

# CHILDHOOD INJURY PREVENTION IN MALAYSIA: MAKE IT SAFE FOR KIDS (MISK)

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Childhood injury is the second most common cause of death among children aged 1-4 years in Malaysia. Studies on pediatric injury in Malaysia are few. Data collected on head injury at the Emergency Department of Kuala Lumpur Hospital showed that over half of the incidence (54.6%) occurred at home, whereas one-third took place on roads (33.4%) (Rohana *et al*, 1998). Forty percent of injuries occurred when there was no adult supervision.

In the 1990s, Dr Zulkifli and Dr Krishnan, lead pediatricians in Malaysia, set up an initiative aiming to raise public awareness and empower parents on injury prevention and safety promotion. They gave many talks to the public and government officials on injury prevention. Eventually in 1997, they were approached by the Ministry of Health (MoH) to brainstorm and set up the injury prevention campaign in Malaysia. The year 1999 was designated by the MoH as 'Injury Prevention Year', a government website was established to give out information and keep a record of the related brochures produced throughout the year (Health Education Section, 2012). Home safety ideas, leaflets and information were downloadable from the website (Fig1). Another website shows a number of posters used in 1999 on injury prevention (Health Education Section, 1999). Play-

ground safety was also one of the priority areas at the time.

Road safety for children, particularly around the agenda of cycling, was emphasized. There was a leaflet on how to ensure safety while cycling and how to manage in the event of accident (Fig 2). Leaflets in Malay language were also translated into Chinese and English, and distributed to an area in Ipoh by a local community pediatrician, Dr Amar Singh, along with free bicycle helmets. This location was known to be high on the list of cycling injuries in Malaysia. Pedestrian fatalities were highest in the ages of 6-8 years. 'Wear Something Light to show up at Night' slogan was adopted, which was soon followed up by a number of brochures related to road safety and the responsibilities as pedestrian and as parents.

Despite the concerted effort on safety promotion, there were still cases of falls, particularly among toddlers. In 2004, private companies were asked to sponsor injury prevention program. Johnson and Johnson came on board with Malaysian Pediatric Association, in partnership with the Ministry of Transport and Ministry of Health. MISK as an abbreviation was used that stands for "Make It Safe for Kids". MISK booklet distribution and media tutorials were launched by the Malaysian Paediatric Association (MPA), which provided



Fig 1—Poster to raise awareness on home safety.

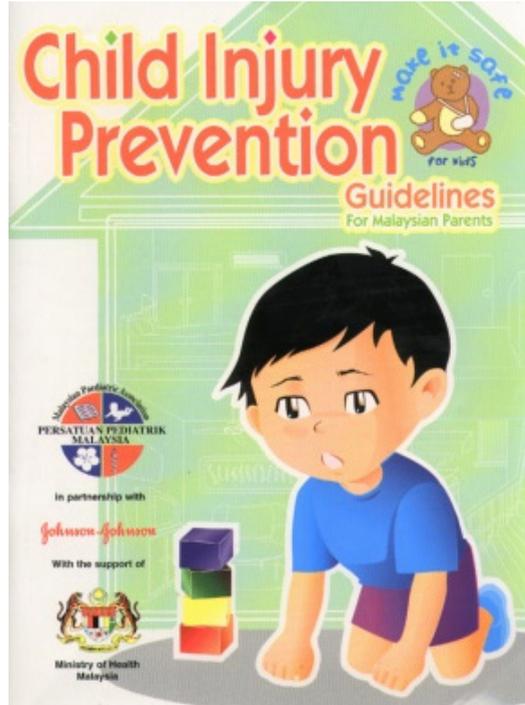


Fig 3—Child injury prevention guidelines for Malaysian parents.

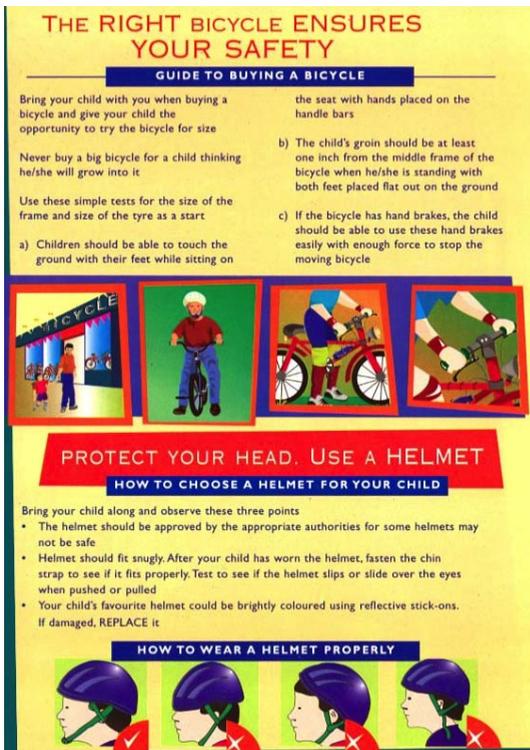


Fig 2—Road safety for the cyclist.

a 56-page booklet in English, Malay, and Chinese on Child Injury Prevention (Make It Safe for Kids, 2005) (Fig 3). The MISK launch was at a show house where the demonstration of safe and unsafe locations and items were shown to journalists.

Concurrently, Dr Zukifli ran a professionals-driven, multi-faceted, multi-organizational, Holistic Parent Education Initiative program. This project served as one of the focus areas of the Malaysian Pediatric Association, which was public education. Once every two weeks, there was a press article on a range of topics including immunization, nutrition, psychology, and injury prevention; while every three months, there was a publication distributed to the health clinics, and pediatric and maternity hospitals, ensuring that most if not all mothers

had access to the program. Face-to-face meetings with the public, fairs, and television interviews were popular with the audience, as well as another website (Positive Parenting Malaysia). There were meetings held two to three times a year to engage with parents nationwide.

Burns and scalds is another common childhood injury. At the Kuala Lumpur Hospital, there was a declining trend in the numbers of children hospitalized due to burns, from over 200 injuries per year a decade ago, down to about 100 cases per year. The most common age group was 1-3-years-old. The most common cause was contributing from hot water (83%), followed by fire/flame (13%). Moreover, there is good news in that the total burn surface area has declined over the years, three-quarters was less than 10% of body surface area.

The main lesson learned was that one person cannot conduct injury prevention. The Ministry of Health must be involved to achieve credibility. Pediatric Societies should give technical assistance. Media support is essential. Information and Communication Technology expertise is required to reach the public in an attractive and effective manner. Sponsors make up the key part.

The Ministry of Transport is being asked to consider putting in reverse cameras in all cars as children are being run over by parents' vehicles. Houses are becoming smaller and children therefore play outside the house. One also needs to isolate pedestrians away from moving traffic. Singapore has done a good job in implementing this separation. The Ministry of Housing ought to be consulted so that

plug points are installed out of children's reach.

Legislation needs to come through and the messages get to the public and those who make changes. All available media must be explored, including Facebook and YouTube. The effort should be continued and sustained as children at risk of injury are born every second. Wherever possible, the theme of injury prevention must be incorporated into all aspects of child health and parent education settings. Making sure that the public does not get bored is a challenge. How can the information be put across in a variety of ways and attractively? School curricula that have injury program are moving in the right direction. Persistence, commitment, and tenacity are the three key words when dealing with injury prevention issue, where interesting and often exciting exploration, and experimenting through a number of channels can occur. Information must eventually arrive at the parents and caregivers, of all ages, and also the children when they reach the age where they understand what is going on.

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