INTERNATIONAL AGREEMENTS ON THE RIGHTS OF CHILDREN AS THEY PERTAIN TO CHILD BURN SURVIVORS

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INTRODUCTION

The incidence and severity of child burn injuries are such that they can be termed a public health issue. South African Healthy Environments for Children Alliance (HECH) suggests that the risk of burn injuries is an unrelenting public health problem.

We will consider the Rights of children in terms of various International Instruments of Human Rights and as ratified by South Africa and how they translate into policies and practices that result in both effective prevention strategies on the one hand and on the other health care interventions which significantly improve the quality of life of child burn survivors.

The World Health Organization defines Health as "a state of complete physical, mental and social well-being".

Universal Declaration of Human Rights UNHR 1948

International Covenant on Economic, Social and Cultural Rights ICESCR 1966

Declaration of Alma Ata 1978-international Conference on Primary Health Care

UN Convention on the Rights of the Child CRC 1989.
This was the first international instrument to be ratified by the post apartheid government. Articles 23 and 24 address health services and endorse the rights of children to the best possible health care and their right to access facilities for the treatment of illness and rehabilitation of health.

The African Charter on Human and Peoples Rights Article 16 asserts the right of all to the best attainable state of physical and mental health: and the obligation of states to protect the health of their people and ensure that they receive medical attention when they are sick.

THE AFRICAN CHARTER ON THE RIGHTS AND WELFARE OF THE CHILD

The Preamble of the Charter, which entered into force in 1999, noted with concern "that the situation of most African children remains critical due to the unique factors of their socio-economic, cultural, traditional, and developmental circumstances, natural disasters, armed conflicts, exploitation and hunger and on account of the child's physical and mental immaturity he/she needs special safeguards and care".[1]

Millennium Development Goals adopted by the UN and endorsed by the Government-committing to creating a "world fit for children" and including an undertaking to reducing child injuries due to accidents or other causes.

The Convention on the Rights of Persons with Disabilities and its Optional Protocol adopted by the UN 2006-aims to ensure that persons with disabilities enjoy human rights on an equal basis with others.

Section 39(2) of the South African Constitution states that international law must be considered when the Constitution is being interpreted by a court, tribunal or forum.[2]

The National Health Act is to protect, respect, promote and fulfill the rights of vulnerable groups such as women, children, older persons and those with disabilities.

UWC after conducting research in terms of the above published 'Towards the development of Child well-being' and suggested the following indicators:
quality of shelter, access to electricity, clothing, access to water self-esteem, discrimination, inclusion, exclusion,
access to food, health and social services-transport-
respect, acceptance and acknowledgment…FOR ALL CHILDREN.

WHO in 2003 more than 5 million children die annually from diseases, infections and accidents related to their surrounding environment – places where they live, work and play. Children, uniquely vulnerable as they grow and develop, are particularly threatened by the quality of their environment. Toddler's Formative years. The main classes of environmental risks include: inadequate access to safe drinking water; poor hygiene and sanitation; disease vectors such as mosquitoes, worms and flies; air pollution both inside the dwelling and the area where the dwelling is situated; chemical hazards –chronic exposure to certain chemicals; unintentional injuries-burns, drowning, traffic accidents, poisonings and falls. A significant proportion of impairments and consequent disability faced by children around the world arise from preventable factors.

[1] The African Charter on the Health and Welfare of the Child
[2] Health and Democracy: A guide to human rights, health law and policy in post-apartheid South Africa.p301

Lack of protection against accidents –estimates are that avoidable accidents kill 10 children daily-article in 'The Times', 23rd October 2007 Choking, drowning and burning are the top killers of toddlers are the main causes of accidental death of children at home. Child Accident Prevention Foundation of Southern Africa find that children under the age of 5 are the most likely to be injured at home. Burns are a leading cause of death and devastating injury in South Africa.

Factors that come into play include the child's age, gender, family level of education/literacy, poor living conditions and overcrowding as well as the contribution of environmental conditions including the use of various fuels and unsafe cooking and heating appliances. Epidemiologically the incidence of these injuries is skewed toward the environmentally and economically vulnerable. There is critical need to be vigilant when it comes to child safety in the home. However, do people live in homes and communities which assist/encourage/facilitate such vigilance?

It is clear from various studies that there is a close relationship between contextual exposure and burn injury-housing conditions, child dependency/age and stage of development, the spatial household arrangements and other socio-economic factors CONSTITUTE a hindrance to prevention measures

Furthermore, indoor pollution from cooking and heating with fossil fuels places children at risk of respiratory difficulties.

"THE HARMFUL IMPACT OF IMPOVERISHED SETTINGS ON CHILDREN IS ASSERTED TO BE THE RESULT OF AN ACCUMMULATION OF PHYSICAL AND PSYCHO-SOCIOCONDITIONS, MANY OF WHICH TYPICALLY CO-VARY AND RARELY ACT IN ISOLATION".

"IN THE ABSENCE OF A REDUCTION OF THESE STRUCTURAL RISKS-FAMILIES WOULD BE OBLIGED TO CONTINUE ESSENTIAL LIVING ACTIVITIES IN HIGH RISK SETTINGS, WITH LIMITED MANAGEMENT STRATEGIES AND DEPLORABLE BURN CONSEQUENCES".[3]

The Moroccan development economist Dr Jamil Salmi, speaks of what he terms 'social violence' when describing compromised human rights. 'Mediated violence' refers to dangerous modifications of the natural and social environment which result in hazardous living conditions. He goes on to speak of 'Alienating violence' which results in the deprivation of higher rights. Alienating living conditions at work, home, school which include social ostracism/stigma and which undermine self-esteem and self confidence are included here. Finally, he discusses 'indirect violence' which describes indirect violations of the right to survival include: lack of protection against social violence- hunger,

3 Ashley van Niekerk, Paediatric burn injuries in Cape Town, South Africa: Context, circumstances and prevention barriers, 2007

disease, and poverty, and inadequate housing/accommodation, access to disaster relief services such as fire brigade or inaccessibility thereof.[4]

Preamble to the Constitution-"Improve the quality of life of all citizens and free the potential of each person".

In terms of the Equality Clause in the Bill of Rights the "state may not unfairly discriminate directly or indirectly against anyone on the grounds of disability".

"Everyone has the right to an environment that is not harmful to their health or well-being". Children have a right to an environment that is not harmful to their safety and well-being.
[5]

Housing-"Everyone has the right to have access to adequate housing. The state must take reasonable legislative and other measures within its available resources, to achieve the progressive realization of this right".

QUESTION OF DEFINITION

Any discussion regarding the definition of 'disability', 'chronic illness' and 'occupational injury' is a mine field. In terms of the present discussion it is useful to consider these injuries in terms of their social consequences. "loss or limitation of opportunities to take part in the normal life of the community on an equal level due to physical and social barriers". 4

As you all well know that burn survivors seem to fall through the cracks when it comes to the question of defining criteria and that this presents a difficulty in the accessing of health and social services and other supportive services. It is difficult to develop guidelines of the degree of disability/chronic condition and the psycho-social consequences thereof.-extent to which a person's quality of health and life may be compromised.

AFTER A FIRE

What happens in the immediate aftermath of a fire is critical to burn survivors-how fast is medical treatment accessed-delays and misinformation can result in unnecessary disfigurement and unnecessary pain. Availability of rehabilitative therapies; appropriate but potentially more costly dressings-but result in fewer long term consequences for the survivor. This is desperately important in pediatric cases. Administrators making

[4]Jamil Salmi, Violence and Democracy, New Approaches to Human Rights, 1993
[5] Hassem, A., Heywood, M., Berger, J. 'Health and Democracy: A Guide to Human Rights, Health Law and Policy in Post-Apartheid South Africa', 2007

budgetary decisions with little understanding of the major impact such financial decisions may have. Cape Town fortunate to have the Red Cross and other major centers have burn unites but in smaller and/or rural areas this is not the case. Length of time between injury and treatment substantially impacts on the outcome. Provisioning of the appropriate resources to smaller hospitals and clinics. Furthermore, the most common cause of death after burns is infection. A sterile environment in which treatment and healing can take place is imperative. This can be difficult after discharge into an environment where this is inherently difficult.

DIFFICULTIES AND CHALLENGES EXPERIENCED BY CHILD BURN SURVIVORS

Burns have long been recognized as among the most painful and devastating injuries a person can sustain and survive.

Physical pain – importance of proper pain management techniques. Changing of dressings. Anesthetic pain management/Pediatric Pain Control
Stigma Burns are disfiguring and children may experience teasing, staring

Psychological trauma-Post traumatic Stress Disorder (PTSD) – Impaired social functioning-Issues of self esteem and confidence. Research published in the Journal of Pediatric Psychology found that the severity of PTSD corresponded to the physical, cognitive and emotional dimensions of the injury.[6]
This emphasizes the need for swift medical interventions in an appropriate setting.

Interruption of education

Long periods of hospitalization and long periods of rehabilitation which may include multiple skin grafts-reconstructive surgery-physical therapies that although essential may be extremely painful. May mean long periods away from their families. There is little provision of accommodation for families of out of town pediatric patients.
(Ronald Mc Donald Houses)

Follow up services and therapies-treatments, rehabilitation and healing Children with burn injuries will undergo multiple surgeries because their grafts will not grow as they grow.[7]

Essential to monitor progress.

Reintegration into the community-recovery and renewed social interaction acceptance from family and friends Importance of creating an environment of normalcy. Parental information and support programmes and counciling.

[6] Journal of Pediatric Psychology, 2007
[7] MADD Online: Living with Burn Trauma

Wounds need to be kept sterile-cost of dressings and transport to and from clinics hospitals as well as nutritional supplements. Food security would play an important role in wound healing.

The persistence of economic, social and personal hardship compound burn vulnerability – both before and after the injury. The outcome of treatment may be compromised by infection, difficulty in maintaining sanitary conditions, lack of transport and/or cost of transport…Children are threatened by the quality of their environment both before the injury and afterwards.

PRODUCTION OF ENERGY

The use of fossil fuels for the production of energy for cooking, heating, washing and light is highly problematic. The provision of electricity to more households would go some way to prevent fires and burn injuries associated with open flames however this is not an unproblematic solution. The cost of electricity is high with anticipated increases. Eskom has difficulties in providing electricity to its existing customer base and the public have been warned of further power interruptions/load shedding. Reports in the media state that generators where a popular purchase during the holiday period-bought in anticipation of further load shedding later in the year. Generators are not purchases that residents of informal settlements can make. This brings us back to paraffin and candles. It is noteworthy that the last increase in the price of fuel the largest increase was in the price of illuminating paraffin. In the Government Gazette of 31st December 2008 the price of Illuminating Paraffin for the period 2nd January 2008 to 5th February 2008 is 757 c/l. The escalating cost of many foodstuffs and proposed increase in the price of bread mean that food security is compromised. These increases impact heavily on the poor.

There has been little progress in the provision of safe, affordable and renewable energy. There has been some discussion in the media about the inclusion of solar panel heating in low cost housing projects and the development of wind farms. This is heartening and its incorporation into policy would be innovative and show an openness to new and alternative technologies.

SAFETY AND PREVENTION STRATIGIES

Safety education and awareness

Provision of safety technology-Isothermal Blankets, safety candles-advertise and provide

Environmental adjustments-issues of housing, social services and disaster relief services

Geezers at lower temperatures-prevent scalding in bath water –both accidental and deliberate.

Education and awareness programmes need to focus on changes to the home environment-small modifications can make a difference

Changes to home and child care practice and the development of caregiver competences
Parenting skills workshops and support
Home visits-prevention of childhood injury
Link up with other social and health services role of primary health practitioner/community worker/social service practitioner. Make appropriate referrals when/if necessary.

ADVOCACY

Opportunities for advocacy on a number of different levels including the above.

Engagement with policy regarding mineral and energy affairs in matters such as the development of safe practices for the use electricity, gas and fossil fuels.

Legislative development and enforcement
Regulations regarding the flammability of clothing, bedding and other household furnishings-this does seem especially difficult in poor environments-part of a greater poverty alleviation programmes-progressive implementation

There is a need for the development of safer dwellings and safe housing standards-safe home construction. Better ventilation Firebreaks in between shelters in informal settlements
Accessible water
Flame retardant children's clothing-cheap clothing and bedding is frequently made from materials that are highly flammable-legislative regulations regarding clothing production and importing of clothing improved cooking appliances and the use of clean fuels for cooking, heating and lighting.
Fires caused by cigarettes

Clear that a range of interventions are necessary. However, the implementation of these and other childhood injury control interventions face a number of obstacles including:

Service affordability
Awareness
Cultural values
Attitude of service providers
Difficulties faced by impoverished communities in accessing and using child safety resources

STATE POLICY INTERVENTIONS

These must include:
Poverty relief
the promotion and dissemination of safety technologies
development of safe infrastructure

Prevention programmes must identify individual, familial, household and community risks and vulnerability.

Burn injury is particularly linked to the environment on a macro and a micro level which means that interventions in that environment would have a profound effect on the incidence of child burn injury and the success of treatment and rehabilitative strategies.

The Healthy Environments for Children Alliance (HECA) emphasizes that addressing environmental hazards separately is ineffective and advocates a holistic approach to environmental modifications by "making the places where children spend their formative years-their homes; their schools and their communities-safer from the major classes of environmental risks".[8] Furthermore, adherence to various international treaties and conventions demands policy shifts and the implementation of environmental controls.

Core public health strategies must be directed at injury reduction and injury prevention and necessitates legislative, engineering, education, environmental and community interventions/mobilization as well as effective resource allocation.

Social Assistance and the Care Dependency Grant-should be used to ensure a better quality of life for the child, to promote development, enhance participation and improve health.[9]

Child Health Care Policy Unit echoes this "Social Security should provide for the basic needs of a child, and for those special needs that arise from a chronic health condition, or from a compromised home situation, in order to ensure his/her survival and a standard of living adequate for his/her development".[10]

There is a need for a multidisciplinary approach to treatment and rehabilitation as well a multidisciplinary approach to prevention so as to realize the rights of the child burn survivors and in so doing give substance to our Constitutional obligations to those children who are most vulnerable. As President Mbeki said in his preface to S A. Integrated National Disability Strategy "The legislative framework is crucial. There is a need to examine the need for new legislation. Existing legislation must be scrutinized and amended where necessary. Ultimately, legislation should comply with and give substance to Constitutional requirements….Transformation must involve practicable change at every level of our society".

Child Burn Survivors have a right to a future –to the best possible future "not as tragic victims but as citizens with rights".[11]

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[8] WHO 2003
[9] Commissioner Charlotte McClain published in Human Rights Focus
[10] The Child Health Policy Institute, 2001
[11] 'No coordination of services for children with disabilities and chronic illnesses', Disabled Children Action Group, August 2004