HOW FAR SCIENTIFIC IS SNAKEBITE PREVENTION AND FIRST AID TREATMENT IN SCHOOL TEXTBOOK?

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Background:
Snakebite is an old health problem in rural areas. In Bangladesh, the snakebite issue is included in school syllabus, in curriculum since long time, so that people can take/get immediate first aid treatment and can prevent snakebite.

The success of snakebite treatment depends more on providing first aid treatment immediately after snakebite by learning and by sending the patients quickly to hospital. Snakebite is a preventable health problem indeed. If it can be prevented the rate of snakebite will also decrease.

In the recently published snake bite management Guideline by WHO it has been targeted to reduce 50% of mortality & disability due to snakebite by 2030.1

Methods:
a. The snakebite topic or issue has been thoroughly reviewed in the secondary and higher secondary school books.
b. National Guidelines on snakebite in providing/giving first aid treatment has been reviewed.2
c. The correlation between the topic to learn the subject and the national guidelines have been reviewed and given account.
d. The similarity or correlation between the national guidelines and the topic in the prevention of snakebite in the book have been observed & reviewed.

It was a descriptive/narrative research study.

Results:
In the book of class IV in Primary and Secondary level students, 'Elementary Science, (Prathomiik Bigghan)' page no. 86 and in book of class VIII Home Science ('Gharjastha Biggan') page no. 16 the Snakebite issue/topic is mentioned.2,3

There are 22 information on the first aid/primary treatment of Snakebite among which 5 (five) are non-scientific rather harmful. (Table & Picture)

Primary Treatment:

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<th>Scientific</th>
<th>Non-Scientific</th>
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<td>• Immobilize the snakebite part of the body.</td>
<td>• If there are two (2) marks of fang at bite site (‘:’), then to consider it as venomous snake bite; if there are 4 (four) (‘::’) fang marks to consider it as a non-venomous snakebite.</td>
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<td>• Rapid hospitalization</td>
<td>• To provide tight tourniquet with a rope or a piece of cloth just above the snakebite area.</td>
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<tr>
<td>• Not to take traditional treatment/ treatment from ‘Ohja’.</td>
<td>• To give two tight tourniquet above the snakebite area.</td>
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<td>• Disinfect the area with Dettol or Savlon wash and to give a sharp incision an affected area with a blade or a knife burnt in fire.</td>
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<td>Give deep incision about 0.5 cm or one centimeter and squeeze out the blood from the wound.</td>
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<td>Others:</td>
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<td>• Take advice from doctor as soon as possible.</td>
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<td>• To do since doctor arrives</td>
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<td>Not to move the patient if not required.</td>
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**Prevention**:  
- It is better/wise not to keep food staff, such as grains of paddy-rice, poultry (duck-chicken, pigeon) etc. sharing for human habitation.
- Do not sleep on the floor, sleep in cot-bed using mosquito net.
- Be careful/cautions, use torch light and stick while walking at night or going for natural call at night.
- Be prudent while walking in grass, bushes.
- Do not put hand or feet in holes.

**Discussion:**
In the school books reviewed, we found at least 5 wrong information and 3 confusing points regarding first aid/primary treatment following snakebite.

No specific information regarding the prevention of snakebite was provided. Nothing was mentioned for transporting the patient immediately to the hospital or concern regarding the movement for hospitalization.

In school syllabus the books should be corrected/edited immediately on scientific basis regarding the topic on prevention of snakebite and first aid/primary treatment of snakebite.

The National Curriculum and Text Book Board and syllabus must take immediate necessary action.

It is the basic right to health of every person to get appropriate health education and knowledge regarding the prevention of snakebite, and to get proper primary scientific treatment with such a severe life threatening health problem of snakebite in nearby health facilities like Primary Health Centres (PHC) and district hospital.

**References:**
5. 200 WMA council Oslo, Norway (April 2015). WMA Declaration of Lisbon on the Rights of the Patient