

Childhood home injuries are very common
 They constitute a considerable cause of morbidity among children
 Most households have a low safety profile for children
 No effective initiatives have yet been undertaken address them

Introduction

Childhood home injuries contribute to considerable morbidity among children. They include Falls, Poisoning, Fires/Burns, Suffocation, Foreign bodies, Drowning and others. This fact sheet covers the first five (drowning covered separately). Children are naturally curious and will explore any and all environments accessible to them. Unfortunately the average environment can be hazardous to children with the potential for falls, poisoning, burns or other injuries.

Size of the Problem & Risk Profile

- 8.2% (0.1 million) of children below 7 years experienced a home injury (NMHS 2011). The rate was highest for children aged 0-4 years (NHMS 1996).
- UNICEF & MOH Report commissioned in 2004 showed that the Vital Statistics Department recorded 721 child injury deaths (0-19 years) in 1998 that did not occur on the road.
- The table below shows recent data for major home injuries resulting in admissions to MOH hospitals.
- Falls constitute half of the admissions. A similar volume of children with poisoning, fires/burns and suffocation are admitted.

Table: Children admitted to MOH hospitals due to Home Injuries according to types of injury 2003-2007, Malaysia

Type of Home Injuries	Year				
	2003	2004	2005	2006	2007
Falls	12838	13061	13596	10048	9923
Poisoning	2005	2106	2190	2488	2455
Fires & Burns	3576	3854	3770	2623	2462
Suffocation	2316	2351	2520	1578	2549
Foreign body	1386	1415	1456	1693	1614
Total	22121	22787	23532	18430	19003

Source: HMIS Ministry of Health, Malaysia

- Falls are more common (M:F 2.3:1) in adolescent boys than girls.
- The bulk of poisoning occur in adolescent girls (M:F 1:4.1) and is intentional/suicidal.
- Fires/burns are twice as likely to occur in boys especially at 5-11 years.
- There is a sizable problem with suffocation and foreign bodies in young children under 5 years.

Table: Children admitted to MOH hospitals due to Home Injuries 2007 by types of injury, age & gender, Malaysia

Type of Home Injuries (2007)	Age	Boys	Girls	Total
Falls	0 to 4	322	243	565
	5 to 11	1754	1308	3062
	12 to 19	4368	1928	6296
	Total	6444	3479	9923
Poisoning	0 to 4	285	230	515
	5 to 11	73	65	138
	12 to 19	352	1450	1802
	Total	710	1745	2455
Fires & Burns	0 to 4	476	258	734
	5 to 11	718	420	1138
	12 to 19	407	183	590
	Total	1601	861	2462
Suffocation	0 to 4	562	416	978
	5 to 11	204	174	378
	12 to 19	332	861	1193
	Total	1098	1451	2549
Foreign body	0 to 4	439	494	933
	5 to 11	337	203	540
	12 to 19	86	55	141
	Total	862	752	1614

Source: HMIS Ministry of Health, Malaysia

Additional Information from local research

- A 3 month national wide survey of childhood injuries presenting to MOH facilities in 1996 showed 7,552 reported injures in children under 19 years requiring some treatment. Falls were the commonest (3321) followed by cutting/piercing (2100), burns (458), foreign bodies (452), poisoning (159). There were 36 electrocutions.
- A non-controlled community trial on poisoning safety in children was conducted in 300 randomly selected households in Kinta and Manjung Districts in Perak. Only 47% of Kinta and 21% of Manjung households were accidental poisoning safe for young children. This improved, and was sustained over 1 year, to 94% and 68% for Kinta and Manjung respectively after an intervention that used a "home safety practices audit" and a safety device.
- The Global Childhood Unintentional Injury Study, that Malaysia participated in, collected data from casualty attendances of children aged 0-12 years over a 4 month period in 2007. 50.4% were falls, 16.3% road injuries, 8.8% burns, 2.6% poisoning and 0.8% drowning. 46% of all injured children would suffer from some disability, often temporary.
- There is a small but significant ocular injury problem in selected regions due to fireworks or home injuries that requires attention.

What Works? (Source: World report on child injury prevention. Geneva, World Health Organization, 2008)

Proven effective approaches to reducing Falls

1. Identifying, replacing or modifying unsafe products. For example removing or redesigning nursery furniture such as cribs, changing mats, baby walkers and bunk beds.
2. Developing and enforcing standards for the design and maintenance of safe playgrounds, including installation of rubber or bark ground surfacing of sufficient depth, and the incorporation of safe heights for climbing structures and equipment such as slides.
3. Establishing & enforcing legislation requiring installation of window guards in buildings with more than one storey.
4. Developing and implementing multifaceted community programmes that use multiple educational strategies repeated in different forms and contexts as a means of fostering a culture of safety within communities.
5. Stand-alone educational campaigns do not work.

Proven effective approaches to reducing Poisoning

1. Removing the poisoning agent from the environment (e.g. removal of fuel sources such as bottled kerosene)
2. Replacing the poisoning agent with one of lower toxicity (e.g. replacing aspirin with paracetamol)
3. Legislation (and enforcement) of child-resistant packaging of necessary poisonous agents (e.g. medicines, household chemicals and other toxins)
4. Reducing toxicity of poisoning agents by packaging in non-lethal concentrations or doses.
5. Establishing a poison control centre to triage poisonings, dispensing accurate and timely advice to caregivers and health facilities, directing first aid where appropriate, and referring more severe poisonings to treatment at a health facility.

Proven effective approaches to reducing Fires & Burns

1. Establishing and enforcing legislation requiring the installation of working smoke alarms on all levels, including the sleeping areas, of homes.
2. Developing and enforcing standards for the design and provision of child-resistant lighters.
3. Establishing, operating and maintaining dedicated burn centres to attain better outcomes and less costly management.

Key Source for Malaysian Home Injury Data:

HMS Ministry of Health, Malaysia

Other Useful Local References:

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