

Warm season brings scourge of diarrhoea to poor households

Chris Scott and David Sanders

THE end of summer in Cape Town is known as the "secret season" because it is a period of good weather which Capetonians are able to enjoy without the mad press of tourists. Unfortunately, for many of the poorest and most vulnerable in our city, this is also a season of illness and poor health as it is the "diarrhoea season".

Every year the warm weather period from December to April brings the scourge of seasonal diarrhoeal disease and with it the avoidable deaths of young children.

Outside of the neonatal period, diarrhoea is the third biggest killer of children in the world, mostly in low and middle-income countries, yet our "world-class city" achieves the same ignominious status. Are we doing enough to prevent this annual tragedy?

As the population of Cape Town continues to rise so does the number of children. The greatest increase in population growth is in the densely settled, increas-

ingly overcrowded informal townships that overwhelm the city's inadequate infrastructure. Not surprisingly it is in these communities where the "diarrhoea season" has greatest impact.

The gains made in the battle against HIV over the last decade have been tempered by the impact of diarrhoea on South Africa's children.

Health-care workers at the Red Cross Children's Hospital anticipate with dread the yearly surge of young patients, as predictable as the change in weather.

Six hundred and thirteen children were admitted to Red Cross hospital with complicated diarrhoea in February and March and this annual tsunami shows no sign of letting up.

The incidence of diarrhoea is increasing but deaths due to diarrhoea have decreased significantly over the last three years and the Western Cape Department of Health's Diarrhoea Task Team deserves praise for its efforts.

While it is clear that we are doing a

good job of treating patients with diarrhoea and preventing deaths, we do not appear to have much success in the primary prevention of diarrhoea. A closer look also reveals disconcerting levels of inequality: children are three times more likely to die of diarrhoea in Khayelitsha than in the southern suburbs.

Although the new and expensive Rotavirus vaccine has been introduced, it does not prevent most of the causes of infectious diarrhoea associated with poor environmental hygiene. The main drivers of diarrhoeal disease are heavily influenced by the level of service delivery to the poorest and most vulnerable in our city.

Qualitative research by the University of Cape Town in the informal settlements of Khayelitsha points to poor service delivery where rubbish is often left to pile up on the streets and the portable "Mshengu" toilets are overflowing.

Poor sanitation, lack of ablution facilities, inadequate and unsafe water delivery and sub-optimal garbage disposal all con-

tribute to unhygienic living conditions and an increase in diarrhoea.

Another crucial factor is inadequate breastfeeding (South Africa has one of the world's lowest rates of breast feeding, due to multiple complex factors). Breast milk is sterile, nutritious and cheap and contains many anti-infection substances. As pointed out recently in the Cape Times, it needs to be vigorously promoted.

It is possible to break the yearly diarrhoea cycle by paying attention to these basic elements. Indeed, the rights to adequate housing, sufficient clean water, adequate sanitation and a safe living environment are guaranteed by our constitution.

Despite this, the 2011 census reported that 90 000 households in the city did not have access to adequate sanitation. Despite the city winning a Blue Drop award for water quality, more than 100 000 households rely on standpipe water, which, although clean, is often collected in small quantities and stored unhygienically.

Research shows that the most potent

interventions to reduce diarrhoea incidence are provision of hygienic sanitation and sufficient water to maintain hand and food hygiene.

The city therefore needs to take greater responsibility for ensuring young children's constitutional right to an environment that is not harmful to their health.

As World Design Capital 2014 we need to harness the power of the city's engineers, planners and designers as well as the significant numbers of environmental health officers employed by the City of Cape Town to protect the health of our youngest citizens.

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