Policy brief

Burns, Human Rights, and Capabilities in Malawi

Introduction

Burn injuries are a major public health issue in Malawi. Globally, burns account for an estimated 180,000 deaths annually, and are a leading cause of morbidity, including prolonged hospitalization, disfigurement, and disability, often with resulting stigma and rejection.[1]

Against this background, the Centre for Human Rights and Rehabilitation (CHRR) in collaboration with Dr. Eunice Sahle, a faculty member at the University of North Carolina at Chapel Hill, and Dr. Marie Garlock, a health equity researcher conducted a study to examine the social, economic, and structural determinants of burn injuries in Malawi. As part of its methodology, the study centred burn injury survivors' insights to identify policy-based solutions and supportive cultural programming responses given their lived experience with such injuries.

The study has revealed several environmental, economic, and social factors, which put people at risk of burn injuries across rural and peri-urban Malawi. Among other things, the study has also shed light on the role of gender inequality in burn injuries, a finding that could inform future strategies and policies to minimize gender-based disparities in burn injuries and to create culturally appropriate and targeted burn prevention programs.

Methodology

The study employed a qualitative approach to explore the contextual factors associated with burn injuries across two rural communities in Malawi, namely Traditional Authority Chiseka and Traditional Authority Kalonga in Lilongwe rural and Salima district respectively. Focus group discussions and interviews were conducted with survivors of burn injuries in both communities to gain a better understanding of safety in relation to their living conditions, including their cooking methods. The research team coded insights thematically.

Results

Burn injuries in Malawi reveal interconnected dynamics of poverty, gender inequality, and food insecurity. Due to poverty, families are often limited in their ability to provide adequate protection against such injuries because of a lack of safe cooking equipment, and limited space in which fires are used for cooking.

[1] https://www.who.int/news-room/fact-sheets/detail/burns

Additionally, gendered inequity and family violence often result in burn injuries where people with more social status harm those with less, and husbands lash out against wives, uncles against nieces, parents against children. One respondent narrated how her jealous husband, thinking that she had left her home to see another man, when in fact she had gone to her sister's home to collect her child, poured hot porridge on her:

> *I was cooking nsima on the fire. My husband did not believe me that I had gone to see the child — he thought I had gone to see another man, so he grabbed the pot of porridge, and poured it on me. He found out I was telling the truth, but ran away and never came back from fear of arrest. He left me with our four children to care for.*

Another respondent narrated how her husband 'accidentally' scalded her child, when he became angry that she was cooking nsima when there was no relish in the house:

> *He asked me 'Why are you cooking nsima when there is no relish in the house!?' So angrily he kicked the pot of nsima, accidentally it fell on my two year old child…He got burnt so badly along his neck, entire back, and chest.*

The study further revealed food insecurity as another cause of burn injuries in Malawi. Many of those interviewed sustained burn injuries due to lack of food in the home, resulting in a disgruntled family member lashing out in violence against other family members, usually women and children. Additionally, the study showed that men are primary perpetrators of violence resulting in burn injuries, primarily toward their wives, but also their children (a lower number of mothers also do perpetrate burn violence against children).

Additionally, the study revealed that survivors of burn injuries often lack access to adequate healthcare. Supplies of essential medicines, such as pain medicines, appropriate bandaging, surgery, and recovery resources, are often lacking in local clinics and regional hospitals. As a result, patients often go home to "recover" without wound dressing, pain medication, or necessary surgeries, which worsens scarring, permanent disabilities, and lifelong pain.

While effective treatment services are often available in private clinics, the cost of accessing such services is often a barrier to many rural families. Some patients resorted to using traditional medicine because they could not afford western medicine. Respondents also recounted how some patients were kept against their will at some private hospitals after surgery until family paid for them to leave. Families were bankrupted and lost homes and land through high costs of multi-month or multi-year burn recovery for severely injured children.

Public hospitals where treatment is provided for free are far and transport is expensive. Many patients in poverty spend much of their available money on transport to distant public clinics, only to be sent away to private clinics with prescriptions for which they cannot pay. In addition, there are no infrastructural supports for follow-up care in under-resourced clinics (follow-up care occurs for well-funded issues with global attention such as HIV/AIDS). Respondents report having to choose between food and returning to the hospital for continued burn care for their children, or that they were unable to go to the hospital to get care for themselves because

they could not take time away from piecework supporting their families. As a result, recovery time is lengthened significantly, and disabilities become permanent when burn injury survivors cannot access pain medications, injections to reduce infection and inflammation, or surgeries.

Cultures of stigma around burn injuries result in social isolation for people with physical scarring and disabilities. One respondent explained that her "*child faces a lot of stigma, other people call her a child with a charred hand.*" Another caregiver to a child with burn injuries says, "They tell her 'You are a bad child, that is why your father burned you. She hears the story and must relive the pain again and again."Burn injuries also result in economic inequity for people who require physical and mental recovery time, reducing capacity to work or go to school for months, years, or a lifetime. People who are disabled by burn injuries from both the injury and lack of appropriate healthcare cannot carry out physical tasks of farming, carpentry, job-related lifting or other bodily labor from cooking to carrying children, resulting in further stigma toward adult survivors of burns.

Trauma and PTSD symptoms often prevent children with burn injuries from returning to school and adults from returning to work. Children get behind sometimes by several years in school and often drop out after missing months or years due to burn recovery time in underfunded and undersupplied clinical settings. Additional preventable economic burdens are placed on burn injury survivors who need to go between home and clinical settings frequently due to piecemeal care given lack of supplies in public clinical settings and/or lack of family funds to pay for comprehensive surgeries or treatments to reduce infection and pain. Parents face further challenges because of poverty amplified by burn injuries – loss of a family's home or land from healthcare costs for their children's or their own burn surgeries and recovery, or lost income due to caregivers' burn-related disabilities – and though primary education is free, many struggle to provide for basic needs such as purchase of necessary school supplies, further preventing children's attendance and progress in school.

Many wives and mothers with burn injuries must not only live with the physical and mental trauma from such injuries but also deal with the added stress of losing their spouse and co-parent who in most cases tend to be the income-provider for the family in cases where these individuals are the burn perpetrators who flee their homes for fear of arrest or familial/ community retribution. Such developments leave these women to cover the costs for their children's food and home in an economy that does not welcome women business owners or women income earners beyond "piece work" which is so low-paid it will rarely cover costs of burn-related healthcare (pain medications, surgeries), let alone necessary food for her family who remain. Women survivors of burn injuries or whose children are survivors of burn injuries report the heartbreaking situation of their children asking again and again for their father, even though he was their abuser, who left after perpetrating a burn injury. One respondent shares, *"The children are now crying for their abusive dad, 'When he was here, we went to school and ate more food, …mommy bring daddy back!' As a woman without small business opportunities I cannot provide."* Another says, *"If we had something to do for ourselves economically we would not bother with an abusive husband, we would take care of ourselves and our children."*

Policy recommendations

Overall, the results demonstrate that intersecting policy interventions are necessary to respond to burns in Malawi, as symptom events of multiple inequities and challenges. More specifically, policy-based actions by duty bearers must:

- Adequately fund burn injury care supplies in all public clinics nationwide, including pain medications, wound dressing/bandages, and infection reduction supplies, with attention to emergency triage in remote rural areas for common injuries such as burns
- Incorporate psychological care into healthcare settings
- Address economic inequity and food security which both make burn injuries more likely and prevent appropriate clinical burn care and recovery
- Include burn injuries in economic development and social protection initiatives to address health challenges
- Ensure agricultural subsidies reach people in extreme poverty, people in remote rural locations, women farmers, and people who have experienced burn injuries
- Address gendered inequity and family violence exacerbated by poverty as well as social norms that undermine women's social and economic capacities as a common cause of burn injuries. Bring more women into decision-making and regional leadership roles so the all too-common crisis of gender-based and family violence, to include burn injuries, is responded to not as simply a private family matter but as a community matter for the public good.
- Build on existing Malawian legal frameworks to address gender-based violence and family violence against children resulting in burn injuries. Promote education to raise awareness and understanding on the implementation of gender-based violence laws, gender equity laws, and inheritance laws – such as the *Prevention of Domestic Violence Act of 2006*, *Gender Equity law of 2012* and *Deceased Estate law of 2011* – among all Malawian residents to advocate for themselves, and among duty bearers such as regional Chiefs, Police Victim Support Units and others. As gender equity and family violence laws are reviewed – e.g., *Prevention of Domestic Violence Act of 2006* – include burn injuries as a priority area for legal guidance, training, and burn injury survivors as recipients of resource allocation.
- Include survivors of burn injuries–and families who lost an income-earner who fled after perpetrating a burn injury, or lost their economic security due to healthcare costs for burn injuries – as a social category for vulnerable groups as policymakers and regional leaders envision economic empowerment initiatives of all kinds.
- Create confidential reporting mechanisms in clinical settings where a patient's bill of rights, inclusive of privacy, can allow them to tell who has injured them without the family member risking arrest, so that hospitals and regional clinics may accurately track the sources of burns.
- As operating guidelines are reviewed for Police Victim Support units, include training and guidance on identifying burn injuries as a source of gender-based violence against women and family violence against children. Consider survivors of burn injuries in appropriate resource referrals for services such as safe houses, counselling, and first aid.