

CHAPTER - II

PERSON-IN THE SITUATION : PROFILE OF THE RESPONDENTS

The ultimate goal of social work research in most cases is the consumption for service to humanity. The foregoing chapters have in different ways established the need for prevention of Burns to reduce the high mortality - morbidity with the consequent sufferings of those who suffer Burns, in terms of upset in the 'socio-stasis' - the disturbance in the psychosocial functioning.

The socio-economic profile thus, becomes the next aim of discussion on the problem of Burns. This can also help in charting out the profile of the 'women at risk' from the general population for effective action.

The concepts of person-in-situation (Gestalt) and the one on psycho-social functioning (Hollis, 1972:10-16) explain inter-relations between the individual and his/her environment which is made up of many variables like concrete realities, values and norms in reference to ethnic, religious and other peer groups. The life style of an individual, is yet another resultant of interaction of number of social, economic and emotional factors.

It would be thus relevant to examine the status of subjects (N=103) who survived the Burns episode and could communicate their feelings.

HABITAT:

The place of residence is one of the important factors in understanding the dynamics of Burns in view of the fact that the habitat suggests to a great extent the way of life. The knowledge and the use of modern gadgets, the housing arrangements and the types of fuel used to some extent, could be influenced by the urban or rural way of life. It would be interesting to see this in reference to the group under study.

TABLE - 1

Distribution with reference to Habitat (N=103)

Habitat	Frequency	Percentage
Urban	44	43
Rural	59	57
Total	103	100

The data virtually reflects higher incidence in women from rural areas. A look at the census proportion (1961 in Baroda District) presents the ratio of rural to urban women as of 7:4 and the same for Gujarat total is 11:5. A review of the actual data shows a relatively higher proportion of cases from Urban areas in comparison to the census distribution. This however cannot be significant in view of the

fact that many cases from rural areas might have expired on way while the urban have a quicker access to the hospital facilities. Proximity of services may be one of the factors that contribute to the higher urban intake at hospital. The promptness in arranging for treatment is determined by many other factors alongwith the distance.

TABLE - II

Distribution with reference to Religion (N-103)

Religion	Frequency	Percentage
Hindu	88	85
Muslim	14	14
Christian	01	01
Total	103	100

The importance of religious faith as a factor relevant in understanding the social behaviour is well established. As one unit of the wider concept of culture it has a bearing on the person's customs, beliefs and consequently health. Cultural factors (Park and Park, 1983:68) in health and disease have drawn attention of Medical Scientists and Sociologists. These factors are deeply involved in matters of personal hygiene, nutrition, family planning... a total way of life.

Eight out of every ten on the sample are Hindus. Importance of male issues for salvation and male dominated family function can be some of the issues contributing to the episodes of burns in cases having no children or no male children, as seen later.

Fourteen percent of the samples are Muslims. It would be interesting to see how, the socio-economic conditions and polygamy are some of the factors that lead to the episode which seek attention in later discussions.

TABLE - III

Distribution with reference to Caste (N-103)

Sr.No.	Caste	Frequency	Percentage
1.	High Caste	28	27
2.	Middle Caste	19	18
3.	Low Caste (SC/ST)	41	40
4.	Other than Hindus	15	15
Total		103	100

Much has been said about the caste system in India - a complex system of social stratification. It has undergone some change from the ascriptive social stratification of the traditional society to the present (so called) liberal outlook. The change brought about by social legislation would remain on paper unless accompanied by changes in the

attitudes and values of people. Consequently 'caste does influence (Kohn, 1959:337-351) its members by virtue of enjoying (or suffering) different conditions of life'.

Forty six percent of the subjects amongst the Hindus belong to low caste (SC/ST), the poor socio-economic conditions, poor, segregated housing with poor water supply, are some of the factors to be considered in understanding the management of episode of Burns.

It is a strange aspect to note that almost one third of the group belongs to High Caste Hindus. What factors contributed in leading them to Burn injuries? Is it the family conflict resulting from the changing status of women or is it the very 'High' status itself that has not allowed ventilation of feelings, leading to suffocation and harm to self, is to be examined.

AGE:

Inspite of the fact that 'Age' is more a myth than a reality in India, (due to confinement at home, lack of proper documentation and lack of awareness of importance of registration of birth due to poor SES), age does remain an important variable to have an influence on the patient in terms of the genesis as well as the consequences of Burns. Age is one of the factors that has bearing on the status and role performance of women in the family system. Irrespective of marriage, the women form a contributory unit to

the family in terms of undertaking the charge of household work. The child bearing as well as the potential candidature for marriage market make women's health as a family stake and naturally age will have a bearing here. It would be interesting to see the picture of the group under study.

TABLE - IV

Distribution with reference to Age (N=103)

Age in years	Frequency	Percentage
19 or less	17	16
20 - 29	48	47
30 - 39	24	23
40 or more	14	14
Total	103	100

It is shocking to see that approximately seven out of every ten belong to the age group of twenty to thirtyone which is the most crucial period in a woman's life. Two out of every three cases in this group are again affected in the prime of youth twenty to twenty-nine. This phenomenon viewed in light of a social problem intensifies its gravity as Burns is both a cause as well as a consequence of a social problem.

Why does a young woman submit herself to flames whether wilfully or otherwise should be a matter of great concern. What does this illness - episode mean to her and how would it affect her can be explained in three major theses. The cases of frank accidents could be attributed to a very obvious issue that women in twenty to twentynine age group usually shoulder responsibilities in the kitchen and hence have a relatively higher risk of running into flames than when in other age groups.

This age group again represents the young and the newly married. And more than fifty percent of the cases in this age group have age younger than twenty four years. Does this have any relevance to their marriage? Is this episode a frank accident or is one dashed by a wilful negligence or even a committed suicide or even if rare, a design for homicide, would require a probe into many other variables (seen later).

This hunch regarding other than accidental factors can be supported by a look at the youngest group - girls in the late teens. It is the most dreamy period of life where the girl is expected to be bubbling with gusto of physical energy and full of hopes for future. What has prompted her to be victim of Burns ? What is at the root of a frank accident or an attempted suicide? Is it a matter of carelessness

due to day dreaming or is it related to problems owing to lack of say in matters of marriage? What does this episode mean to her in terms of 'secondary gains'? Several issues of this order could be established in the later part.

The number of subjects reaching the senior citizens' age is also no less. Six out of every ten have already entered the fifties in the last age group. Many questions that bother a concerned enquirer, as to whether these women had still to drag on in the kitchen chores or was the episode an emotional scene in reference to their menopause? The answers could contribute in understanding the dynamics of Burns.

MARITAL STATUS:

Entrance to the state of matrimony and marriage as a social institution (Singh, 1972:68) both have a special significance in Indian Culture especially in case of women. The changing status of women (Kapur, 1972:51) in our society in terms of education, economic independence and partnership in family decision making, cannot undermine the existing vulnerability. The problem of women both in and out of matrimony still claims attention of women welfare services. The constitutional rights and some protective measures do not rule out the lack of societal and to some extent legal recognition (I.T. Act).

The review of literature also depicts marriage as one of the important factors in the 'risk profile' of women. The picture in reference to group under study is as follows:

TABLE - V

Distribution with reference to Marital Status (N=103)

Sr.No.	Marital Status	Frequency	Percentage
1.	Never married	17	16
2.	Married	81	79
3.	Widowed	4	4
4.	Divorced/Separated	1	1
Total		103	100

Majority of the patients, @ eight out of every ten fall in the 'Married' group. Marriage in Indian society makes various demands on the social and emotional 'psyche' of women. In most cases, it is entry in or communion with a new family system alongwith participation in suffering the economic stresses. Aptly described by Mrs.X - "In spite of being the beast of burden in his family, my husband shows soft corner for my sister-in-law. I have no status here". Number of other cases have shown conflicts with mother-in-law and sister-in-law as the predisposing conditions of Burne episodes (elaborated later). Unquestioned suffering of economic stress coupled with dominance of 'In-laws' is

what marriage has offered to many subjects.

Problems in child-bearing offers other perspective. Not having an issue, especially a male issue, results into conflicts with the woman as described by Mrs. Y - "I am of no use to them. They can't throw me out so they pick at me for everything, finally leading to conflicts". It is appropriate to note that from the married group, nine out of every ten had arranged marriages, only in three cases there was choice with family approval and only in one case, it was choice against the family decision.

In three out of the four cases of widows, all in higher age groups, have shown "feelings of being a burden" to the family. The rejection and loneliness have extended to fears, persecutions in one case. Whether is it the lack of economic independence or a prolonged syndrome of menopause can be established later. The important issue remains the cry for attention.

The cases of 'never married' group clubs the issues of lack of say in marriage matters as in case of Miss A whose step mother forced her to marry another man refuting 'A's' feelings for someone else. In another case, of frank accident with grief - "Who would marry her after this?"

The central issue in all categories projects marriage as a tool of social sanction for existence where the 'individual' in woman is less important than the wife or

daughter-in-law.

The foregoing description has projected to an extent, the vulnerability of women. What is it that contributes to the vulnerability? A look at the S.E.S. indicators would be worthwhile:

Socio-Economic Status:

Observations (Park, 1983:74) that health and disease are not equally distributed in social classes have been reported for over a century. Health is now described (Ojurfeldt, 1980:28-62) as a 'natural reality, not only socially defined but socially produced... Nature and culture being dialectically interrelated through activities of man, and the material conditions of health are determined by the infra and superstructural factors (values, beliefs, norms)'. Consequently, it would be relevant to know which of the factors have a major share in the condition of disease (here Burns) in order to decide priorities in action i.e. change in health policies or health education? Hence the probe:

TABLE VI

Distribution with reference to level of Education (N=103)

Sr.No.	Category	Frequency	Percentage
1.	Illiterate	60	58
2.	Upto Primary	08	08
3.	Std. V to IX	22	21
4.	S.S.C./H.S.C.	12	12
5.	Graduation/P.G.	01	01
Total		103	100

It is seen that six out of every ten cases are illiterate, have no easy access to printed media and correct health information (Park and Park, 1983:27) especially for management of Burns.

Education, again related to income and life style can explain the vulnerability of the group to economic deprivations, improper life style and socio-emotional problems generated from the stress.

Amongst thirteen cases, relatively better educated, more than sixty percent had history of pure accidents due to lack of awareness of proper life style. This highlights the need for education for safer life style. The rest forty percent had problems as a backdrop to the accident - with suspicion of suicide. The married amongst them (4-5) had problems like suspected sterility, infidelity of husband and severe economic stress as contributing factors. What is the occupational and economic status of these cases, is the next issue:

TABLE VII

Distribution with reference to occupation (N-103)

Sr.No.	Category	Frequency	Percentage
1.	Not working	87	85
2.	Working	16	15
Total		103	100

It is shocking to see that eight out of every ten have no personal economic contribution to the family system. The working women (Fifteen percent of the total) are engaged in self-employment or jobs as those of peons, house maids.

The personal income of the earning women does not range higher than Rs.200/- per month, all the same the amount makes a sizeable contribution to the family income which in itself is not very high. The effect of the economic independence is seen in better management of the Burn episodes (discussed later).

TABLE VIII

Distribution with reference to Total Monthly Income

Sr.No.	Category	Frequency	Percentage
1.	Rs. 1 - 200	23	22
2.	Rs. 201 - 400	43	42
3.	Rs. 401 - 600	14	13
4.	Rs. 601 - 800	06	06
5.	Rs. 801 - 1000	09	09
6.	Rs. 1001 or more	08	08
Total		103	100

The economic stress experienced by victims is obvious from the data. More than sixty percent of cases fell in the low income groups. Coupled with status of occupation and

education (Kuppuswamy, 1962) it leads to the lowest rung of social ladder. The use of improper gadgets of cooking and illumination (Chulha and Tin lamp) and ignorance of safer life style explain the vulnerability to burns episodes. Irrespective of the fact, whether or not, the deprivations give them the feeling of loss and strain in view of the meagre expectations held by these groups (Kulkarni, 1979:68), the consequences of poor standard of life are obvious.

The condition of the middle-class group (one out of every five) can be summed up in words of Kulkarni (1976:67) "They are probably more miserable as they cannot stretch their meagre income to keep a cultural facade and to cope with their social obligations". The emotional stress coupled with the economic one stands as one of the factors creating conditions conducive to burns.

TABLE IX

Distribution with reference to per capita Family Income (N=103)

Sr.No.	Category	Frequency	Percentage
1.	Rs. 1 - 50	29	28
2.	Rs. 51 - 100	42	41
3.	Rs. 101 or more	32	31
Total		103	100

The perspective division of Planning Commission (Park and Park, 1983:76) has laid down national minimum of Rupees twenty per head per month at 1960-61 prices. At present price it would mean one hundred and eight times more.

The picture of the group under study shows every third case living close to poverty line. Fifty percent of them are below the poverty line, while more than forty percent of the group in category two also remain close to the lesser income. The last group ranging from Rupees one hundred one to Rupees four hundred includes one third of the total number of cases. Economic status stands out as one of the predominant factors contributing to conditions conducive to burns.

Type and Size of the family:

The importance of family as a social institution that provides stability and continuity in the changing times is well established. The change from the joint family to the nuclear one has been accepted under the table of 'Family in transition'. The exact definition - qualification of the situation of change as well as the units (joint/nuclear) has still been an issue debated by experts (Kulkarni, 1983:88, Ramanuj, 1972:22, Acharya, 1983:89). Genesis, management and rehabilitation has been however accepted by both the Medical and Social Work experts.

TABLE XDistribution with reference to the size and type of family (N-103)

Sr.No.	Size	Nuclear		Joint		Total	
		F	%	F	%	F	%
1.	1 - 4 members	45	60	6	22	51	49
2.	5 - 8 members	30	40	11	39	41	40
3.	9 or more	-	-	11	39	11	11
Total		75	100	28	100	103	100

More than seventy percent of the subjects hail from nuclear families. Sixty percent of them have an ideal family size and forty percent are urban based.

One out of every four hails from joint family of which more than sixty percent belong to rural areas with the average family size being obviously large. In what way do these differences contribute to the problem and at what stage?

Is the joint family a germinating ground for inter-personal conflicts? or that it provides the much claimed protection through better management? What makes the unitary families more prone to burns? Does it have any relation with the physical facilities and the life style can be next issues for the probe.

Housing Facilities:

"Housing is a part of the total environment of man and being, a part to some extent responsible for the status of men's health" (Park and Park, 1983:184). Accidents and psycho-social effects have been two of the indicators that show strong relationship between poor housing and ill health. Bopardiker (1967:349) quotes expert committee - U.N.O. recommending six criteria for healthful housing. It highlights physical protections, adequacy for cooking and other functions, freedom from unsafe arrangements and encouragement to social relationships and thereby promotes mental health. An inquiry into the status of housing is imperative.

Structure:

The ratio of the housing enjoyed (or suffered) by the subjects in terms of structure is RCC:Mud bricks: Hutments is 3:3:5. Fifty percent of the subjects who live in hutments obviously are devoid of use of electricity in their house built with inflammable materials. The construction does not provide protection from wind, rodents and cats posing dangers of toppling of tin lamps in the crowded household.

TABLE XI

Distribution with reference to Status of Possession and Size
of the Houses (N=103)

Sr. No.	Category Status of possession	Frequency Number of Rooms				
		One	Two	Three or More	Total	%
1.	Own	16	19	18	53	51
2.	Rented	22	11	5	38	37
3.	Others	12	-	-	12	12
Total		50(49)	30(29)	23(22)	103	100

It is shocking to see that one out of every two subjects have a house of only one room including kitchen, and the same number live in rented or unauthorized structure not leaving much scope for permanent safety construction. The rest of the group has a fair degree of freedom in space as well as authority for constructional changes.

How does one explain the episodes in the relatively better-off group. What factors besides ignorance of safer life style contribute to conditions conducive to Burns?

Civic Amenities:

The need for clean, adequate, easily available water, toilet facilities and drainage is well accepted for healthful living.

TABLE XII

Distribution with reference to water-supply and Toilet facilities
(N-103)

Sr. No.	Toilet facilities	Water Supply		Total	Percentage
		Private	Public		
1.	Individual	29	5	34	33
2.	Shared	1	8	9	9
3.	Public	-	12	12	12
4.	Nil	1	47	48	46
Total		31	72	103	100

The data clearly reveal the substandard civic amenities enjoyed by subjects. Seventy percent of the subjects have to depend on public water supply. Over population, industrialization, urbanization, the most common culprits, explain for the time wasted on water taps in urban areas and the distance in rural areas.

Six out of every ten suffer the use of public lavatories or cover long distances to preserve their privacy in physiological functions. Accommodation of time factor also results into

unhealthy modifications in bowel cycles. The resultant, cumulative mental stress can be one of the factors that explain the vulnerability of the burns victims.

Life-style:

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

The review of literature has established beyond doubt (Jha, 1960a:8) that women are more prone to Burns than men, the sex difference brought into sharper focus in age group 15 - 44 years, where burns is almost entirely a woman's problem". Ninety percent of the cases (Jha, 1975b:8) were inflicted at home (Kitchen) - the single predominant cause in women was clothes catching fire, eighty percent of them due to Kerosene stove, seventy six percent of the cases labelled as accidents".

The evaluation of the status of 'life-style' was based on the following indicators:

- Use of Kitchen: exclusive/multipurpose
- Cooking on: Platform/Floor
- General arrangement (clothes line, mattresses, food storage): safe/vulnerable to accidents
- Type of fuel: safe/unsafe
- Type of illumination: Electricity/others

- . Tin lamps: Fixed on wall/otherwise
- . Material and style of dress: Safe/Unsafe
- . Use of Pressure Cookers: Safe/Unsafe
- . Use of pair of tongas: Yes/No.

It has been established that the risk of burn injuries could be considerably reduced (other factors being controlled) by taking care of the factors mentioned above. Hence the probe.

TABLE XIII

Distribution with reference to the use of Kitchen (N=103)

Sr. No.	Use of Kitchen	Place of Cooking			Percentage
		Platform	Floor	Total	
1.	Exclusively for cooking	5	28	33	32
2.	Multipurpose	2	68	70	68
Total		7	96	103	100

The data reveal the poor status of 'life style' in reference to the use of kitchen. Not even five percent of the subjects adopt completely safer-life style. Nine out of every ten subjects use floor for cooking of which seventy percent make a multipurpose use of the kitchen. Even a slight mental preoccupation can victimize the person unawares.

Arrangement:

Clothes-lines hanging over the 'Chulha-stove' pose a potential danger. The food storage right above cooking place is another hazard. Based on the experiences shared by the subjects it was noted that in approximately seven out of ten cases the arrangements had scope for modification.

TABLE XIV

*Distribution with reference to Fuel used for Cooking (N-103)

Sr.No.	Type of Fuel	Number of users	Percentage
1.	Kerosene	66	64
2.	Cowdung Cake Wood	32	31
3.	Gas	8	8
4.	Coal	5	5

* Responses are not mutually exclusive: percentages show relative status

The response to a multiple choice reveal the relative status of different types of fuels used. Six out of every ten subjects use Kerosene through pressure stoves. Here, besides the highly inflammable, pilferable fluid the poor quality and maintenance of stoves also play their part. Krishno Basrur (1981:4) attributes the accidents to "poor and negligent servicing, inadequate safety instructions,

manufacturing compromises, incorrect industrial policies and market compulsions". Consumer education for 'The right to safety' thus projects itself as a vital area for social work intervention.

One third of the subjects succumb to firewood episodes. Practice of pouring kerosene on half-lit cowdung cakes have resulted in some cases, burning of lower abdomen creating morbidity in reproductive system and finally problems in marriage.

Type of Illumination:

TABLE XV

Distribution with reference to type of Illumination used (N-103)

Sr.No.	Illumination	Frequency	Percentage
1.	Electricity	44	43
2.	Other than Electricity	59	57
Total		103.	100

It is a sad fact to note that more than fifty percent do not avail of electricity and use fanua, Tin lamp as alternatives. Every fourth subject has been a victim due to Tin lamp (Khadia). The Khadia is a small lamp made out of cigarette tins and is loosely kept on shelves, thresholds,

used as a night lamp as well. The vicious circle of large family, less education, poor income leads to substandard housing. The inflammable construction material (hutments) and the design hardly offer any protection against hazards.

Social work intervention has a scope for education programmes; for people or for policy makers? This remains a question hard to answer !

Use of Pressure Cookers:

The ratio of those who use pressure cookers to those who do not is 1:9 and none of the subjects have incurred burns due to the use of pressure cookers. There is no case which focusses the need of attention to this area. The trend of presenting pressure cookers and similar gadgets as festival bonus is increasing in industries. Within one week of the gift day there were so many cases of minor (save no major) accidents in a local industry, a special education programme had to be organized to educate the workers for proper use of a pressure cooker.

Use of Pair of Tonges:

Scalds due to hot liquids usually result from improper handling of hot vessels. Use of loose end of a saree and that of pieces of paper in absence of the pair of tongs, have resulted into many accidents. Three out of four cases

on the sample do not use a pair of tongs. The previous discussion has made an effort to understand the life style of the subjects in light of their socio-economic profile.

The Social Environment:

The foregoing discussion has attempted a probe into the individual background of the subjects, their socio-economic profile, the housing conditions and the general life-style. This section attempts to go a step further by exploring into the social aspects of environment and its relation to the 'person'.

The concept of social functioning (Hollie, 1972b:16) beautifully explains itself as the 'interplay between the social environment and the individual. The environment consists not only of the concrete realities such as food, clothing, shelter, medical care, employment, physical safety, recreation and educational facilities but also the sociopsychological realities expressed through interpersonal relationships'. The other major contribution being the individual's personality.

The concept of a problem (Pinkus & Minahan, 1977:104) can be seen as constituting a cluster of three related parts: "1. The social situation, 2. People who are evaluating the condition, 3. The reasons and basis for their evaluation".

The concept of a psychosocial problem (Pearlman, 1957:25, Roberts & Nee, 1972:146) highlights the issue as being a stressful situation, beyond the capacity of the person to cope. It is a disturbance in his/her current functioning, has both subjective and objective realities and is a 'live' cause for emergence of other problems. The triangle (Hollis, 1972d:23) of "unmet infantile needs, faulty ego-superego functioning and current life pressures" is yet another perspective to explain the problems.

It is thus appropriate to examine the subjects, the victims of burns in reference to the problems faced in life as expressed by them. In spite of the issue being subjective in nature, it is important to explore, considering that "Feelings are facts" and they form one of the major contributing factors in understanding the issues predisposing an episode of burns.

The analysis of the nature of the problems, interpersonal relationships and status of satisfaction with present life can throw light on the dynamics of the person-situation (Gestalt). It may disclose the 'Points of Reverberation' (Roberts and Nee, 1970b:62) within the system which if changed, are especially likely to bring further change in the totality.

A probe into the magnitude (intensity) and the quality of the problem is of relevance. An honest admission be made here that the complexity of a problem situation makes it difficult to quantify in order to pinpoint what aspect of the multifarious problem has contributed to the precipitation of the episode. A look into the quantum of the problems leading to those affecting the maximum number of subjects is worthwhile. The following table reveal the data:

TABLE XVI

Distribution with reference to the number of problems faced by the subjects (N=103)

Sr. No.	Number of Problems	Rural (N=59)		Urban (N=44)		Total (N=103)	
		F	%	F	%	F	%
1.	Nil	13	22	8	18	21	20
2.	One	33	56	28	64	61	60
3.	More than one	13	22	08	18	21	20
Total		59	100	44	100	103	100

One out of every five subjects has stated that no problem is bothering her while four out of every five face one or more problems. The review of literature (Chapter I)

has revealed varied problems (Economic, Social, Health related and others) as predisposing factors to Burns, the types of episodes being suicidal, homicidal or accidental in nature.

What are the characteristics of these women who face no problems? What could be the predisposing cause to lead them to the episode of burns? More than sixty percent of women with no problems belong to rural areas. The ratio of married to unmarried amongst them is 9:4, while the same in eight urban subjects is 5:3. If no pressing stress factor is visualised, what is the nature of episode in reference to the 'no problem' group? More than ninety percent of the rural women with no problem had a 'frank accident' while in one case it was 'tension related accident'. The picture in urban subjects differs where the 'tension related accident' constitutes twentyfive percent of the 'no problem' cases. Further reflections on the same can be seen later. An important fact to note is that eighty five percent of the total 'no problem' cases are of frank accidents the ratio of married to unmarried here is 2:1.

Sixty percent of cases have one major problem while one out of every five have more than one problems (ranging from two to six) facing them.

What is the nature of the problems faced by the subjects? Is it economic, related to interpersonal relations, physical/mental health or those that refer to traditions and norms? It is difficult to pinpoint a single, isolated problem in view of the complex, multifarious fabric of problems even in cases of subjects facing only one problem. The quantified analysis is based on the importance given to the same by the subjects is presented in the next table.

TABLE XVII

Distribution with reference to the number of problems faced by the subjects *(N=103)

Sr. No.	Number of Problems	Rural (N=59)		Urban (N=44)		Total (N=103)	
		F	%	F	%	F	%
1.	Nil	13	62	8	38	21	100
		22		18		20	
2.	One	33	54	28	46	61	100
		56		64		60	
3.	More than one	13	62	8	38	21	100
		22		18		20	
Total		59	100	44	100	103	100

* 1. Responses are not mutually exclusive.

2. Percentages worked separately for Rural/Urban/Total

A probe into the problems faced by subjects brings to notice that most of the subjects face economic stress. The reference to current issues of the menace of dowry as a problem has been surprisingly missing (discussed later). It is difficult to project anything on the issue in view of the bias in the sample. The group under study comprises only of the subjects who survived to respond to the inquiry. 'Dead men tell no tales' hence it is possible that many of the ninety four cases who passed away immediately and the twentyfive who absconded against medical advice had important data with them. Another research only can answer the question.

The economic stress expressed by the subject can be explained in terms of income. Fifty percent of the subjects have a large family of five or more members, twenty percent of them having nine or more members, while sixty four percent of the subjects have monthly income of less than Rupees four hundred. It is a sad reality to note that meeting of the two ends should form one of the major predisposing factors leading to burne in spite of the fact that fifteen percent of the subjects contribute to or earn for the family income.

Interpersonal relations:

Strained interpersonal relations in case of married subjects, includes issues having conflicts with mother-in-law,

sister-in-law and husband. The lack of say in matters of marriage has been another area of concern. Conflicts of senior women dependent on son resulting into conflicts with daughter-in-law highlight a different dimension in strained interpersonal relations.

A further probe into the subjects with psychosocial problems related to strained relationships reveals that more than sixty percent of rural subjects in this category have tension related accident, attempted suicide or suspected suicide as the backdrop of the episode (discussed later). A similar data for the urban cases is seventy percent.

Lack of Children:

The meaning of having one's own child for a married woman in order to justify her womanhood and the status in the family is well established in many cultures around the world, more so in the Indian culture where the presentation of a male issue to the family is of vital importance. The male dominated culture, women's economic dependency on men, the assurance of salvation only through the after rights performed by male child and stigma attached to dependency on daughters in old age (Kanyadan) all go to explain the trend.

It should not be surprising that fifteen percent of the total and 19 percent of the group of married, widowed

separated women have 'not having an issue or a male issue' as a most disturbing problem. The problem here is a complex one coloured by health problems of infertility in women coupled with social problems in interpersonal relations and emotional problems of helplessness and lack of self-worth.

Four rural subjects having no issue have precipitated stress in tension prone accidents and suspected suicides in equal proportion. The five urban counterparts have the same in relation of 1:4. Not having a male issue in one rural subject has resulted into frank accident while from amongst six urban cases 3 resulted into frank accidents, two in attempted suicides, while one is suspected suicide as is discussed later. Utilization of modern medical services for problems of in-fertility is imperative. Higher status in the family and self-actualization avenues for such women can be some of the areas for social work attention.

Health:

The issues relating to general health or lack of it cover problems of severe anaemia, prolonged fever resulting into giddiness and falling on fire. The nine subjects suffering from frank mental health anomalies include hysteria, in four cases, two each from urban and rural areas. Four cases of Epilepsy include three from rural and one from urban.

One case of frank depression from urban areas completes the picture. Excluding the cases discussed above, many other cases show varying degree of anomalies on the continuum of mental health graph ranging from integration to total disintegration of personality. The scope of social work intervention (discussed later) is wide.

Dowry:

'Bride burning' and 'dowry deaths' claim great attention in current professional and paraprofessional literature. A probe into the issues related to dowry was done in the form of 'usual expectations in marriage'.

Technically Dowry is punishable when it is negotiated as a condition for the marriage. The other transaction go as goodwill gifts or as a part of the custom. In spite of the efforts by some of the states to plug the loopholes in the 'Dowry Prohibition Act, 1961' (Gangrade, 1979:257-260) by making the offences cognizable and non-bailable, the offenders still avail of the opportunities to escape the punishment.

The recent Dowry Prohibition (Amendment) Bill, 1986, raises hopes for better attention to the problem. The Minister of State for Women and Child Development Mrs. Margaret Alva's words promise a brighter future for the potential dowry victims (The Times of India, August 23, 1986:1).

Acting as a spokesman for the Government, she indicated that Section 304(B) was being added to the Indian Penal Code to define a dowry death. Section 113(B) was being added to the Indian Evidence Act to give more weightage to a suicide note by a court of law. These, in effect, shift the onus of proof of dowry deaths on the husband and his family.

The step taken towards legalisation of the status of women's organisations in dowry cases and the structure envisaged composing of legal and paralegal cells to deal with complaints of victims of dowry will go a long way in the protection and emancipation of women.

TABLE XVIII

Distribution with reference to Problem of Dowry (N=103)

Sr. No.	Usual Expectation in marriage (cash and kind)	Urban		Rural		Total	
		F	%	F	%	F	%
1.	Yes	23	52	43	73	66	64
2.	No	21	48	16	27	37	36
Total		44	100	59	100	103	100

Data reveal that sixty four percent of the subjects accept some form of transaction as associated with marriage. The urban-rural proportion in the same is approximately 1:2.

A further probe into the same area brought to light the frank admissions of twenty five percent of urban and fifty percent of rural subjects having practice of dowry in their groups. This however is only indicative of the potential cases of dowry. The study admits inadequacy in this area for want of evidence.

The relatively smaller number of subjects admitting dowry as a usual practice (Urban:8, Rural:23) can be seen from a different perspective. One of the factors associated with problems in dowry is the caste and economic status. In the SC/ST/BC and socio-economically lower classes, even if dowry is practised and the problems indicated, the ways of resolving the same are simple, forthright and managed at the level of caste leadership. It is in the higher castes and the more affluent groups that the manoeuvres through mental torture and other practices are likely to contribute a major share in leading the victims to episode of burns. The group under study, comprising largely of low socio-economic groups explains the relatively less number of dowry practices and no issue of bride burning.

A probe into the actual phenomenon of Burns form the next step of the inquiry.