in the body
- HIV and AIDS Reporter - to subscribe, send an email to lyris@lyris.ids.ac.uk with "subscribe eldis-hiv aids FirstName LastName" in the body

To unsubscribe please send a message to lyris@lyris.ids.ac.uk with the subject: unsubscribe Health Systems Reporter

Please forward this email bulletin to colleagues and networks who may be interested.

Contact details:

IDS Health Development Information Team
Institute of Development Studies, Sussex
Brighton BN1 9RE, UK

Email: hdi@ids.ac.uk
Tel: 44 1273 915 791
Fax: 44 1273 877 335

