

Burns Prevention in Soweto and Beyond

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WITS VIDA

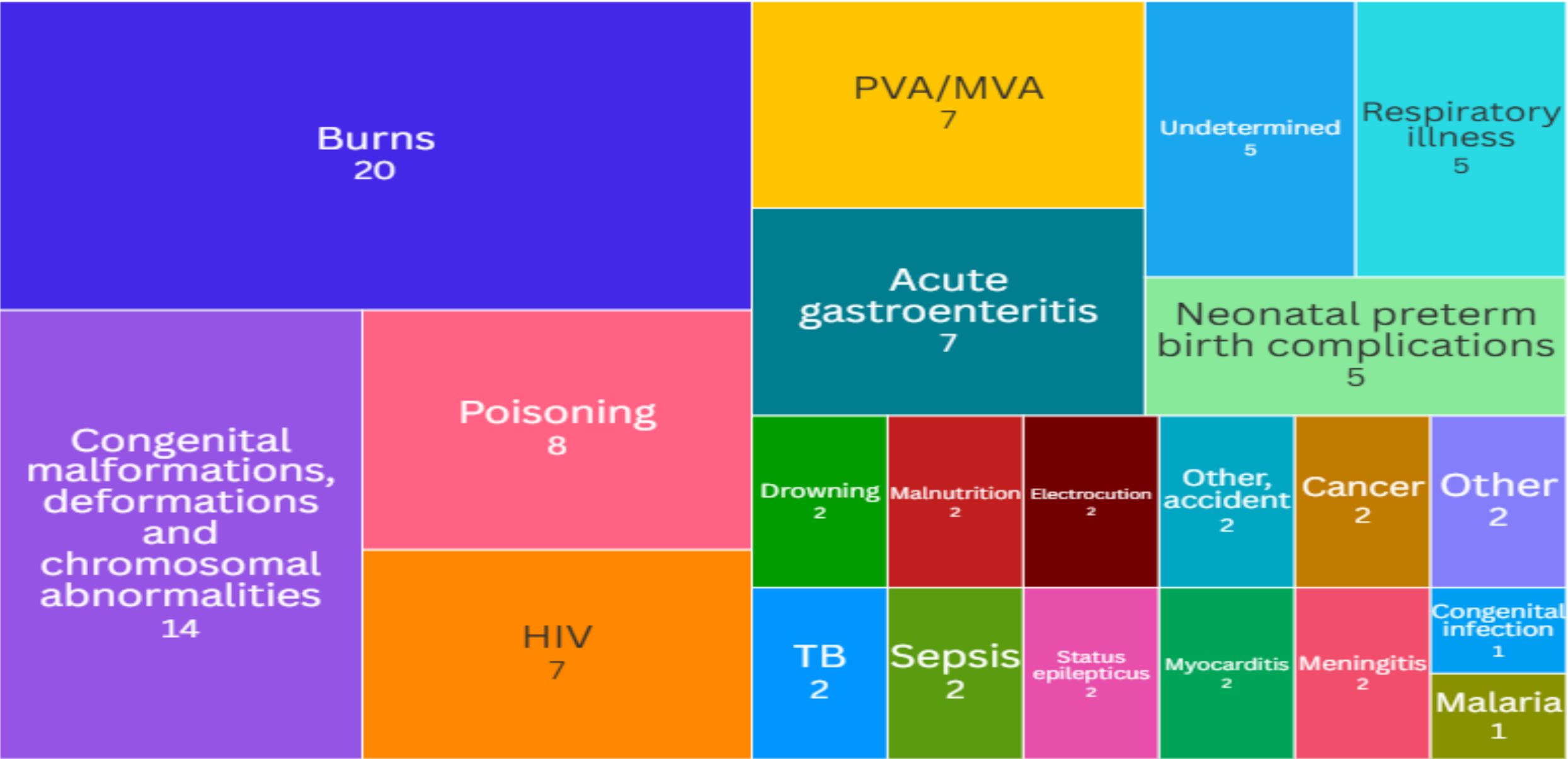
UNIVERSITY OF THE WITWATERSRAND
VACCINES AND INFECTIOUS DISEASES
ANALYTICS RESEARCH



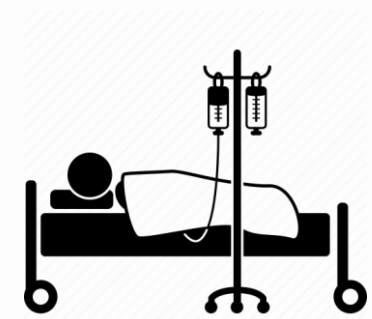
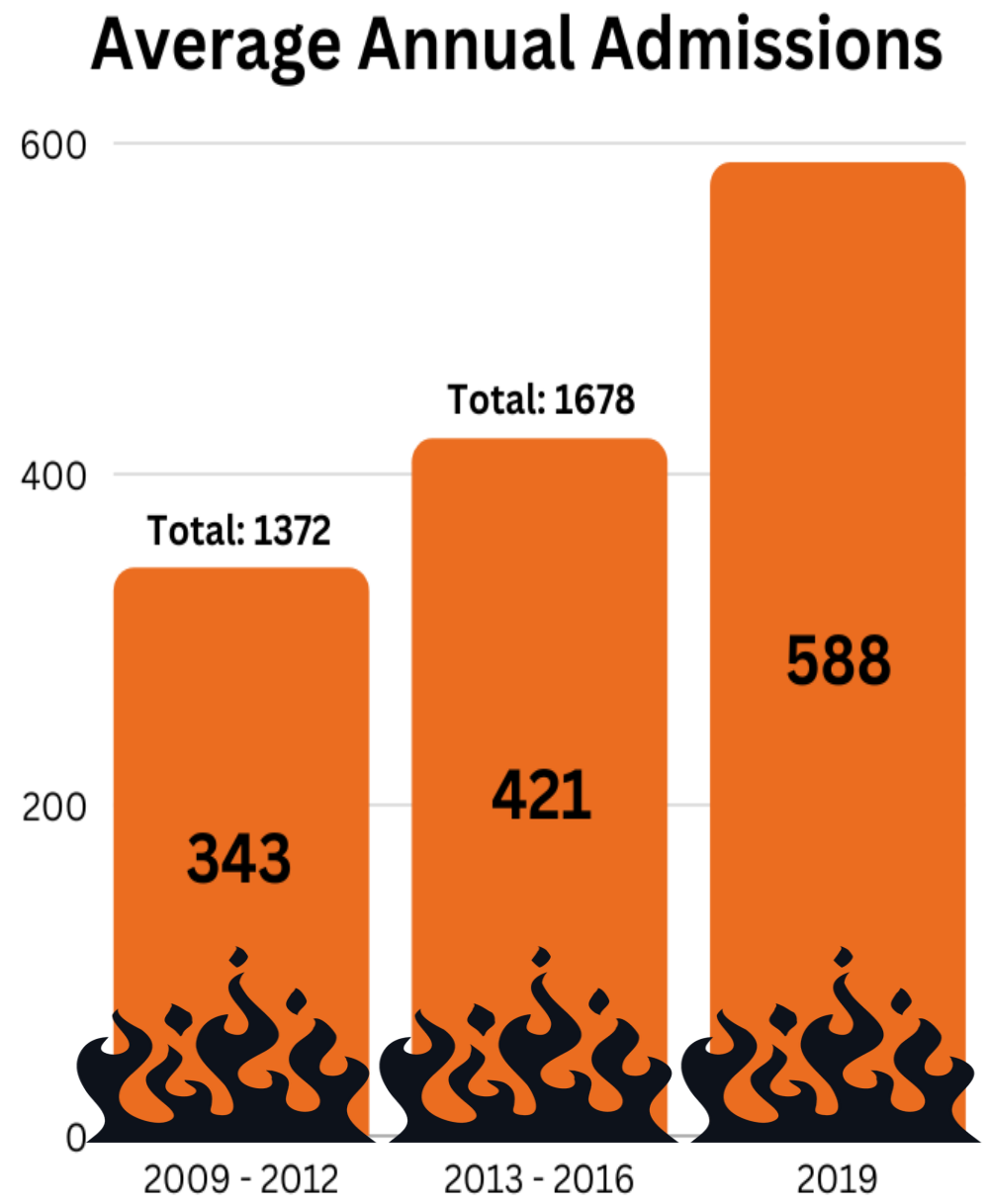
1300 annually

Underlying cause of death in children (12 to 59 months)

(Data is percentage of total underlying causes - %)



How Big is the Problem?

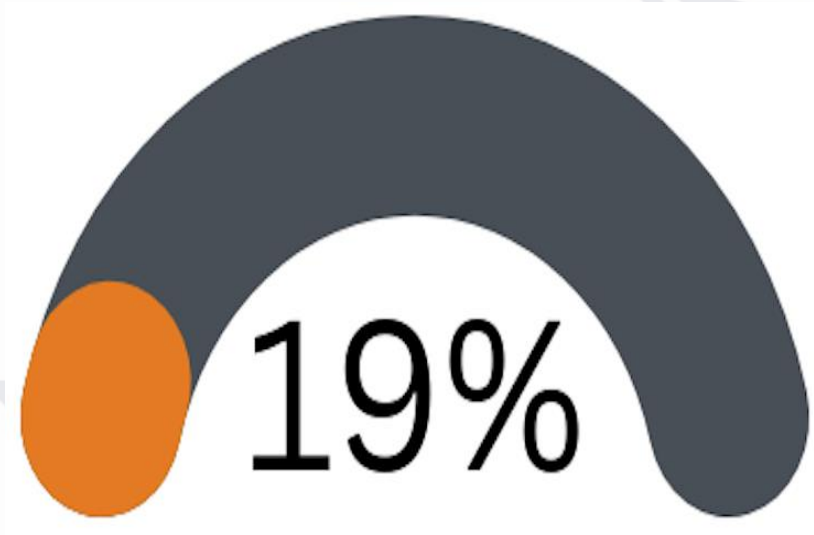


2019: 900 children treated for burns at CHBAH alone

Resource Diversion



Burns as a % of all surgical cases



Significant
resource
diversion away
from non
preventable
disease



PROBLEM



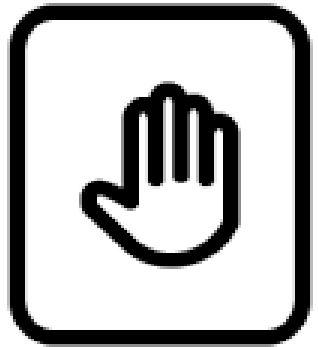
Common + Worsening



Expensive



Debilitating



Preventable



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Contributing Factors



Society

- I. Settlement trends
(Urbanisation)



Community

- I. Poverty
- II. Overcrowding
- III. Electrification



Household

- I. Spatial arrangement
- II. Construction
- III. Paraffin stove



Individual

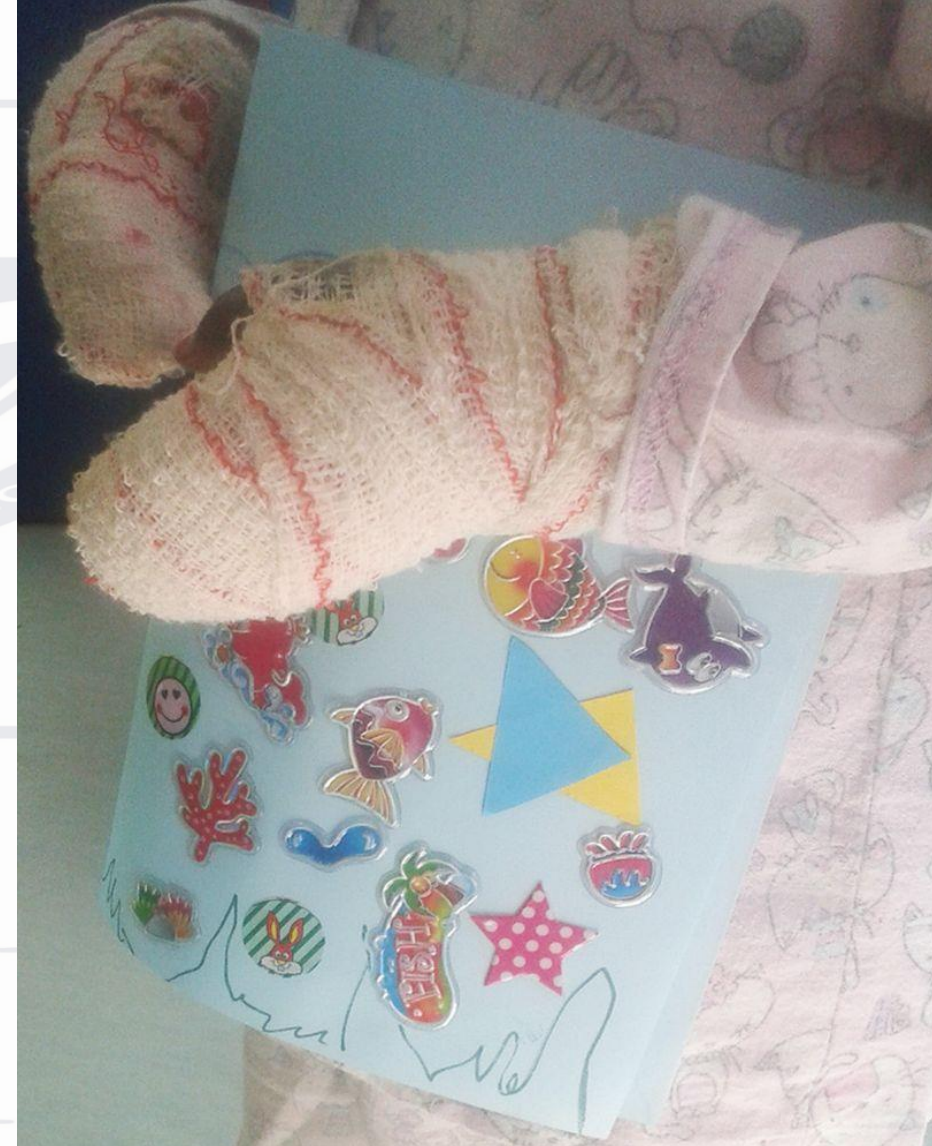
- I. Substance abuse
- II. Lack of knowledge/awareness



Education (individual, family, community)

Current Situation

- Paucity of organisations (NGO, Governmental)
- Focus on treatment and rehabilitation
- Schools miss target
- Gap
- Opportunity for prevention



INTERVENTION



The Important Numbers at Bara



Majority at home



Most burns during winter months



72% 3 years or younger



79% burns are HWB



38% **NO** first aid

25% **INCORRECT** first aid



40% are classified as severe

Burns Awareness Programme

Core Messaging



General Awareness

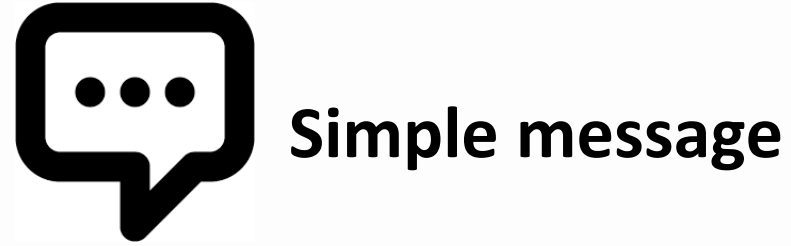


Risk Reduction

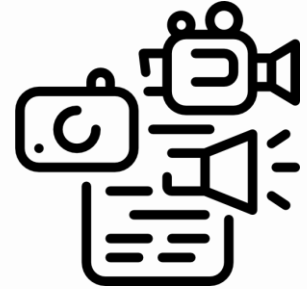


Action

How?



Simple message



Multimedia approach (pamphlet, animated video, radio, print media)



Local language



Repetitively



Behaviour change

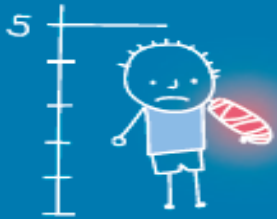


General Awareness



QAPHELA

Izingane ezingaphansi
kweminyaka emihlanu
zisengozini enkulu



Kungenzeka ekhaya
lapho kukhona umuntu,
nangesikhathi sokupheka,
lapho umgezisa ngisho
noma nidlala



Ukusha esikhathini
esiningi kubangelwa
amanzi ashisayo



Ukusha kubucayi.
Ukusha
kungavinjelwa



Asibanakekele ngathi
siyabazala, anti



Surgeons for little lives



CHAMPS


Child Health and
Mortality Prevention
Surveillance



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Burns Intervention

Methods




Knowledge
and
behavior



Community intervention

- 245 households + 50 control households
- Pre- and post-surveys (190 followed up)



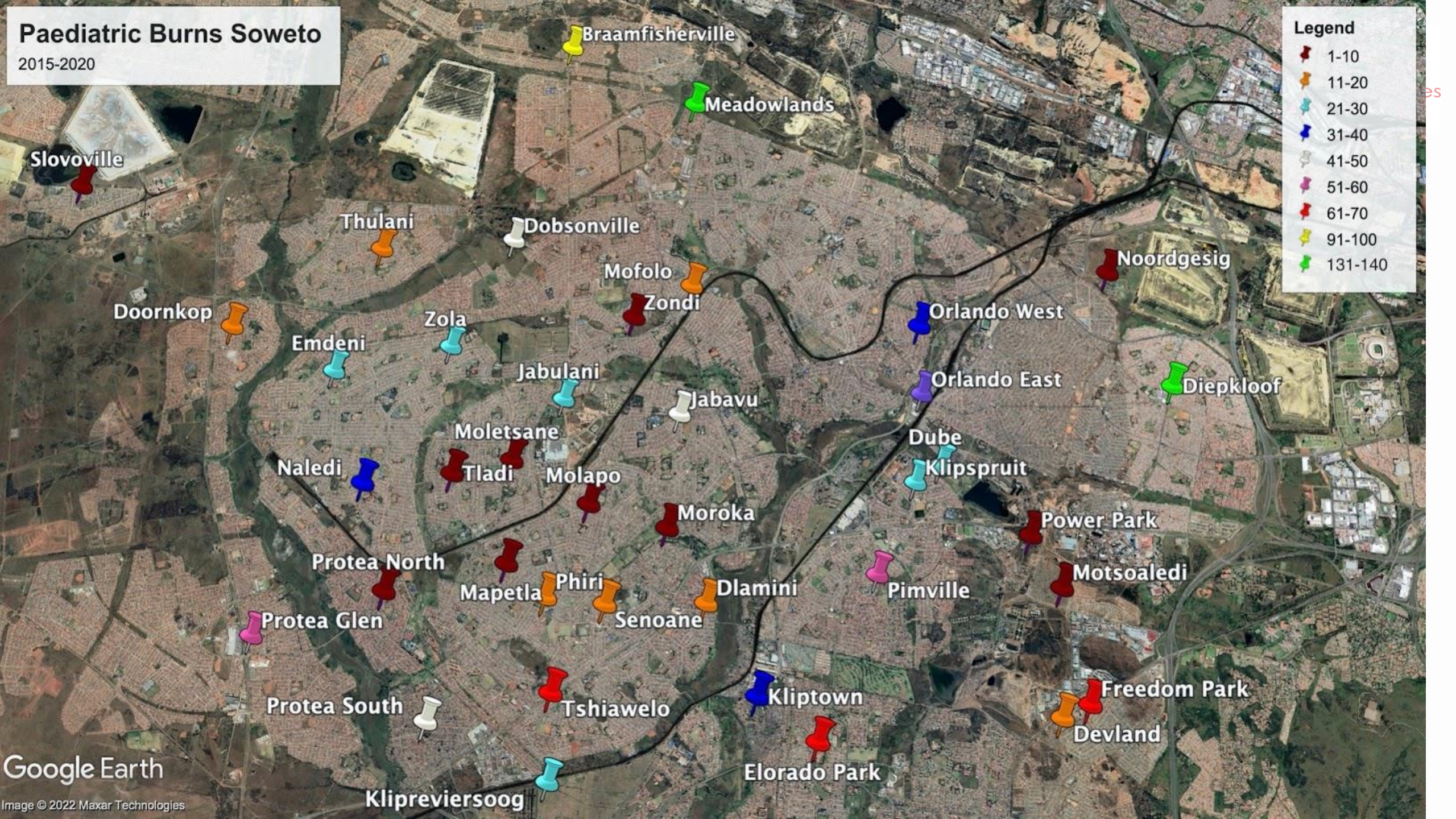
Knowledge
and
behavior
change

Paediatric Burns Soweto

2015-2020

Legend

	1-10
	11-20
	21-30
	31-40
	41-50
	51-60
	61-70
	91-100
	131-140



Results



Overcrowding (84%)



Electrification (98%)



Still boil water for bathing



31% previous burn



29% incorrect first aid



50% no child safe zone and children left unsupervised

Results – Post Intervention



Change in knowledge

29% - 64% identification of correct first aid



Behaviour change

29% - 56% performing the correct first aid



Safe practice in the home

~50% safe zone when cooking/boiling water

Holistic Prevention



Interventions by various actors at multiple different levels:



Urban planning



Legislation and enforcement of laws regarding household safety standards



Use of safe energy sources

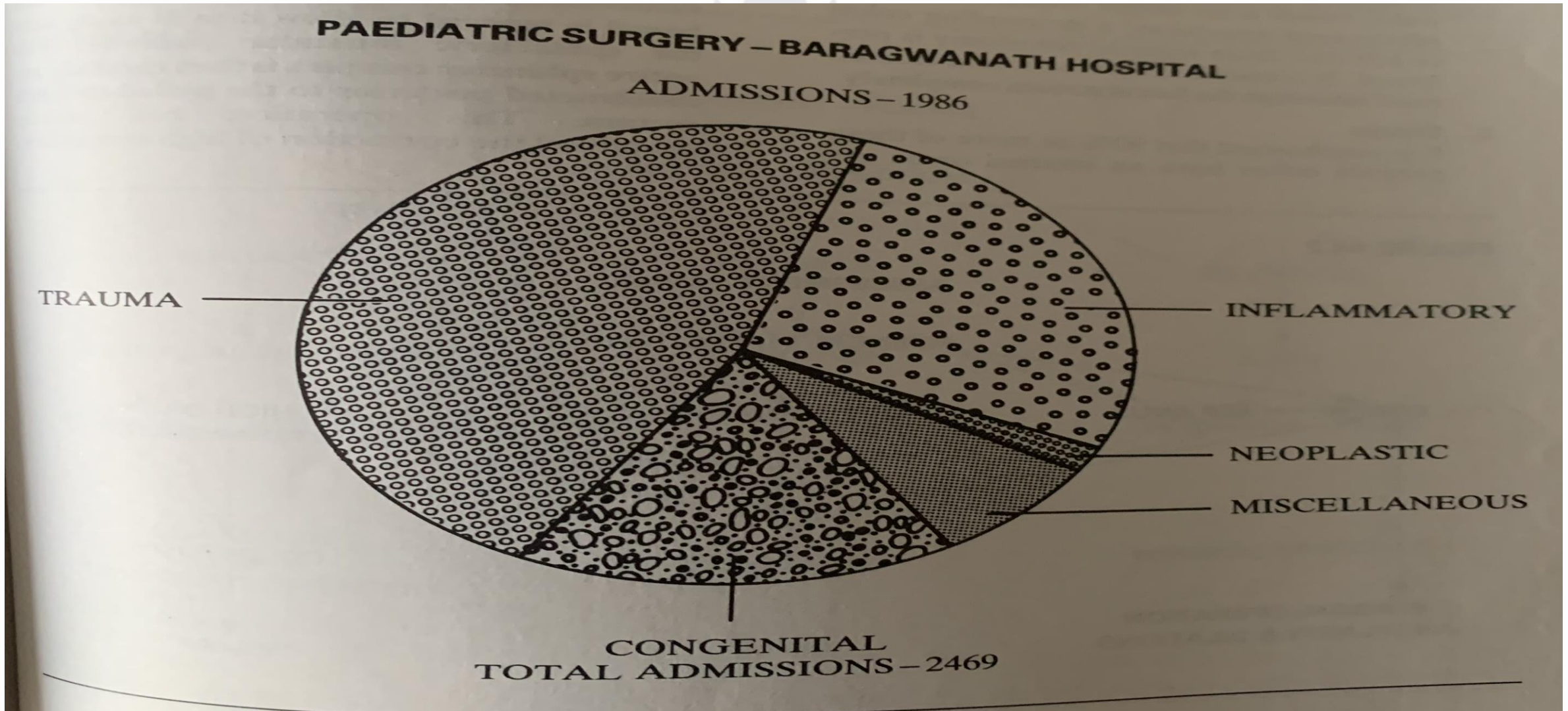


System of adequate treatment centres

Prevention vs Treatment



FUTURE...





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