

# Burns: Why give special attention to adolescents in Latin America and the Caribbean from a primary health prevention perspective?

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## Abstract

The existing evidence on burns in the underage population has focused mainly on children under ten years, leaving behind the age group defined as "adolescents" by the World Health Organization. However, adolescents present their own characteristics that differentiate them from their younger counterparts. These differences are relevant from a primary prevention perspective, focusing on preventing illness or injury. In this context, this article reflects on why adolescents need special attention for the primary prevention of burns in Latin America and the Caribbean. First, burn scenarios in adolescents are often linked to participation in risky activities due to pressure, social desirability, or low perception of the associated risks. Second, it is essential to emphasize that adolescents may experience social vulnerability, which entails a higher risk of suffering an intentional or unintentional burn. Third, the risk of burns in adolescents may be related to mental health and self-harm scenarios. These aspects need to be investigated through both quantitative and qualitative studies to design and implement primary prevention strategies relevant to this population group in the region.

## MAIN MESSAGES

- ◆ Globally and especially in Latin America and the Caribbean, there is limited quantitative and qualitative evidence on burns in adolescents.
- ◆ It is essential to give relevance to burns in adolescents in Latin America and the Caribbean, considering that more than 140 million adolescents and young people live in the region with varied contexts, identities, worldviews, and risk factors.
- ◆ This article highlights the importance of knowing the characteristics of adolescent risk factors and burns scenarios. Differentiating them from other age groups, especially younger ones, is crucial to develop preventive strategies and public policies according to their realities.

## INTRODUCTION

The World Health Organization (WHO) estimates that 180 000 deaths per year are caused by burns, most of which occur in low- and middle-income countries [1]. Special attention has been paid to intentional and unintentional burns in children under ten since this age group accounts for the largest proportion of people with these injuries. However, burns in the adolescent stage (i.e., between 10 and 19 years of age [2]) need a unique approach because their characteristics differentiate burns from younger children.

Although frequent, burns can be avoided. In this context, the WHO defines primary health prevention as actions to avoid the manifestation of a disease or condition. This includes generating changes in the social determinants of health, education, and dissemination of information, together with participatory processes with an individual and community approach, among others [3]. In order to focus strategies and actions for the primary prevention of burns in adolescents, it is necessary to recognize the characteristics that differentiate them from other age groups in terms of risk factors and burn scenarios, especially compared with their younger counterparts.

At a global level, both the Sustainable Development Goals and the United Nations Global Strategy for Women's, Children's, and Adolescents' Health (from 2015 to 2030) mark adolescents as a priority group regarding health [4–6]. Furthermore, we need to guide this reflection towards the context of Latin America and the Caribbean, considering that it is estimated that more than 140 million adolescents and young people live in the region with varied contexts, identities, worldviews, and risk factors [6].

This article reflects on why it is necessary to pay special attention to adolescents in the framework of primary prevention of burns. It presents three aspects of adolescents that differentiate them from younger children, focusing on primary burn prevention, of relevance to Latin America and the Caribbean.

## RISK PERCEPTION AND RISK BEHAVIORS

The first aspect differentiating adolescents from younger children concerning burns is risk perception and leisure activities that carry a risk of burns. Current international evidence shows that frequent burn scenario among adolescents are related to participation in risky activities due to pressure, social desirability, or rebellious behavior [7]. This element is particularly relevant from a prevention approach, as it allows us to understand better the potential risks adolescents face as a specific group. It also makes it possible to design prevention strategies that respond appropriately to their experiences. We also need to distinguish by sex-gender categories, under the hypothesis that these may entail differentiated relationships with risk, especially considering the link between the construction of masculinities and its relationship with risk.

In the case of Latin America and the Caribbean, these aspects have not been studied in depth. It is necessary to emphasize the importance of understanding the subjective experiences of specific groups for health prevention. Moreover, studies focused on the relationship between risk perception, participation in risky activities and burns in adolescents in the different contexts of the region's countries should be designed and implemented.

## SOCIAL VULNERABILITY

The second aspect differentiating adolescents from other underage group is the risk of suffering intentional and unintentional burns due to experiencing social vulnerability. Social vulnerability is experienced due to preventable, modifiable, and unjust inequities, as opposed to human vulnerability, understood as an intrinsic characteristic. Likewise, social vulnerability is a concept linked to structural factors rather than individual responsibilities; it is dynamic over time and experienced differently according to particular contexts. In this way, it avoids essentializing and stigmatizing those groups that experience social vulnerability, and allows for solutions to be devised [8].

In this context, adolescent social vulnerability can be experienced mainly due to social invisibility and the unfavorable living conditions in which many live and grow. These conditions are

determined by structural factors such as child labor, family and couple conflicts, exposure to situations of violence, gender roles, low income, and educational level, and exclusion due to belonging to a native people and/or being a migrant, among other social determinants that disadvantage them and expose them to burns [6,9]. This is particularly relevant for Latin America and the Caribbean, where one-third of the 140 million adolescents in the region live in poverty [4]. Thus, there is a need to explore the relationship between social vulnerability and the different scenarios of burns in adolescents in the region to develop strategies and actions according to their reality and generate a profound impact.

### MENTAL HEALTH

The third aspect worth highlighting for burn prevention is mental health. We refer specifically to the prevalence of suicidal ideation, suicide attempts, and non-suicidal self-injury involving burns [10]. Adolescence involves physical and emotional changes and challenges, which can impact adolescents' mental health. In that sense, from a primary prevention approach, burn scenarios associated with mental health challenges should be further investigated.

Along the same lines, this high prevalence may be explained by factors such as low socioeconomic status and family problems [10]. Both factors are closely linked to social vulnerability, as defined, above and are highly relevant to the region. Therefore, primary burn prevention should address adolescents' mental health without neglecting social vulnerability as a risk factor.

### CONCLUSIONS

This article identifies and discusses three key aspects that differentiate adolescents from younger age groups concerning burns, which justify an individualized approach for their primary prevention. These characteristics are risk perception and participation in leisure activities that entail the risk of burns, social vulnerability as a risk factor, and the relationship between mental health and burns.

Inquiring into these aspects – which constitute central axes for addressing primary burn prevention in adolescents – requires an approach that involves adolescents in producing knowledge and placing their experiences and stories at the centre. In this way, advancing inclusive and participatory public policies that promote equity in adolescent and youth health will be possible.

In that sense, it is necessary to develop quantitative and qualitative studies on adolescent burns, focusing on Latin America and the Caribbean. This will generate relevant evidence for developing prevention strategies and public policies promoting intercultural adolescent health in the region. Although the quantitative approach allows for measuring the epidemiological aspects of burns in adolescents, qualitative studies facilitate an understanding of adolescents' reality in Latin America and the

Caribbean. Thus, progress should be made in formulating and implementing prevention strategies aimed at the adolescent population and the particularities of their age range, from the life cycle to intercultural and psychosocial approaches.

Finally, it is essential to develop strategies to improve adolescents' living conditions in a structural and long-term manner. These strategies should address the social determinants of health, mitigate socioeconomic precariousness, improve housing conditions, eliminate child labor, and facilitate access to culturally relevant mental and physical health services and interventions, among other aspects.

### Notes

#### Autoría

AB: conceptualization, methodology, formal analysis, investigation, writing - original draft. RF: conceptualization, formal analysis, writing - original draft. BC, AO: conceptualization, methodology, writing - original draft. CD, CP, RS: conceptualization, formal analysis, writing - review & editing. JR: conceptualization, writing - review & editing, supervision.

#### Competing interests

All authors declare that they have no conflicts of interest.

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# Quemaduras: ¿por qué prestarles especial atención a los adolescentes en América Latina y El Caribe desde un enfoque de prevención primaria en salud?

## Resumen

La evidencia existente en materia de quemaduras en población menor de edad a nivel global se ha enfocado principalmente en niños y niñas menores de 10 años, dejando atrás al grupo etario definido como “adolescente” por la Organización Mundial de la Salud. Sin embargo, la etapa de la adolescencia presenta características propias que la diferencian de los rangos etarios menores con respecto a las quemaduras. Estas diferencias son relevantes desde una perspectiva de prevención primaria, la cual se centra en evitar la enfermedad o lesión. En este contexto, el presente artículo reflexiona en torno a los motivos por los cuales es necesario prestarles especial atención a las y los adolescentes en el marco de la prevención primaria de las quemaduras, con relevancia para Latinoamérica y El Caribe. Primero, los escenarios de quemaduras en adolescentes muchas veces se vinculan con la participación en actividades de riesgo por presión, deseabilidad social o baja percepción de los riesgos asociados. Segundo, es importante recalcar que los adolescentes pueden experimentar vulnerabilidad social, la cual los puede exponer al riesgo de sufrir una quemadura intencional o no. Tercero, el riesgo de quemaduras en adolescentes se puede asociar con la salud mental y los escenarios de autolesión. Se requiere indagar en estos aspectos, tanto a través de estudios cuantitativos epidemiológicos como de estudios cualitativos, para poder diseñar e implementar estrategias de prevención primarias relevantes para este grupo de población en la región.



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