

Gendered pattern of burn injuries in India: a neglected health issue

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Abstract: *There are an estimated 7 million burn injuries in India annually, of which 700,000 require hospital admission and 140,000 are fatal. 91,000 of these deaths are women; a figure higher than that for maternal mortality. Women of child bearing age are on average three times more likely than men to die of burn injuries. This paper reviews the existing literature on burn injuries in India and raises pertinent issues about prevalence, causes and gaps in recognising the gendered factors leading to a high number of women dying due to burns. The work of various women's groups and health researchers with burns victims raises several questions about the categorisation of burn deaths as accident, suicide and homicide and the failure of the health system to recognise underlying violence. Despite compelling evidence, the health system has not recognised this as a priority. Considering the substantial cost of burns care, prevention is the key which requires health systems to recognise the linkages between burn injuries and domestic violence. Health systems need to integrate awareness programmes about domestic violence and train health professionals to identify signs and symptoms of violence. This would contribute to early identification of abuse so that survivors are able to access support services at an early stage. © 2016 Reproductive Health Matters. Published by Elsevier BV. All rights reserved.*

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Introduction

Burns are a critical public health problem, causing deaths, disability and disfigurement. Globally, there are about 300,000 deaths due to burns every year. Of these, 95% take place in developing countries with Southeast Asia recording nearly 57% of deaths due to burns.¹ Extrapolation of data from major hospitals indicates an estimation of 7 million burn incidents in India each year, making burn injuries the second largest group of injuries after road accidents.² In 1998, India was the only country in the world where fire was among the 15 leading causes of death, according to WHO.³ However, the Government of India has not put in place a national injury surveillance system, hence the exact incidence of burn-related morbidity and mortality is not known. In 2010, the Government of India announced the National Programme for Prevention of Burn Injuries (NPPBI) which aims at prevention, burns injury management and establishment of a central burn registry, but its impact is not yet noticeable.²

A retrospective study of medical records in urban areas and a verbal autopsy-based sample survey for rural populations in India produced an estimate of 163,000 fire-related deaths in 2001. This amounts to about 2% of all deaths and was found to be six times higher than police reports.

About 106,000 of these deaths occurred in women, mostly between 15 and 34 years of age. This age-sex pattern was consistent across multiple local studies, and the average ratio of fire related deaths of young women to young men was 3:1.⁴ A study of women's health priorities based on the 2004 mortality estimates and disease burden of the WHO Global Burden of Diseases Study found that burns in young women were common in Southeast Asia, with it being the third cause of death for women aged 15–44, followed by self-inflicted injuries.⁵

Burn-related injuries and deaths amongst women in India are likely to be caused by: kitchen accidents related to use of kerosene and flammability of garments; self-immolation or suicides; and homicides related to domestic violence. Evidence suggests that domestic violence (physical, sexual and emotional), which is widespread in India, could have an important role in these burn injuries.⁶ The estimates for violence from community-based studies vary from 18% to 70%. However, several issues have been raised in relation to measurement of violence due to variation in the research designs and methods of data collection used. The National Family Health Survey (NFHS III) and National Crime Records Bureau (NCRB) provide an insight into the occurrence and the nature of violence against women (VAW). According to NFHS III data, one in three women has faced

some form of violence in her lifetime and 25% of women experienced physical and/or sexual violence in the 12 months preceding the survey. On average, amongst ever married women who reported violence in the last 12 months, 42% reported some kind of injury, 40% reported cuts, bruises or aches, 10% reported eye injuries, sprains, dislocations or burns, 7.5% reported deep wounds, broken bones or teeth or other serious injury and 2% reported severe burns.⁷ The NCRB records show 122,877 cases of violence by husband or relatives, 8,455 dowry deaths and 2,233 suicides among women due to dowry harassment in 2014.⁸ The NCRB data is based on cases registered with the police and these numbers are therefore grossly underreported and may not provide accurate data on burn injuries.

It is also pertinent to note that VAW is not fully recognised as a public health issue within the health policy and programmes in India. Health providers often fail to document current and past episodes of violence and limit their role to treating physical signs and symptoms.⁹ This further acts as a barrier in estimating the health consequences of domestic violence as it remains unreported at the level of health facilities.

This paper focuses on fire-related burn injuries among women in India, one of the lesser acknowledged forms of VAW, based on the literature published in the last few decades by medical professionals, health researchers and women's groups. The paper covers the macro picture of fire-related deaths, the gaps in research on burns, and highlights the need for strengthening interventions through the health system to address the problem.

Medical literature on burns

Most of the global literature on burns is from developed countries and focused on treatment, which has played a role in reducing the burden of burn injuries in these countries. While there are some studies in low- and middle-income countries, there is a need for more research in these countries in terms of defining the magnitude, nature, epidemiology, causes, treatment, and prevention of burn injuries. Reliable national level data is also necessary, but currently limited.

Much of the literature on burns in India has been published by doctors (forensic scientists, burns specialists) in peer-reviewed journals such as *BURNS*, *Journal of the International Society of Burn Injuries*, *Journal of Burns Care and Rehabilitation*, *Lancet*, *Medicine*, and *Science and Law*. The

setting up of the *BURNS Society* in 1993 was the first recognition of the acute problem of burns in India. Since then, there has been consistent reporting of various aspects of burns such as epidemiology and management of burns patients with specific reference to methods to prevent and reduce deaths. These papers are often retrospective studies using either post-mortem reports or burns registers or hospital records as the source of information and report on the profile of burns patients based on sex, vehicle of burns, percentage of burns, causes – suicide/homicide/accident – and burns outcomes.

The literature from India indicates that age and gender are important determinants for burn injuries. Burns tend to occur more in certain age groups. Amongst children, accidental burns are common due to lack of awareness among children about dangerous substances and poor parental supervision in resource-poor settings where living environments are hazardous.^{10,11} Among males, burn injuries are related to exposure to hazardous situations largely outside home. For women, however, burn injuries are found to occur at home.

Deaths due to burns are four times higher amongst women aged 18-35 years and reports from across the country (such as Delhi, Mumbai, Kanpur, Haryana, Manipal, North West and recently Jammu) indicate that these deaths occur due to accidents such as bursting of kerosene stoves or kerosene spilling and clothes catching fire.¹²⁻²⁴ This is further explained by the nature of clothing worn by women in India such as *saree*^{*} and *dupatta*[†]. Evidence points towards burns being one of the main causes of death amongst women in the age group 15-44 years.²⁵⁻²⁶

Cause of burns

Community studies in India have shown that dowry-related violence is an important cause of bride burning or dowry deaths[‡] of women.²⁷⁻³¹ These deaths may be disguised as accidents

^{*}*Saree* is a dress worn especially by South Asian women, consisting of a very long piece of cloth wrapped around the body

[†]*Dupatta* is a long piece of cloth worn around the head, neck, and shoulders by women from South Asia.

[‡]A dowry death is the killing of a young woman by members of her conjugal family for not bringing sufficient dowry, and is commonly executed by first dousing the woman with kerosene and then setting her alight.

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