Consequences of Burn Violence against Women Attending in a Selected Teaching Hospital in Dhaka City

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ABSTRACT

Burn is a major public health problem globally especially in Bangladesh. A complication of burn is another source of infection and disability among the women especially in case of marriage. The descriptive type of cross sectional study was conducted to determine the Consequences of Burn Violence against Women attending in a selected teaching hospital in Dhaka City, Bangladesh with a sample size of 265. A pre tested modified interviewer administrated semi structured questionnaires was used to collect the information. For convenience of study a non-randomized and purposive sampling was done. This study showed that, 36.9% of the respondents had age group 31-40 years, of them 42.5% were unmarried, 38.9% duration of marriage had 2-5 years and 41.5% had age during marriage 17-20 years, of them 61.9% had settle marriage, 74.4%, 21.9% was Muslim, 43.4% had Illiterate level of education, of them 45.2% was housewife and 86.3% lived were rural area, of them 78.5% lived in nuclear family, among them 65.3% monthly family income had 10000-20000BDT, 39.3% had relationship with husband medium, of them 56.1% relationship with family had medium, among them 67.5% main causes of burn violence was familial problems, 26.8% had burn violence by husband, 34.8% causes of burn violence dowry, of them 67.1% had burn violence at night, 51.3% had place of burn violence in house.20.4% had burn violence by fire box, 31.5% received first aid treatment by kobiraj, in house, of them 39.1%received first aid treatment from low father family, 56.3% received first aid treatment immediately.36.6% received special treatment from doctors, 39.7% received special treatment within 12 hours, of them 33.6%had percent of burn 40 percent, 51.8% had deep burn and 43.6% harmful effect of burn violence had joint to other part, 37.6% stay hospital for treatment 1 month, among them 28.3% had cost of money for treatment 30000BDT monthly family income, 35.8% had stay at hospital with parents, 71.9% said women are responsible for violence, of them 30.6% said main causes for women violence lack of knowledge, of them 65.5% didn't previous attack in violence and 32.8% had frequently of violence 1 time in a month, of them 31.8%said revile/abuse physical, sexual harassment and kicking were pattern of violence, 67.5% had physical consequences Infection Severe pain, among them 67.4% had psychological consequences are acute stress disorder , Depression, Suicidal ideation, post-traumatic stress disorder, 70.6% had social consequences are Social Isolation, financial Burden and marriage problems. Therefore, it is important that increase awareness program among the people about burn complications.

Keywords: *Consequences, Burn Violence, infection, disability*

INTRODUCTION

Burns constitute a major public health problem, especially in low- and middle-income countries where over 95% of all burn deaths occur. The WHO estimates indicate that globally there were more than 7.1 million fire related burns in 2004 giving an overall incidence rate of 110 per 100,000 per year. In 2012, among total 2527 deaths reported at Dhaka Medical College, 158 (6.25%) cases were due to burn. The victims within 21 to 40 years were more vulnerable in comparison to other age groups. Female were more vulnerable than male (55.69% vs. 44.31%). Burn violence is one of the most extreme forms of violence. It has been more prevalent among low socioeconomic populations and less in developed regions.

According to UN, violence against women is any act of gender-based violence that results in or is likely to result in, physical, sexual or Psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life. Violence against women is a global issue that seriously affecting the life of women. In Bangladesh women are more prone to violence because of patriarchal society. That results in extensive violence against women. Burn as a form of violence against women is more devastating. Burn consequences impact on the physical sufferings, psychological conditions and social status of the affected person.

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. 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. In 1998, India was the only country in the world where fire was among the 15 leading causes of death, according to WHO.

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 Program 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. Across the world, women continue to suffer physical, emotional, sexual, and economic violence. Preventing such violence has been a World Health Organization priority since 2013, and is a target for the fifth Sustainable Development Goal. The contribution to endemic violence of structural inequalities and implicit and explicit legitimization is now widely accepted.

Contemporary prevention programs attempt to address determinants such as patriarchal arrangements, hegemonic masculinity, and inequitable gender roles. A common way to understand the determinants of violence against women and girls is to frame them in a socio-ecological model that locates individual personal histories within families, located in turn within communities, and in turn within societies.

There is broad agreement that interventions should operate at multiple levels, from individual to societal. Interventional discourse has also moved along this path, from a concentration on the needs of survivors of violence to an acknowledgment that intervention should aim to "transform the relations, norms, and systems that sustain gender inequality and violence". Of particular interest are gender norms that privilege controlling and aggressive behavior in the prevailing template for masculinity. Efforts to change them are usually termed 'gender transformative.

A social norm is a belief in the expectations of others in a social group. It is maintained by the influence of a reference group of people important to an individual's decision-making. One conceptual norm - a descriptive norm - describes beliefs about what others actually do (roughly equivalent to an empirical expectation or a collective behavioral norm). A second – injunctive - norm describes beliefs about what others think one ought to do (equivalent to a normative expectation or a collective attitudinal norm). An important aspect of a social norm is that it describes what people perceive as the beliefs of the reference group around them, regardless of whether their perception differs from reality. For example, many people in a group may disagree with a norm, but think that others support it. This failure to recognize private disagreement with a perceived norm has been called pluralistic ignorance, and might at least partly explain why behaviors are sustained when people privately disapprove of them.

Why we do what we do is complicated and norms are only part of the story. For example, a behavior might be sustained or prevented by social structures such as laws and institutions, material contributors such as wealth (or lack of it), or the availability of services. It might equally be driven by personal beliefs, self-confidence, and aspirations. From an economic perspective, norms are supported by coordination, social pressure, signaling, and anchoring. Coordination allows individuals to express themselves in shared languages literally and metaphorically and benefits both them and the collective. Social pressure encourages individuals not to act purely in their own interest, but that of the collective. Signaling and symbolism allow individuals to identify with (or, equally, indicate their lack of identification with) social groups. Anchoring effectively sets benchmarks for behavior within a smaller range than what is possible, an example being the ages at which women and men marry. Levy Pluck and colleagues suggest that norms have a stronger influence on an individual's behavior if they have a clear central tendency (what people do is similar to what they believe others think they ought to do: descriptive and injunctive norms are similar), show little dispersion (such as variation from place to place), and are ascribed to a reference group important to the individual. The greater its importance in her everyday life, the stronger the adherence to a social norm is likely to be.

The resistance of social norms to change varies. They may be sensitive to changes in social networks and to the influence of individuals who emerge as role models or deviants, and their supporting matrix may be complex. For example, violence against women is unlikely to be sustained by a single norm and often occurs at the intersection of gender norms that are permissive rather than supportive. A gender norm is a kind of social norm that describes shared social expectations of behavior specific to gender. It tends to emerge from gender ideology and attitudes; for example, valuing sons over daughters, idealized conceptions of femininity, and traits that signal masculinity. Glibly, we might think of these as archetypes of the *good woman* and the *real man*: constructs that may hinder change rather

than actively support violence, but contribute to imbalances of power. These have themselves led to socially constructed gender roles. Most of our discussion is about gender norms that legitimize imbalances of power and, by extension, inequalities in access to resources.

Marcus and Harper suggest that gender norms are more likely to change when no parties have strong economic interests at stake, no one's power is directly threatened by change, one key factor underpins a norm, there are no religious injunctions to continue a certain practice, role models and opinion leaders promote changed norms, a changing institutional or political context provides opportunities for changed practices, and norm change communications are paired with opportunities for action. A norm that constrains some people, such as denying education to girls, benefits others and it is important to find common ground inasmuch as the perceived net benefit of norm change is positive.

OBJECTIVES

General Objective:

- To identify the consequences of burn violence against women attending in a selected teaching hospital in Dhaka City.

Specific Objectives:

- To determine the Physical consequences of burn violence.
- To identify the Psychological consequences of burn violence.
- To find out the social consequences of burn violence.
- To determine the socio-demographic characteristics of the respondents.

METHODOLOGY

Study Area: The study was carried out in Sheikh Hasina National Institute of Burn And Plastic Surgery."The institution has opened a new horizon in burn treatment in the country. It will provide best treatment facilities to patients," the minister said while speaking at the opening ceremony at the institute auditorium."The institute has been launched to serve people with burn injuries. Every year, about 6 lakh people suffer burn injuries in the country. The injured will get proper services from the institute and so there's no need to go abroad for treatment," the minister added.He said the 500-bed institute is the largest burn hospital in the world. There are many new facilities in the 18-storey building. An agreement has already been signed with Singapore for training the students of the institute.

Data Collection Method:

Data was collected by using a semi structured questionnaire and face to face interview.

- A semi-structured interview questionnaire for the face-to-face interview was used to collect survey data.
- Questionnaire was first developed in English, and then translated in to Bengali.
- After that questionnaire was pretested among 5 women of Sir Salimullah Medical College Hospital, then modified questionnaire was used finally to conduct the survey.

Data analysis Plan:

- After collection, an answer of all interviewed questions was checked for its completeness and correctness before it is enter into computer for analysis.
- The data was analyzed by using the latest version of software statistical package for social science (SPSS).
- Also, descriptive analysis like pie, graph etc. were performed. The p-value level of <0.05 were considered to test statistical significant.

RESULTS

The descriptive type of cross sectional study was conducted to determine the Consequences of Burn Violence against Women attending in a selected teaching hospital in Dhaka City, Bangladesh with a sample size of 265. A pre tested modified interviewer administrated semi structured questionnaires was used to collect the information. Section-A: Socio-demographic Information's of the respondents; Section B: Burn violence against women related variables Section C: IEC related variables. All the data were entered and analyzed by using Statistical packages for social science (SPSS) software.

Table 1: Distribution of the respondents by age (n=265)

Age	Frequency	Percent
<20 years	62	23.4
20-30 years	71	26.8
31-40 years	98	36.9
>40 years	34	12.8
Total	265	100.0
Mean ± SD	29.32 ± 2.413	

This table shows that, 36.9%, 26.8%, 23.4%, 12.8% of the respondents had age group 31-40 years, 20-30 years, <20 years, >40 years respectively.

Table 2: Distribution of the respondents by duration of marriage (n=265)

Duration of marriage	Frequency	Percent
<2 years	97	36.6
2-5 years	103	38.9
>5 years	65	24.5
Total	265	100.0

This table reveals that, 38.9%, 36.6%, 24.5% of the respondents' duration of marriage had 2-5 years, <2 years, >5 years respectively.

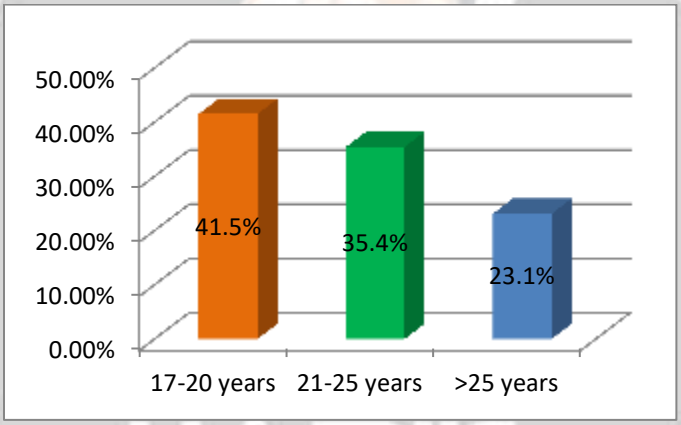

Figure 1: Distribution of the respondent by age during marriage (n=80)

This figure shows that, 41.5%, 35.4%, 23.1% of the respondent had age during marriage 17-20 years, 21-25 years and more than 25 years respectively.

Table 3: Distribution of the respondents by educational status (n=265)

Educational Status	Frequency	Percent
Illiterate	115	43.4
Primary	71	26.8
Secondary	45	16.9
Higher Secondary	23	8.7
Graduate or above	11	4.2
Total	265	100.0

This table reveals that, 43.4%, 26.8%, 16.9%, 8.7%, 4.2% of the respondents had Illiterate, Primary, Secondary, Higher Secondary and Graduate or above level of education respectively.

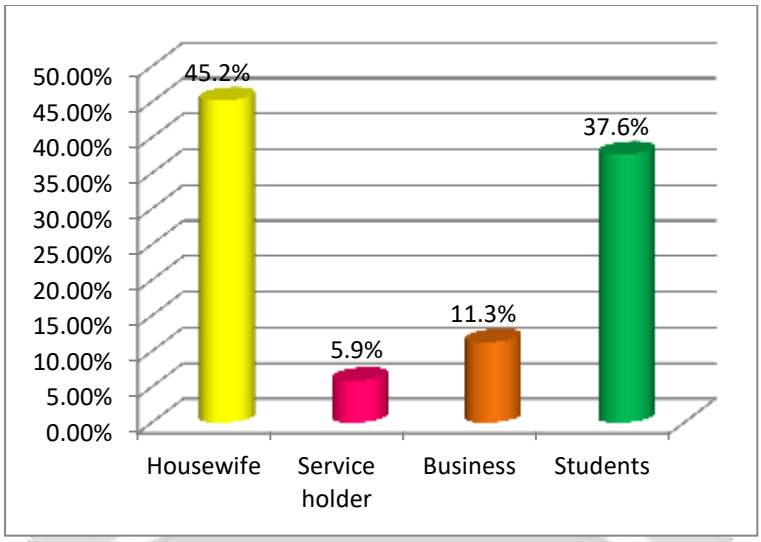

Figure 2: Distribution of the respondent by occupation (n=265)

This figure finds that, 45.2%, 37.6%, 11.3%, 5.9% of the respondent was housewife, students, business and service holder respectively.

Table 4: Distribution of the respondents by monthly family income (n=265)

Monthly family income	Frequency	Percent
<10000 BDT	86	32.5
10000-20000BDT	173	65.3
>20000BDT	24	9.1
Total	265	100.0

This table shows that, 65.3%, 32.5%, 9.1% of the respondents monthly family income had 10000-20000BDT, <10000 BDT and >20000BDT respectively.

Table 5: Distribution of the respondents by burn violence (n=265)

By Burn violence	Frequency	Percent
Self	11	4.2
By husband	71	26.8
By husband family	42	15.8
By terror	67	25.3
By neighbor/relatives	20	7.5
By unknown person	54	20.4
Total	265	100.0

This table shows that, 26.8%, 25.3%, 20.4%, 15.8%, 7.5%, 4.2% of the respondents had burn violence by husband, by terror, by unknown person, by husband family, by neighbor/relatives, by self respectively.

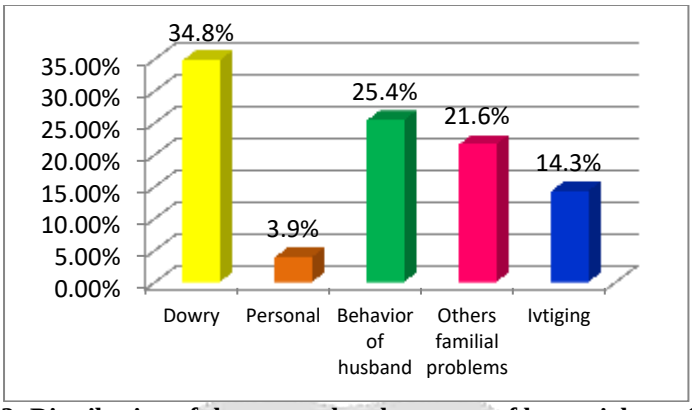

Figure 3: Distribution of the respondent by causes of burn violence (n=265)

This figure finds that, 34.8%, 25.4%, 21.6%, 14.3%, 3.9% of the respondent causes of burn violence dowry, behavior of husband, other familial problems, inviting and personal problems respectively.

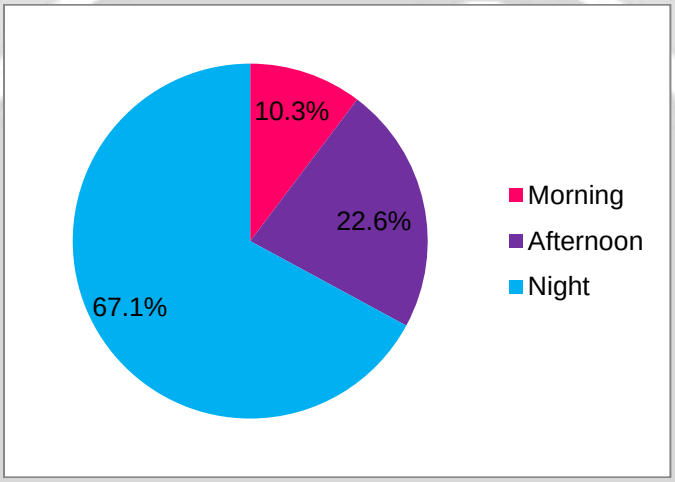

Figure 4: Distribution of the respondent by time of burn violence (n=265)

This figure shows that, 67.1%, 22.6%, 10.3% of the respondent had burn violence at night, afternoon and morning respectively.

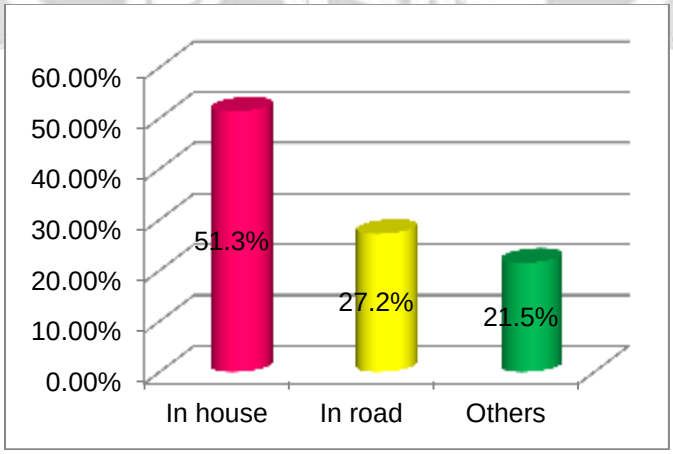

Figure 5: Distribution of the respondent by place of burn violence (n=265)

This figure finds that, 51.3%, 27.2%, 21.5%of the respondent had place of burn violence in house, in road and others place respectively.

Table 6: Distribution of the respondents by items of burn violence (n=265)

Items of burn violence	Frequency	Percent
Kerosene	49	18.5
Gas or stove	15	5.7
Acid	53	20.0
Electricity	34	12.8
Hot water	51	19.2
Petrol	9	3.4
Fire box	54	20.4
Total	265	100.0

This table reveals that, 20.4%, 20.0%, 19.2%, 18.5%, 12.8%, 5.7%, 3.4% of the respondents had burn violence by fire box, acid, hot water, kerosene, electricity, gas or stove and petrol respectively.

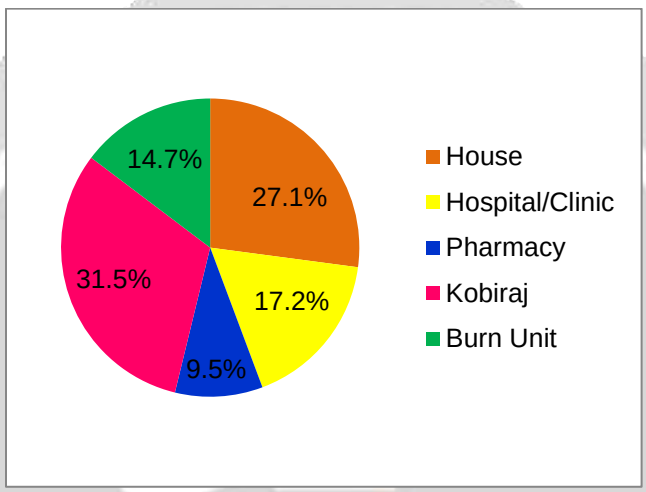

Figure 6: Distribution of the respondent by received first aid treatment (n=265)

This figure finds that, 31.5%, 27.1%, 17.2%, 14.7%, 9.5% of the respondent received first aid treatment by kobiraj, in house, hospital or clinic, burn unit and pharmacy respectively.

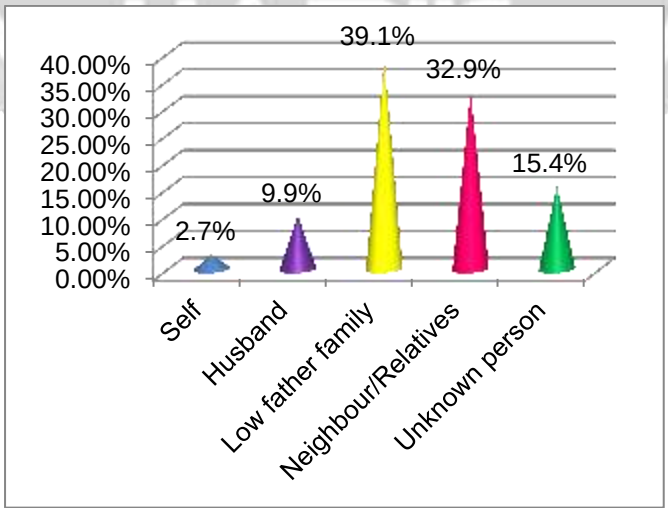

Figure 7: Distribution of the respondent by given first aid treatment (n=265)

This figure shows that, 39.1%, 32.9%, 15.4%, 9.9%, 2.7% of the respondent received first aid treatment from low father family, neighbor or relatives, unknown person, husband and self respectively.

Table 7: Distribution of the respondents by given special treatment (n=265)

Given special treatment	Frequency	Percent
Doctors	97	36.6
Nurse	56	21.1
Low of father family	42	15.8
Neighbor/Relatives	36	13.6
Pharmacist	34	12.8
Total	265	100.0

This table shows that, 36.6%, 21.1%, 15.8%, 13.6%, 12.8% of the respondents received special treatment from doctors, nurse, low of father family, neighbor/Relatives, pharmacist respectively.

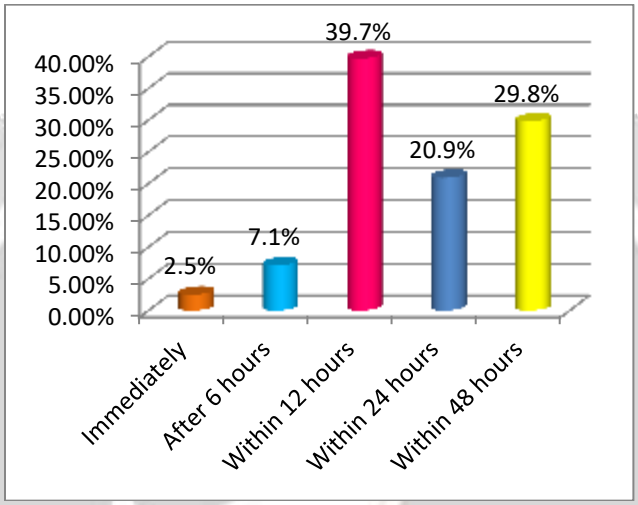

Figure 8: Distribution of the respondent by duration to receive special treatment (n=265)

This figure finds that, 39.7%, 29.8%, 20.9%, 7.1%, 2.5% of the respondent received special treatment within 12 hours, within 48 hours, within 24 hours, after 6 hours and immediately respectively.

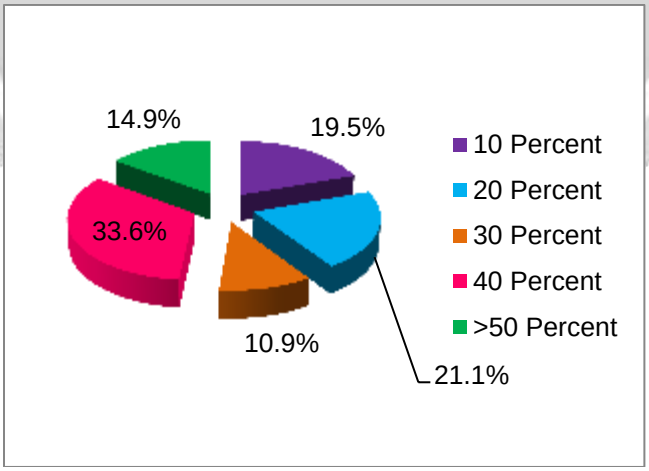

Figure 9: Distribution of the respondent by percent of burn (n=265)

This figure shows that, 33.6%, 21.1%, 19.5%, 14.9%, 10.9% of the respondent had percent of burn 40 percent, 20 percent, 10 percent, more than 50 percent and 30 percent respectively.

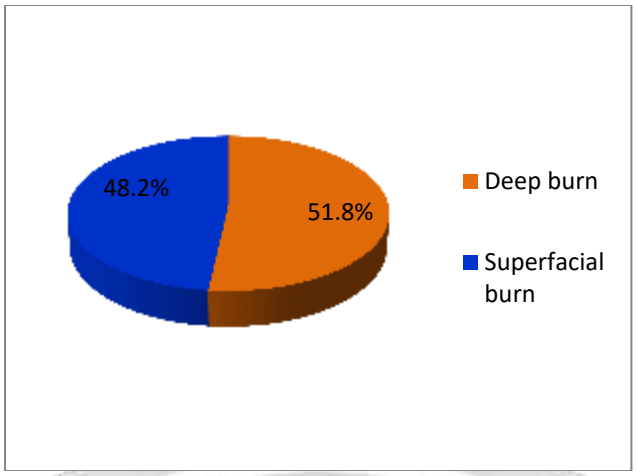

Figure 10: Distribution of the respondent by types of burn (n=265)

This figure finds that, 51.8% of the respondent had deep burn and 48.2% of the respondent had super facial burn.

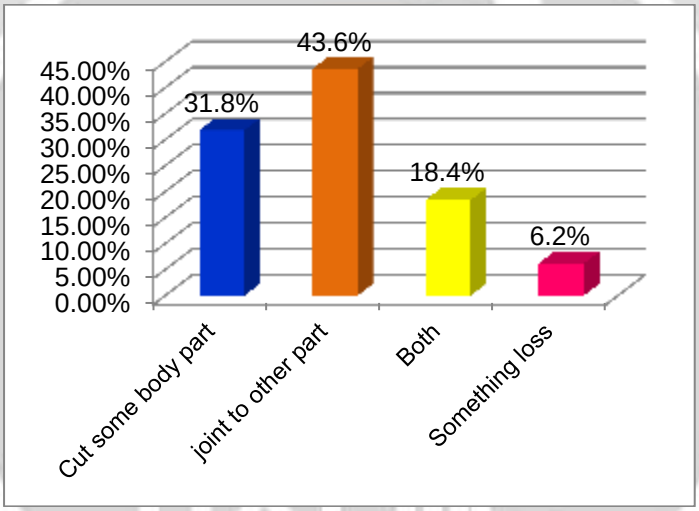

Figure 11: Distribution of the respondent by harmful effect of burn violence (n=265)

This figure reveals that, 43.6%, 31.8%, 18.4% and 6.2% of the respondent harmful effect of burn violence had joint to other part, cut some body part, both types and something loss respectively.

Table 8: Distribution of the respondents by cost of money for treatment (n=265)

Cost of money for treatment	Frequency	Percent
5000BDT	16	6.1
10000BDT	30	11.3
20000BDT	50	18.9
30000BDT	75	28.3
40000BDT	61	23.1
>50000BDT	33	12.5
Total	265	100.0

This table shows that, 28.3%, 23.1%, 18.9%, 12.5%, 11.3%, 6.1% of the respondents had cost of money for treatment 30000BDT, 40000BDT, 20000BDT, >50000BDT, 10000BDT and 5000BDT respectively.

Table 9: Distribution of the respondents by main causes for women violence (n=265) Multiple responses

Main causes for women violence	Frequency	Percent
Women violence	45	16.9
Poverty	78	29.4
Lack of women respect	51	19.2
Lack of knowledge	81	30.6
Addiction	79	29.8
Attraction to other women	62	23.4
Total	265	100.0

This table shows that, 30.6%, 29.8%, 29.4%, 23.4%, 19.2%, 16.9% of the respondents said main causes for women violence lack of knowledge, addiction, poverty, attraction to other women, lack of women respect, women violence respectively.

Table 10: Distribution of the respondents by previous attack in violence (n=265) Multiple responses

Previous attack in violence	Frequency	Percent
Yes	174	65.5
No	91	34.5
If yes, what are the frequencies? (n=174) multiple answers		
1 time in a week	46	17.5
1 time in a month	87	32.8
1 time in every 3 months	30	11.5
1 time in a year	77	28.9
Never	25	9.3

This table shows that, 65.5% of the respondent didn't previous attack in violence and 34.5% of the respondent had previous attack in violence, 32.8%, 28.9%, 17.5%, 11.5%, 9.3% of the respondent had frequently of violence 1 time in a month, 1 time in a year, 1 time in a week, 1 rime every 3 months and never respectively.

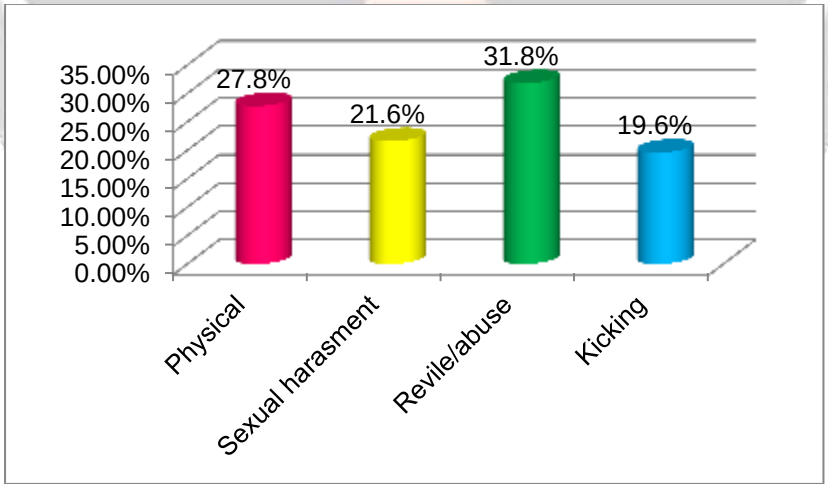

Figure 12: Distribution of the respondent by pattern of burn violence (n=265)

This figure shows that, 31.8%, 27.8%, 21.6%, 19.6% of the respondents said revile/abuse physical, sexual harassment and kicking were pattern of violence respectively.

Table 11: Distribution of the respondent by physical consequences of burn violence (n=265)

Physical consequences of burn violence	Frequency	Percent
Infection	179	67.5
Severe pain	216	81.6
Itching	227	85.6
Scar mark	162	61.3
Blister	190	71.8
Swelling	242	91.3
Redness	254	95.8
Skin may look leathery	151	56.8
Numbness	164	61.9
Destroy nerve	121	45.8
Skin grafting	190	71.8
Cut of leg	92	34.8

This table shows that, 67.5%, 81.6%, 85.6%, 95.8%, 34.8%, 71.8%, 56.8%, 61.9%, 61.3%, 69.5%, 34.8%, 71.8% and 78.9% of the respondents had physical consequences Infection Severe pain, Itching, Scar mark, Blisters, Swelling, Redness, skin may look leathery, numbness, destroy nerves, Skin twisting, Cut of leg, Gangrene, Oozing from the wound respectively.

Table 12: Distribution of the respondent by psychological consequences of burn violence (n=265)

Psychological consequences of burn violence	Frequency	Percent
Acute stress disorder	179	67.4
Depression	237	89.5
Social ideation	120	45.1
Post traumatic stress disorder	142	53.7
Concern about bodily disfigurement	209	78.9
Bored about hospital stay	178	67.3
Anxiety	151	56.9

This table finds that, 67.4%, 89.5%, 45.1%, 53.7%, 78.9%, 67.3% and 56.9% of the respondents had psychological consequences are acute stress disorder, Depression, Suicidal ideation, post-traumatic stress disorder, Concern about bodily disfigurement and Bored hospital stay respectively.

DISCUSSION

The descriptive type of cross sectional study was conducted to determine the Consequences of Burn Violence against Women attending in a selected teaching hospital in Dhaka City, Bangladesh with a sample size of 265. A pre tested modified interviewer administrated semi structured questionnaires was used to collect the information. Section-A: Socio-demographic Information's of the respondents; Section B: Burn violence against women related variables Section C: IEC related variables. All the data were entered and analyzed by using Statistical packages for social science (SPSS) software.

This study showed that, 36.9%, 26.8%, 23.4%, 12.8% of the respondents had age group 31-40 years, 20-30 years, <20 years, >40 years respectively, of them 42.5%, 31.9%, 25.6% were unmarried, married and divorced respectively, 38.9%, 36.6%, 24.5% duration of marriage had 2-5 years, <2 years, >5 years respectively and 41.5%, 35.4%, 23.1% had age during marriage 17-20 years, 21-25 years and more than 25 years respectively, of them 61.9% had settle marriage and 38.1% of the respondent had love marriage, 74.4%, 21.9% was Muslim, Hindu respectively. This study is similar with the study done by Ribeiro PSet al.

This study revealed that, 43.4%, 26.8%, 16.9% of the respondents had Illiterate, Primary, Secondary level of education respectively, of them 45.2%, 37.6%, 11.3% was housewife, students, business and service holder respectively and 86.3% lived were rural area and 13.7% lived were urban area, of them 78.5% lived in nuclear family and 21.5% lived in joint family, among them 65.3%, 32.5% monthly family income had 10000-20000 BDT, <10000 BDT respectively. This study is dissimilar with the study done by Balan Bet al.

This study found that, 39.3%, 33.6%, 27.1% of the respondent had relationship with husband medium, not good and good respectively, of them 56.1%, 24.1% and 19.8% relationship with family had medium, not good and good respectively, among them 67.5%, 27.8% and 4.7% main causes of burn violence was familial problems, social problems and personal problems respectively, 26.8%, 25.3%, 20.4%, 15.8% had burn violence by husband, by terror, by unknown person, by husband family, by neighbor/relatives, by self respectively. This study is similar with the study done by Ramakrishnan KMet al.

This study revealed that, 34.8%, 25.4%, 21.6%, 14.3% of the respondent causes of burn violence dowry, behavior of husband, other familial problems, ivtiging and personal problems respectively, of them 67.1%, 22.6%, 10.3% had burn violence at night, afternoon and morning respectively, 51.3%, 27.2%, 21.5% of the respondent had place of burn violence in house, in road and others place respectively.20.4%, 20.0%, 19.2%, 18.5%, 12.8%, 5.7%, 3.4% had burn violence by fire box, acid, hot water, kerosene, electricity, gas or stove and petrol respectively. This study is dissimilar with the study done by Parray Aet al.

This study found that, 31.5%, 27.1%, 17.2%, 14.7%, 9.5% of the respondent received first aid treatment by kobiraj, in house, hospital or clinic, burn unit and pharmacy respectively, of them 39.1%, 32.9%, 15.4% received first aid treatment from low father family, neighbor or relatives, unknown person, husband and self respectively, 56.3%, 17.9%, 14.2% received first aid treatment immediately, after 6 hours, within 12 hours, within 48 hours and within 24 hours respectively.36.6%, 21.1%, 15.8%, 13.6%, 12.8% of the respondents received special treatment from doctors, nurse, low of father family, neighbor/Relatives, pharmacist respectively. This study is similar with the study done by Batra AKet al.

This study showed that, 39.7%, 29.8%, 20.9%, 7.1%, 2.5% of the respondent received special treatment within 12 hours, within 48 hours, within 24 hours, after 6 hours and immediately respectively, of them 33.6%, 21.1%, 19.5%, 14.9%, 10.9% had percent of burn 40 percent, 20 percent, 10 percent, more than 50 percent and 30 percent respectively, 51.8% had deep burn and 48.2% of the respondent had super facial burn and 43.6%, 31.8%, 18.4% harmful effect of burn violence had joint to other part, cut some body part, both types and something loss respectively. This study is dissimilar with the study done by Sinha USet al.

This study showed that, 37.6%, 22.9%, 16.5%, 12.5%, 10.5% of the respondent stay hospital for treatment 1 month, 15 days, more than 3 months, 7 days and 2 months respectively, among them 28.3%, 23.1%, 18.9%, 12.5%, 11.3% had cost of money for treatment 30000BDT, 40000BDT, 20000BDT, >50000BDT, 10000BDT and 5000BDT respectively, 35.8%, 27.7%, 19.3%, 11.5%, had stay at hospital with parents, husband, brother or sisters, neighbor or relatives and with low father family respectively. This study is similar with the study done by Kumar R.

This study found that, 71.9% of the respondent said women are responsible for violence and 28.1% of the respondent said males are responsible for violence, of them 30.6%, 29.8%, 29.4%, 23.4%, 19.2%, 16.9% said main causes for women violence lack of knowledge, addiction, poverty, attraction to other women, lack of women respect, women violence respectively, of them 65.5% didn't previous attack in violence and 34.5% of the respondent had previous attack in violence and 32.8%, 28.9%, 17.5%, 11.5%, 9.3% of the respondent had frequently of violence 1 time in a month, 1 time in a year, 1 time in a week, 1 rime every 3 months and never respectively, of them 31.8%, 27.8%, 21.6%, 19.6% said revile/abuse physical, sexual harassment and kicking were pattern of violence respectively. This study is similar with the study done by Patel VAet al.

The study showed that, 67.5%, 81.6%, 85.6%, 95.8%, 34.8%, 71.8%, 56.8%, 61.9%, 61.3%, 69.5%, 34.8%, 71.8% and 78.9% of the respondents had physical consequences Infection Severe pain, Itching, Scar mark, Blisters, Swelling, Redness, skin may look leathery, numbness, destroy nerves, Skin twisting, Cut of leg, Gangrene, Oozing from the wound respectively, among them 67.4%, 89.5%, 45.1%, 53.7%, 78.9%, 67.3% and 56.9% had psychological consequences are acute stress disorder, Depression, Suicidal ideation, post-traumatic stress disorder, Concern about bodily disfigurement and Bored hospital stay respectively, 70.6%, 61.3% and 49.5% of the respondents had social consequences are Social Isolation, financial Burden and marriage problems respectively. This study is dissimilar with the study done by Bhate-Deosthali Pet al.

CONCLUSIONS

The results of this study found 36.9% of the respondents had age group 31-40 years and majority 43.4% had Illiterate level of education; of them 45.2% was housewife. This study found that, 39.3%of the respondent had

relationship with husband medium, among them 67.5% main causes of burn violence was familial problems, 26.8% had burn violence by husband. This study revealed that, 34.8% of the respondent causes of burn violence was dowry, of them 51.3% had place of burn violence in house. This study found that, 31.5% of the respondent received first aid treatment by kobiraj, of them 39.1% and56.3%received first aid treatment immediately.36.6%, received special treatment from doctors, 33.6% had 40 percent, 51.8% had deep burn, 23.4% of the respondents attack burn violence due to poverty and 31.8% suffered physical, harassment.

RECOMMENDATIONS

- There is a need to increase education and job opportunities for women so that they become more independent, economically and emotionally.
- In addition, measures to reduce poverty and inequality along with efforts in raising public awareness against dowry related burns are important to tackle this problem.
- Community program focusing on pre- and post- marital counseling of the couple along with facilitation of mutual understanding among extended family members of the couple are important in reducing the crimes.
- Further multi-centric study should be conducted with a larger sample size.

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