

CHAPTER V

STRATEGIES FOR SOCIALWORK INTERVENTION

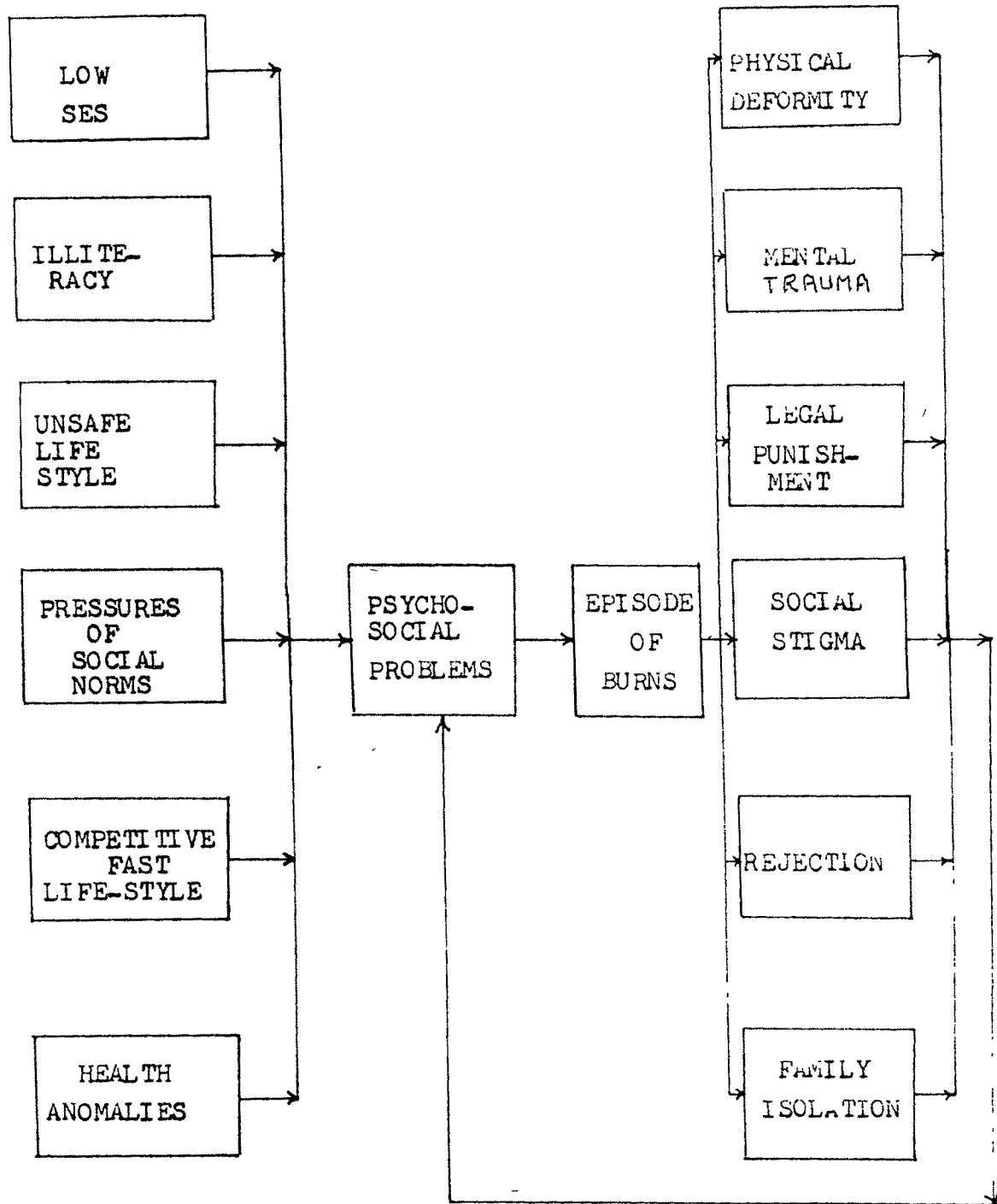
(Findings:Conclusions:Suggestions)

The problem of Burns has been presented from various perspectives in the previous chapters. One of the goals of socialwork research is its consumption for human welfare. It must offer appropriate strategies for social work intervention with a goal of restoration of impaired social functioning; provision of individual and social resources for more effective social functioning and prevention of social disfunctioning. These goals with appropriate modifications to suit the perspective of the study in reference can form the format of strategies of intervention.

It would be appropriate to review the salient findings before attempting the suggestions for interventive strategies.

SALIENT FINDINGS:

A probe into the various facets of the problem of burns has provided an insight into the different dimensions of this complex, dynamic phenomenon. It would be appropriate to highlight the most significant aspects of the data in the relevant groups in tune with the objectives of the study. It may facilitate the understanding of burns as



Burns :

The Cause and Consequence
of Psycho - Social Problems

both the cause and the consequence of a psychosocial problem. A probe into the individual and the environment, the person-in-the-situation, forms the groups of the findings.

The sample under study comprises of the 103 women who survived and were available for the investigation, during June 1, 1982 to May 31, 1983.

The study was conducted in the Burns Unit of S.S.G. Hospital, the district hospital of Vadodara. The 103 female patients of Burns who survived and were available for the investigator, comprise the sample (census).

Out of every ten respondents who had reported to the S.S.G. Hospital (Burns Unit), Vadodara, about six respondents hailed from the rural areas. The proximity of the hospital to the city dwellers may be responsible for the relatively higher percentage of the urban respondents vis-a-vis the urban-rural census.

The majority of the sample eighty five percent followed Hinduism whereas fourteen percent of the sample were Muslim with only one Christian respondent. Sixty eight percent of the Hindu respondents belonged to the middle or lower castes.

About seventy percent of the respondents belonged to the age group of 20-39 years (\bar{X} = 28.573, S.D. = 11.245).

Evidently, married women seem more vulnerable to Burns as four of every five respondents represent the married group.

Most of the respondents were illiterate(fifty eight percent)and belonged to the educationally backward families. The occupation of the majority of the subjects (about eighty five percent)was looking after the household chores (not gainfully employed).

The total income of the family(of about ninety two percent)of the subjects was below Rupees one thousand per month, out of which seventy percent suffered a pitiable economic state managing with meagre Rupees six hundred or less per month. The economic state of poverty is also borne out by the per capita income considering the family size of the respondents in question as seventy percent live with meagre Rupees hundred per month or less. Half of the respondents live in a family of five or more members. At the same time, one out of five such respondents, have nine or more members in the family.

Family of every alternate subject resided in a single roomed accommodation which is inclusive of the kitchen. Indeed, as many as sixty eight percent of the subjects used kitchen in a multipurpose fashion leaving them exclusively vulnerable to the episode of Burns.

Grave lack of civic amenities is indicated by the fact that six out of every ten respondents had access only to public water and toilet facilities closely or even none at all.

Life Style:

The word/concept 'life style' as referred to in this study means a composite of various aspects, of ways of life which help/hamper safety from burns injuries.

Sixty eight percent of the subjects made a multi-purpose use of the kitchen, ninety seven percent of them cook on the floor. A majority of the respondents used kerosene and cowdung cakes as fuels for cooking, indicating their vulnerability to burns. Six out of every ten respondents used unsafe modes of illumination like tin lamp, fanus (a kerosene lantern) etc. having no access to electricity.

Three out of every four respondents did not use pair of tongs inviting scalds due to hot liquids resulting from improper handling of vessels. Ninety eight percent of the respondents wore loose - fitting clothes and thirty percent wore a loose fitting synthetic attire during cooking which are obviously unsuitable clothes while dealing with fire.

Social Aspects of the Environment:

The problem of burns as an outcome of the multiplicity of factors on a 'person' (the victim) is well established. The personal and physical factors i.e. the objective realities. The other unit, relatively more subjective and sensitive, is of equal importance. It includes the problems and the need of the persons, their relationships and their attitudes to life.

Eight out of every ten respondents admitted atleast one problem as a backdrop in their life. In general, economic stress has been a problem cited by most of the respondents. Absence of an issue or a male issue in the Indian society is viewed with raised eyebrows. Fifteen percent of the respondents belonged to this category. Problems of inter-personal relationships, mental health and general health have a definite role to play as a precipitating factor to the episode of Burns.

Twentyone percent of the respondents were perplexed with more than one problem, the primary problem being the economic problem.

Sixty four percent of the respondents admitted the existence of dowry system in their families. The relative percentages for the urban and the rural are 52 and 73. The data is suggestive, but not conclusive enough, of dowry as a precipitating factor to the episode of Burns.

Twenty six percent of the respondents expressed dissatisfaction explicitly with regard to their present life whereas forty five percent of them were partially satisfied. The principal factors for the dissatisfaction were economic problems, presence of step-relations and absence of an issue/male issue. Significantly thirty percent of the respondents expected psychosocial and economic complications in their future life after the crisis. Forty one percent of them feared physical deformity.

The episode of Burns could have generated sympathy is evinced by the fact that fifty five percent of the respondents were helped by their husbands and the in-laws and seventeen percent resorted to the help of son and relatives after the episode.

Episode:

The episode of Burns is both the cause and the consequence of a psychosocial problems. The time, place and the principal agent of the episode provide an obvious link in the above hypothesis. These help substantiate a basis for the hidden motives, if any, and the obtrusive manifestations which can aid in indicating the variables to be tackled in the social work intervention programme.

The distribution of the cases according to time are fairly even during the expected hours (6.00 a.m. - 12.00 midnight) with only nine percent cases occurring between 12.00 midnight - 6.00 a.m.

Three out of every five respondents were engaged in cooking or warming water which is also obvious from the fact that the occupation of a majority of the respondents is house-keeping. About seventy eight percent of the respondents were burnt by inflammable or hot liquids. Significantly out of every ten respondents, seven were using either pressure stove, chulha, sigri or Tapani and two were burnt by Tin lamp with kerosene. The rest of the cases were caused through gas jet or electricity. One episode occurred at the work-site.

In three out of every four cases, persons other than the respondent were present during the time of the episode. Approximately thirty four percent of the cases expressed their mood on the day of the episode as not being normal and about thirty seven percent of them confessed to some significant happening on the day. The significance of the day was attributed to factors like quarrel within the household or even of an occurrence of a theft.

Degree and Nature of Burns

The degree and the nature of burns provides an additional evidence of the severity of the incidents. Notably half of the respondents had received first and second degree burns whereas as many as thirty percent had second third degree burns ($\bar{X} = 2.165$, S.D. = 0.981).

The medical opinion considers cases with more than forty percent body area affected as critical and above sixty percent as near-fatal. The cases studied exhibit that thirty three percent of the respondents were critical cases and nineteen percent were near-fatal cases.

Significantly ninety percent of the burns were of flames and this needs attention. Also, the burnt body parts were mostly either the limbs or the limbs and the thorax. These alone account for fifty three percent of the cases. Thirty six percent of the cases reported receiving burns on almost all the exposed parts of the body.

Immediate Management of Burns

According to expert medical opinion, immediate management of the burns, within the first half hour, has a great role to play in determining the degree of burns. The faster and more appropriate is the management, the lesser are the chances for the heat to seep into the lower layers of the skin and the degree of burns is lower.

In this study, in seventy four percent of the cases, person other than the respondent was present at the time of the episode. This is also demonstrated by the fact that there are more incidents of accidents rather than attempted suicides.

Three out of every five respondents reacted to the episode immediately by calling for help, eleven percent of the cases tried to remove clothes which had caught fire, twenty two percent did nothing or lay unconscious whereas six percent used inappropriate means to alleviate the burns injuries like applying ink, ghee etc. or running around.

The immediate response of the significant 'others' was quite varied. Suffice to say that fifty nine percent used, more or less, appropriate ways but only seventeen percent were aware of pouring cold water on the affected area. The belief that covering with rug is helpful is widely practised, accounting for twenty nine percent respondents.

An important aspect in the immediate management of burns is the time taken in getting medical attention. As many as seventy percent of the respondents had not received any medical attention before reaching S.S.C. Hospital. Though fifty eight percent of the respondents received medical attention within one hour of the episode, still sixteen percent of the respondents could get medical aid only after four hours had elapsed since the episode.

Fortyone percent of the respondents were in a state of unconsciousness/shock at the time of admission to the hospital. A similar figure is available for the respondents whose prognosis for mortality and morbidity was poor.

Avoiding Burns

It is an interesting fact that as many as sixty percent of the respondents felt that the episode could have been avoided. Proper life style and proper housing accommodation could alone have prevented burns in half of the cases. The unfortunate part in this regard is that awareness dawned on the respondents after having been admitted to the hospital.

The findings would remain incomplete without mentioning the classification of cases on the basis of the nature of the episodes. The basis for the classification of the cases into frank and tension prone accidents, suspected and attempted suicides is evidently subjective. The researcher has exercised caution as well as discretion in ascribing a category to a case. The principal variables considered for such a judgement were the respondent's confession, circumstances at the time of the episode, both physical (time and place) and psychological (mood of the day), immediate management by self and others, degree and nature of burns and the problems perplexing the respondent. Suffice it to say that the researcher has used her experience in this field before exercising her judgement. There were twenty three cases of tension related accidents, ten cases of attempted suicide and one case of frank suicide, the rest being of frank accidents.

The case studies project some salient features of the respondents interviewed. The various areas highlighted in these profiles are health disorders like anaemia, epilepsy and no issue, psychosocial problems and lack of proper life style and civic infrastructure. Twelve respondents figure in these case studies which typically represent the sample. The intensity of the episode is a critical factor in building an effective social work intervention programme. The researcher has taken full cognizance of the above fact in highlighting these variables through the cases which highlight the problems faced by the female section of the society, which lead them to Burns.

THE CONCLUSIONS:

The comprehensive picture of the conclusions highlight the following issues :

- Poverty, illiteracy, large family size, poor housing conditions and substandard civic amenities create conditions conducive to Burns.
- Lack of orientation to safer life styles due to lack of knowledge about proper equipments and arrangements at home and work place rate as important causative factors.
- Pressures of social norms and traditions expressed in terms of demand for dowry, lower status of women in

family system, lack of say in marriage matters contribute to conditions leading to Burns.

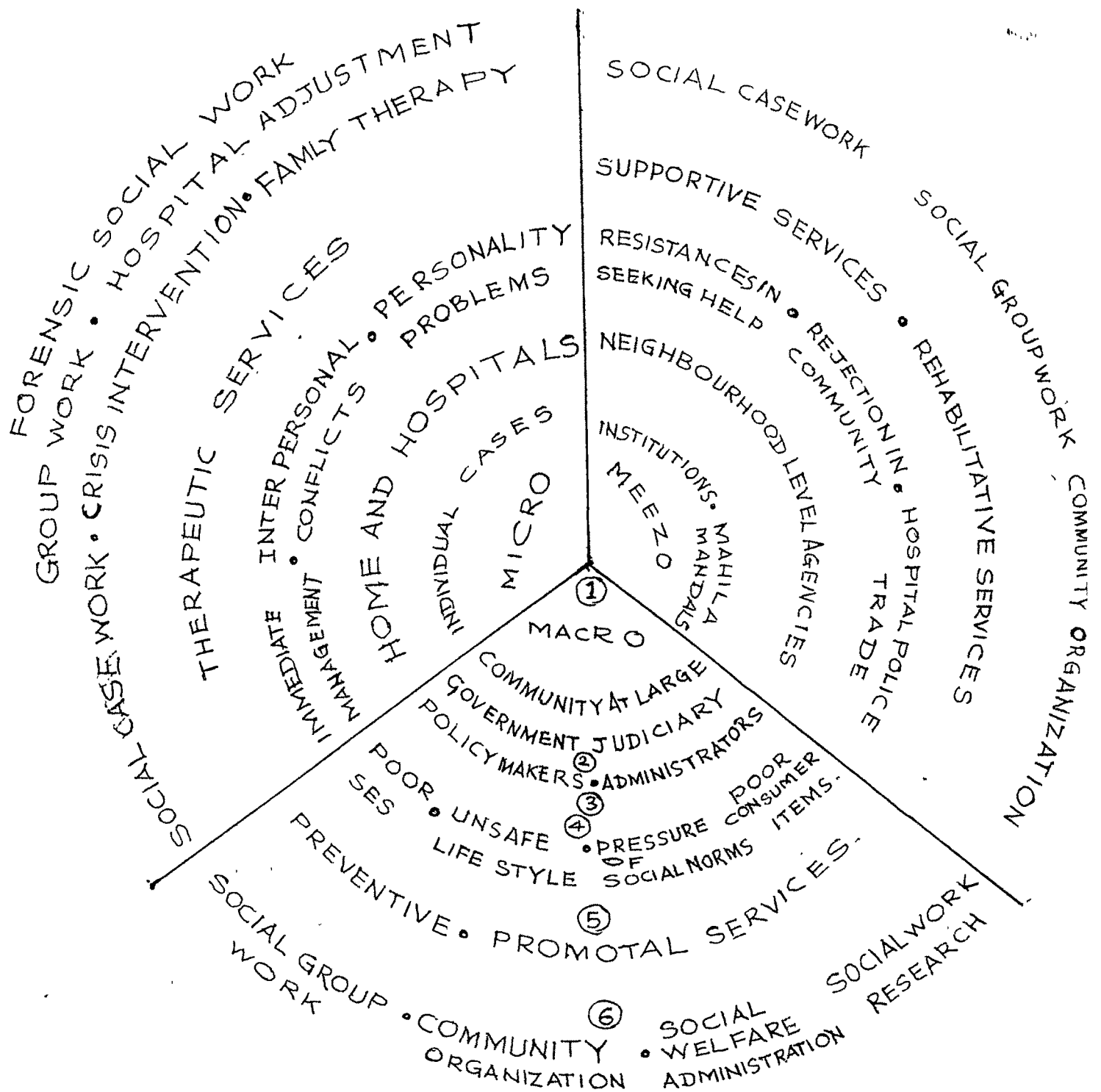
- Psychological stress due to conflict prone competitiveness for life-style, epilepsy and other illnesses, strong aggressive impulses and a desire to kill - to be killed are some of the psychological factors leading to Burns.
- Physical deformity, emotional stress due to lowered self image, fear of rejection, social stigma and legal punishment result into severe emotional threat leading to distortions in perception which in turn create a platform for further problems like social isolation, family dislocation and marital discord.

Social Work Interventions: (Suggestions)

The social work literature offers various concepts relevant to interventive strategies in attending to the problem of Burns from a psychosocial perspective.

The system approach offered by Walker (Mullan, Dumpsen, 1972:90) envisages three levels of social work intervention, the same being Microsystem, Mezzosystem and Macrosystem. The microsystem (Meyer, 1972:158) attends to the smaller units: the individual, the family, each viewed systematically and transactionally. The mezzosystem aims at intervention at the in-between terminal levels,

SCHEMATIC PRESENTATION: II SYSTEMS APPROACH



III

STRATEGIES OF SOCIALWORK INTERVENTION

A

1. Micro System
2. Family and Individuals
3. Home and Hospitals
4. Immediate Management.
Interpersonal conflicts.
Personality Problems.
5. Therapeutic services.
6. Forensic Social work.
Social case work.
Crisis Intervention.
Family Therapy.
Social Group work.

B

1. MEZZO System
2. Institutions. Mahila Mandals.
3. Neighbourhood level Agencies.
4. Resistance in seeking help.
Rejection in Community.
Hospital staff. Police Personnel.
Manufacturers.
5. Supportive services. Rehabilitative services.
6. Social Group work. Community organization.

C

1. MACRO system
2. Community at large. Government.
3. Policy Makers. Administrators - Leaders.
4. Poor S.E.S. Unsafe Life style.
Pressure of norms. Poor consumer items.
Poor monitoring in health.
5. Preventive and Promotal services.
6. Social Group work. Community organization.
Social Welfare Administration.
Social Work Research, Social Action.

MODEL I

SYSTEM APPROACH

1. System.
2. Unit of Intervention.
3. Target Groups.
4. Problems Attended.
5. Nature/Goal of Services.
6. Methods of Intervention.

the Micro and Macro. Turner (1972:129) describes it as "efforts to initiate design, create, influence, manage and evaluate programmes and policies affecting people locally". Macrosystem, on the other hand envisages roles and tasks in the areas of social planning, policy development and administration addressing the large scale and complex problems.

This approach can serve as one of the modalities (ref. Figure II) to attend to the problem of burns from a psychosocial perspective. The micro-level intervention may attend to the problems of those who are already victims of burns. The case starting from immediate management at home and then at hospital. Use of crisis intervention techniques to begin with, later on, leading to acceptance of sick-role at hospital and reallocation of roles within family to attain a 'socio-stasis'. This stage, mainly therapeutic in nature and also envisages work with patients in coping with the shock of fear of physical deformities, emotional stress comprising of fear of rejection from family social stigma and disturbances in marriage. The resultant effect being severe anxiety, depression and/or distortion in perceptions leading to anomalies in behaviour pattern starting a fresh crop of psychosocial problems.

The mezzo-level intervention aims at working with the neighbourhood (local) level institutions and women's organizations (Mahila Mandals). It is found that there is a lot of resistance in seeking professional (Institutional) help in thrashing out problems threatening family discords. The social stigma attached to Burns promotes resistance in acceptance of victims back to neighbourhood groups. The local level organizations can play pivotal role in facilitating the rehabilitative processes initiated at micro-level.

The macrosystem problems include several problems that do not lend themselves well to analysis within the concrete framework typically used to organize the human experience. They slip through conventional analytic problem-solving frameworks and seem to disappear into abstractions which are difficult to identify. Generally dealing with parts of a natural system or several systems, construction of interventive systems is often the chief task for macrosystem practice. Change in the quality of life, whether through direct social action or arrangements for delivering local services is yet another major challenge for macrolevel intervention.

The macro-level intervention has thus tremendous scope with preventive and promotal goals. The community at large suffers in terms of lack of awareness in safer life

style leading to accidents. Education at mass level through wider media like T.V., newspapers can create supportive climate for small group education at neighbourhood level. The substandard quality of household equipments related to fuel and illumination is one of the major causes for accidents. Intervention with government to demand by statutory procedures, better standards of pressure stoves, electrical gadgets and pressure cookers can contribute in reducing accidents. The consumer societies can be activated to further pursue the matter. The demand for only qualified skilled workers to handle natural gas pipelines and electrical wiring can be taken up with local self-governments to reduce accidents in this area.

Suicides and homicides though relatively smaller in proportion to accidents are important targets for intervention in terms of their traumatic effects on surrounding and medico-legal implications. The causative factors include conflicts in interpersonal relations generating from pressures in choice of marriage partners, marital discords due to infidelity and lack of issue or male issue. These areas are highly sensitive. The episode is usually a 'cry for help' when the individual is a helpless victim of impaired social functioning or is a design for

a revenge by a desperate one. The resignation to death in cases of long illnesses or deliberate or otherwise carelessness in monitoring patients of epilepsy or mental sickness is yet another area to claim attention.

The Indian woman still thrives on the values of 'daniels'. Seeking help in marriage matters and mental disorders is yet a taboo in our country. Once married, resistance is seen in going back with complaints to the parents. Lack of awareness of legal support and services offered by statutory and voluntary organizations, leave 'burning' as the easiest mode of escape to the troubled women. Large scale campaign of education can be an answer to the situation coupled with small group visits to these institutions to build up elementary rapport to reduce Burns due to attempted suicides.

The area of suicides/homicides is very sensitive in terms of the medico-legal implications. In most cases, it is difficult to establish crime of dowry/homicide in absence of witness and the victim's statement. The dying declaration remains a 'play on paper' when conducted in an atmosphere associated with legal-police procedures. The traditional values of worship of husband and sacrifice alongwith clandestine pressure of in-laws and fear of ill-treatment to children seal the lips and subsequent truth. The concept of 'Forensic Social Work' (Brennen et al, 1986:349) to bridge the gap between criminal justice

and mental health system can be appropriately applied to cases of Burns. The procedures of 'dying declaration' must involve a professional social worker to interview (and 'not interrogate') the victim, to create a climate where the truth which is supposed to be sitting on the lip of a dying victim (Jhala, 1978:1) can be revealed. Education of women in upholding newer values in this area can be helpful.

The difficulties in obtaining evidence largely refer to threats of rejection from the affected family and involvement in tedious, risky, police procedures. The change in attitude of the police in handling the procedures can help in encouraging citizens to be more co-operative. State level training/orientation programmes for all levels of authorities who enforce the law, can contribute to better policy and procedures of involvement of police.

The other side of the coin is the judiciary and the advocacy, the interpreters of the law. The present practice of 'judging' what is presented by the advocates is adverse to the search of truth in the case and as a result the cases of suicide and homicides go free. The practice can be modified in reference to Burns by compulsory intervention of voluntary legal aids to search for truth. The very recent amendments in related laws are a positive step in this direction.

In absence of specialized service of a 'burn care centre' the first professional attention is obtained only after the subject is hospitalized. The suspected cases of suicides/homicides due to dowry or severe marital discord and strained interpersonal relationships expire before or soon after admission. The hospitals usually have only one medical social worker to attend to variety of problems and is expected to work in general shift only. It is felt that Burns unit must have separate social workers on round the clock schedule.

The promotal attention: A probe into the findings projects the picture of woman who faces severe economic stress as the prime problem coupled with poor education, poor housing and poor status in family system. The preventive education for life-style can prevent these cases, the immediate management can improve the prognosis and offer rehabilitation. But unless we strike the grassroot problems of women the influx of new cases cannot be eradicated. It would be 'Utopian' to suggest but important to do so that raising the standard of living must also accompany preventive and therapeutic work if we believe that a "Lady is not for Burning".

Model II:

The approach to bring about change offered by Lippitt-et al (1958:12) is yet another attempt to use the system

perspective. The systems involved being the change agent system, the client system, the target system and the action system. It asks at the outset four basic questions: Who will benefit? Who gives the sanction? Who needs to be changed and who will be needed to work with? The underlying theme explains (Pincus, Minahan, 1973:63) 'Change agent system comprising of the change agent and the people who are part of his agency, client system as the people who sanction or opt for change agent's services and who are expected beneficiaries and who have a contract with the change agent. The Target system is described to include those who need to be changed to accomplish the goals of the change agent while Action system includes the change agent system and the people he works with and through to accomplish his goals'.

A review of these approaches in reference to the intervention related to problem of burns poses certain difficulties in terms of overlapping of categories at operational level. It is therefore felt that a simple plan with therapeutic, preventive and promotal goals would be more appropriate for the problem of burns from a psychosocial perspective. Some attention also needs to be paid to the urban rural differences in terms of modalities owing to differences in nature of problems.

SCHEMATIC PRESENTATION IV

ACTION PLAN : STRATEGIES FOR SOCIAL WORK INTERVENTION

PREVENTIVE GOAL

TARGET

Community

Education for Safety
Immediate Management

Schools:

- . Primary School
- . Child to Child
(non school going)
- . Would-be housewives
(High School girls)

Women's Groups:

- . Mahila Mandals
- . Hospital wards
- . Burn survivors

Training Units: S.O.S.

- . I.C.D.S. Trainees
- . Extension officers
- . I.R.D.P. officers
- . Worker's Education
(Industrial Units)
- . Home Guards
- . Dais: P.H.C. Nurses

Administration

Demand for Higher Standards
Better attitudes

Federation of Commerce:

- . Manufacturers of stoves,
Tin lamps, Pressure
cookers, Gas
- . Manufacturers of Elec-
trical appliances

Local self-government staff:

- . Natural gas line
- . Electrification
- . Public works

Associated Professions:

- . Police department
- . Doctors
- . Judiciary

Government

- . Improvement in legal
provisions
- . Enforcement of laws for
better standards in:
 - Equipments
 - Housing
 - Working conditions

V

SYNTHESIS

of

Methods for Intervention

Social Casework

- . Crisis Interventions: Medical-Legal-Social-Emotional
- . Acceptance of treatment. Hospitalization.
- . Rehabilitation. Emotional. Social. Economical.

Social Group Work

- . Patients' Group Psychotherapy
- . Diversion. Recreation Vs. Monotony
- . Socialization. Quality of life
- . Income Generating Activities
- . Relatives' Education on safer life style.

Community Organization

- . Identification Leaders. Volunteers.
- . Identification organized groups in communities, schools, Mahila Mandals, Industries.
- . Resource Mobilization. Human-Physical.
- . Education for Immediate Management
- . Safer lifestyle

Social work Research

- . Epidemiology of Burns
- . Adjustment of discharged cases in Family
- . Hospital Treatment
- . Awareness of Community
- . Impact of Treatment

Social Welfare Administration

- . Training of change agents
- . Training of Police staff
- . Work with Government policy makers

Social Action

- . Change in status of women

ACTION PLAN

Therapeutic Interventions:

Home Based Programmes (Urban)

A look at the findings in terms of the procedures of immediate management, the time spent in seeking treatment and number of cases who expired (and therefore are not on the sample) reveal a need for S.O.S. attention to the cases. A Burn Care Centre in the hospital with social workers on round the clock duties with the help of network of wardwise volunteer aids can be helpful. An intimation by a special code could make the worker rush to the place and provide water treatment, arrange for ambulation of the patient to the hospital, inform the concerned and create a climate that 'situation is within control'. The worker's first hand observation of the situation can be helpful from medico-legal aspects.

Rural:

The problems in immediate management are more serious in rural areas in terms of the distance from medical services. The public health nurse attached to the nearest P.H.C. can be oriented to perform the role of a social worker. Dai, a local woman conducting delivery is another agent who can be trained to perform the water treatment and help in legal aspects also. The advantage in training dai is

her experience in supportive health care, accessibility and the confidence she shares of the village folk.

She can also be helpful in safe and immediate ambulation of the patient as the time factor is important. Lot of time is wasted or the patient is only given indigenous remedies to keep the affair a clandestine (secret) one and is taken to the hospital when inevitable, due to severe post burn infection. A well trained 'Dai' can play pivotal role in this matter.

HOSPITAL BASED PROGRAMMES:

The hospital based intervention, in very serious cases, with poor prognosis can start with facilitating emergency admission and care. The FORENSIC SOCIAL WORKER holds important position, in view of the medico-legal aspects. A statement revealing the precipitating circumstances of episode of Burns is a medico-legal requirement. Fear of involvement of police procedures tempt the relatives to give a simple common place innocent reason to avoid consequent troubles in frank accident cases and to hide the suicide or homicide episodes in others. Here camouflaged facts close doors to further help, in absence of the evidences. A social worker's intervention can be of great value in helping family to share facts.

The 'dying declaration' if necessary, is a threat for cases of suspected suicides and homicides. The relatives 'guard' the situation as best as possible. The declaration though taken 'in camera' is carried out in an atmosphere of subjective tension owing to the authoritative, formal, legal, police procedure hardly conducive to ventilation. The cultural-traditional values also prove deterrent in case of a married woman and facts remain suppressed. The presence of a trained worker can be of immense value in bringing out the truth (which is supposed to be sitting on the lips of a dying man). The facts thus obtained can be useful for the case in reference as well as for research and prevention.

In case the victim survives, the procedures of crisis intervention can be used to tide over the crisis. Beginning from requirement of blood, medicines, financial help, understanding police procedures to adjustment to hospitalization and co-operation in treatment procedures demand help in our general hospitals. Appointment of a worker specially for Burns Unit is imperative.

The story of Burns care does not end here. The scars left on the soma, psyche and social relationships require a thorough social work intervention from intake to termination and follow up.

Plastic surgery requires a long term hospitalization leading to dislocation of family roles. The repulsive look and stigma attached to certain cases become instrumental in further strain in interpersonal relationships. A good case worker can help in reorganization of family roles, mobilization of resources and manipulation of the environment to be more supportive.

The scars on psyche and soma contribute to the emotional disturbance. The distortions in perception again strain the family relationships. Reflective considerations can be of immense value in treatment. Use of diversion and recreation therapies can provide support.

The long duration of hospitalization can also be used for improvement in qualities of life education through use of social group work.

The hospital based programme can aim at total rehabilitation, the emotional social economic and physical aspects. The follow up of cases is equally important to ensure proper assimilation of the subject in the society.

Preventive Interventions (Urban)

A close look at the findings reveal that majority of the cases are accidental in nature, a preventable area. It would be appropriate to plan the preventive strategies for different target groups in the vast fabric of the community.

Education for safer life-styles:

Lack of awareness in proper kitchen arrangement, cooking practices and illumination devices have been one of the most significant causes in accidental Burns in women. It is well known that old habits die hard and it is necessary to unlearn misconceived notions in daily life-styles. It would be important to teach them young.

School Units:

A. The primary schools Standard 7th is an ideal group in view of its ability to comprehend. It also provides for widest coverage to the programme in view of the stagnation and wastage in education (dropouts after primary education). Methods like objective tests, elocution and essay competition, followed by a slide show on safer life style can instil proper awareness on safety to prevent future accidents.

B. Would-be housewives:

Ila Shett (1975:22) states that out of every one hundred girls admitted to schools only 12 reach upto 10th while only 3 go for the S.S.C. examination. These girls are soon married and take up the family roles.

It would be appropriate to educate these would-be housewives before they leave high schools. Exhaustive programmes to cover all girls high schools can build the second tier of people with safety awareness.

C. Child to Child Care:

The fact that number of non-school going girls in lower socio-economic groups take on premature adult roles and take care of younger siblings and cooking while their parents are away for earning. The recent programmes for child-to-child care can be yet another target for education ensuring safety awareness in girls.

Women's Groups:

The All India Women's Conference's city level branches and several other women's organizations hold large memberships. The urban community development projects have many slum pockets under their fold. These groups can be educated on safer life styles to avoid accidents.

The suicide and homicide cases have the 'helpless' victims of dowry, marital discords and strained interpersonal relations. The groups mentioned above can be utilized for education for the legal rights, and welfare agencies available to them for help. The 'denial' based values of silent suffering, stigma in approaching, counselling services, hiding data on atrocities of family members, close the avenues for help. Women must be educated in these areas and should be ensured support. A wide publicity of the ways to avail of services of the state homes and other voluntary agencies should be made, to facilitate initiative in the 'home-bound' women.

Visitors in General Hospitals:

The practice of visiting the sick is a social obligation especially in rural areas. The hospital attracts large number of visitors from both urban and rural areas. An on going programme of education on safer life style can prove a meaningful, economically viable access to communities. Case records in simple, local language, used by a trained 'facilitator', involving some of the literate visitors/'turned in' patients can make an effective education programme.

Burn Survivors as Educators:

The women who have survived can be later motivated to act as educators in communities. 'Alcoholic Anonymous' pattern can be a useful guide.

Workers' Education Scheme:

The Indian society is still a 'male dominated' one. The decision maker in the family is the man of the house. The very large number of industrial workers covered under Worker's Education Scheme can be utilized to instil values for safer life style and treatment of women as human partners in the family system. Structural changes viz. platform for cooking and safe house arrangements, securing the tin lamp in fixed position and its like can be greatly facilitated if the decision comes from the top ! These

These groups could also be used for orientation to the fact that sex of the child is determined by the male and women need not be punished for the same.

Rural Scenes:

The majority of areas remaining similar the rural programmes must emphasise on proper use of tin lamps, care in pouring kerosene on smouldering fire (chulha), care of loose sarees while cooking to avoid accidents.

Lack of issue or male issues is another area leading to problems. Counselling and education for newer values is required here. Programmes for educating senior women and men regarding sex determination of child can be very useful.

The units under social welfare programmes, beneficiaries of Integrated Child development scheme provide ready target groups. The Anganwadi workers of I.C.D.S. can prove good change agents after orientation.

Extension officers and village level functionaries of other government programmes though assigned other tasks can be involved as resources in view of their access to rural-tribal populations.

Associated Professions:

The total management of Burns involves various professionals in the matter. The Medical practitioner, the Police personnel and the legal personnel. The attitudes and manner

of these personnel in handling the cases can go a long way in determining the outcome of the process.

It is seen that most of the cases of Burns are referred to Civil Hospitals for better services and medico legal obligations. But some reluctance in private medical practitioners in treating these cases is seen owing to medico-legal formalities and subsequent police and court indulgence (i) It is likely that the time spent in transport may affect the prognosis. In other cases, even if treatment may be given on humanitarian grounds, it is done off the record. An orientation programme, to treat and report the cases may help in getting justice to the victims.

The police procedures, if modified, can encourage the law abiding citizens to come forward to report such cases.

Administrative strategies:

The other side of the coin in accidental and other burns is poor substandard in qualities of equipments and services associated with fire. Efforts need to be put in at the top level to uphold the same.

Federation of Commerce:

Easily explodable tanks of pressure stoves, ill-balanced grille of wickstoves, incomplete fixing traps

for tin lamps, poor quality of rubber tubing in Gas stoves, ill fitting electrical plugs-sockets are only some of the examples of making the consumer vulnerable to Burns.

Campaigns of highlighting the importance of better standards in production can be taken up with Federation of Commerce and Manufacturers of these commodities.

Local self Government:

The data reveal cases (though few in number) of crude handling of gas pipeline repairs resulting in multiple deaths. Electrocution due to loose live wires and improper ventilation in public toilets.

The local self-government can be impressed upon to train the staff properly in this area.

Government:

The health statistics of Gujarat (1984:106,218) reveals the percentage distribution of deaths by major cause in rural areas from 1977 to 1980. Accidents and injuries cause 4.2 percent of the total deaths. In the same report, the data for patients treated and deaths in civil hospitals of the Gujarat State shows that 5913 patients of burns were treated in 1980. The deaths of the indoor patients due to burns came to be 18.56 percent which makes 3.56 percent of the total deaths of indoor patients and ranks

sixth highest in 136 categories classified by revised schedule of international classification of diseases.

The unreported privately treated cases add to the gravity of the problem. The government must pay special attention to the problem. The social work intervention with government could focus on the following issues:

- . The government archives must maintain and publish detailed classification of burns in women for accidental, suicidal, homicidal burns with other relevant data.
- . Every civil and local government hospital should have a special unit for Burns with professionally trained social worker as a part of the team on round the clock schedule.
- . The legal measures in reference to cases of dowry and suicide must be amended to include weightage on pre-disposing psycho-social factors leading to episodes of burns. The present practice of judgement based only on arguments of the advocates defeat the aim of social justice in some cases. The state must establish procedures for impartial inquiries in the cases of Burns in women.
- . The government must provide for emergency residential services for helpless, desperate women with strained inter-personal relations. These institutes attached to family courts (legal backing but informal procedures) can encourage women to seek help who are otherwise afraid of police involvement in Government State Homes.

The recent amendments in Indian Penal Code to introduce code 498-A and 304-B and also improvising Indian Evidence Act with 113-B are positive steps in the direction. The report began with an epitome on burning of women mentioning practice of 'Sutee' (immolation of women on their husband's pyres) as an obsolete practice. It is sad to note revival of the same in Devra, a village in Rajasthan. No amount of legislations can eradicate the burning of women unless the women themselves are emancipated and strengthened to speak for themselves.

Promotal Interventions:

The overview of the findings raise the general image of the subjects as women with substandard level of education, economically dependent, facing economic stress, living in poor housing conditions with very poor or no civic amenities at all. Their social status is inferior, they are subject to problems in marriage and are neglected in health. The day-to-day life itself poses stresses making them prone to accidents.

It would be difficult to arrest the influx of Burn episodes unless the quality of life in general improves. The task of raising the socio-economic status, service infra-structure and especially emancipation of women needs priority.

Historically, the improvement of status of women (Pathak, 1986:63) has been the major concern of social reformers. Fight against tradition of Sati, prohibition of child marriages, encouragement of widow's remarriage have been some of the important areas of concern.

The post-independence programmes and present gestures of establishing a Ministry of Women's Development is indicative of the upward trend. The emancipation to be total will have to emphasise on economic independence, higher educational and health status.

A comprehensive effort, however, must be made at the therapeutic, preventive and promotive levels if one endorses the fact that 'A Lady is not for Burning'.

The study would have served its purpose if it results into an action programme even for the group under study.