

ORIGINAL ARTICLE

Social and Legal Issues in Married Hindu Women with Mental Illness (Psychosis) in relation to Dowry

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ABSTRACT

BACKGROUND: Marriages of women with mental illness poses a serious problem both for the women, her family and the prospective groom and his family. Often to cover up for the deficiency in women, parents offer a handsome dowry to glamorize the marriage proposal. **Objective:** The present study was undertaken to find out whether more dowry is given, more demands of dowry after marriage are made in the marriage of patients suffering from mental illness (psychosis) as compared to those without mental illness. Also to find out whether families of women with mental illness make more allegations about dowry demand. **MATERIALS AND METHODS:** The present study was conducted on 90 subjects from psychiatry OPD of the University Hospital, BHU and Varanasi from December 2010 to July 2012. 60 patients diagnosed as having psychosis and 30 healthy controls were included in the study. All subjects were assessed on schedule of dowry which included dowry expected, dowry demanded, dowry offered and dowry given. Also comparison was made with regard to allegations of dowry demands made by parents of women. **RESULTS:** Significantly more dowry was demanded and given in the marriages of patients with psychotic illness ($p < 0.05$). Significantly more demands of dowry after marriage were made in the marriage of patients with mental illness (psychosis) as compared to those without mental illness ($p < 0.05$). Most of dowry demanded after marriage was in the form of home items from the patients. Significantly more allegations of dowry demands were made in early psychosis group patients as compared to patient controls (late psychosis group) and healthy controls ($p < 0.05$). **CONCLUSION:** More dowries were given as well as more demands of dowry were made in the marriages of patient with mental illness (psychosis) as compared to those without mental illness. More dowries were demanded after marriage in patients with mental illness (psychosis). Families of women with mental illness (psychosis) make more allegations about dowry demands.

Keywords: Psychosis, Dowry, Married Hindu women

INTRODUCTION

Marriages of women with mental illness pose a serious problem both for the women, her family and the prospective groom and his family. Mental illness figures prominently in the conditions laid down for the Hindu marriage under the Hindu Marriage Act, 1855¹. Many Hindu women with mental illness particularly if the same is chronic, severe and recurrent, may not be fit to be married as they are not able to carry out the domestic chores expected from them and are not fit to procreate healthy children. Apart from this, there is a widespread stigma for mental illness because of which many women with mental illness may be rejected. Many a times the history of mental illness is concealed from the groom's party during the

marriage. Often to cover up for the deficiency in the women, parents offer handsome dowry to glamorize the marriage proposal. Dowry refers to any property or valuable security given or agreed to be given either directly or indirectly by one party of marriage to other party, by the parents of either party to a marriage or by any other person; to either party to the marriage or to any other person at or before or at any time after marriage in connection with the marriage of said parties². However, after marriage when the fraud of concealment of mental illness is detected or when there are manifestations of mental illness, great hostility ensues.

The women's parents often react by thinking that they will sue the husband's party under the Dowry Prohibition Act¹. In many cases they also make false case relating to dowry and also allege that the mental illness is because of the cruelty meted out to the women for bringing in fewer dowries. Thus keeping in view the magnitude of the problem which is clinical, social and legal,

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the present study was undertaken. The legal system has provided some safe guards for the protection of women in India. An act is known as a Dowry Prohibition Act, 1961 was passed by the Parliament in the 12th year of the Republic of India to prohibit the giving or taking of dowry.

MATERIALS AND METHODS

The present study was conducted on 90 subjects from psychiatry OPD of the University Hospital, BHU, Varanasi from December 2010 to July 2012 in accordance with the following criteria.

Inclusion criteria:

- Married Hindu women up to 35 years
- First marriage
- Duration of marriage being 5- 6 years with consent

Exclusion criteria:

Exclusion criteria comprised of major medical illness at present for all groups and psychiatric illness in the past for Group II

All the 90 subjects are divided into three groups
Group I (Early psychosis group): Psychosis occurring within 3 months of marriage.

Group II (Late psychosis group): Psychosis occurring after 5 years of marriage.

Group III (Normal healthy group): Healthy women with a score of <2 on Mental Health Item Sheet (MHIS)³.

Study design – Patient control

Sampling – Purposive sampling

Tools of assessment:

1. Structured format which included socio demographic data, details of history of present illness, past history, family history, history of medical illness, personal history, physical and mental status examination and investigations.
2. Kuppuswamy's⁴ Socioeconomic status scale – This scale takes account of education, occupation and income of the family to classify study groups into high, middle and low socioeconomic data. Recently Kumar et al⁵ (2005) published the revised Kuppuswamy's socioeconomic scale.
3. MHIS (Mental Health Item Sheet) [Verghese et al (1973), Sethi et al (1989)]³ –This schedule was prepared by Verghese and co-workers on a psychiatric symptomology on a large scale by using a validated item sheet covering 60 common

psychiatric symptoms(42 for adults and 18 for children) . This schedule has been found to effectively differentiate Psychiatric patients from normal people.

4. SCID (Structured Clinical Interview according to DSM- IV) Spitzer et al (2009)⁶ – The Structured Clinical Interview for DSM-IV axis 1 disorders (SCID- 1).
5. Schedule of Dowry- This will have the following items; Dowry offered, expected, demanded, given and nature of dowry and its value separately and in total; gifts received other than dowry, dowry demanded after marriage, Allegations for dowry demand alone, Allegations for dowry demands with police FIR and allegations of dowry demands with police FIR with matters in court.

The data was analysed with the chi square test with eight's corrections wherever applicable. Numerical data was analysed by T test and F test. Post Hoc analysis was done by LSD. The details of these statistical tests are described by Reddy (2002)⁷.

DISCUSSION AND RESULTS

90 subjects were taken into the study comprising 60 patients and 30 healthy controls.

It was seen that significantly more dowry was expected, more dowry was demanded, more dowry was offered and more dowry was given during marriage in group I than the group II and III. Group II had high scores than group III with respect to dowry expected.

An attempt was made to find out dowry demanded after marriage in patients and controls. It was seen that value of dowry demanded after marriage was more in group I and II than group III. There was no significant difference between group II and III for dowry demanded after marriage; but the difference was significant when group I and III were compared. It was seen that most of dowry demanded after marriage was in the form of home items from most of patients followed by cash which was followed by motor cycle then share in business and then land. In more than 4/5th of the subjects no dowry was demanded after marriage. More demands for dowry were made in group I as compared to group II and III. (p<0.001)

Table 1: Socio-demographic characteristics of the sample

Variable	Group I (N=30)		Group II (N=30)		Group III (N=30)		Total (N=90)		X ²	Df	P
	N	%	N	%	N	%	N	%			
DOMICILE											
Rural	26	86.7	26	86.7	25	33.3	77	85.6	0.18	2	1.00 NS
Urban	4	13.3	4	13.3	5	16.7	13	14.4			
	30	100.0	30	100.0	30	100.0	90	100.0			
RELIGION											
Hindu	30	100.0	30	100.0	30	100.0	90	100.0			
OCCUPATION NOW											
Semi Professional	0	0.0	1	3.3	0	0.0	1	1.1			
Semiskilled Worker	0	0.0	0	0.0	1	3.3	1	1.1			
Home maker	30	100.0	29	96.7	29	96.7	88	97.8			
OCCUPATION AT MARRIAGE											
Semiskilled Worker	1	3.3	0	0.0	0	0.0	1	1.1			
Homemaker	29	96.7	30	100.0	30	100.0	89	98.9			
SOCIOECONOMIC STATUS											
Upper Class	0	0.0	0	0.0	1	3.3	1	1.1	4.94	2	0.08 NS
Upper Middle	3	10.0	3	10.0	4	13.3	10	11.1			
Lower Middle	24	80.0	21	70.0	15	50.0	60	66.7			
Upper Lower Class	2	6.7	3	10.0	4	13.3	9	10.0			
Lower Class	1	3.3	3	10.0	6	20.0	10	11.1			

Table 2: Comparison of patient & control groups with regard to Dowry

Variable	Group I (N=30)		Group II (N=30)		Group III (N=30)		F	P
	Mean	S.D	Mean	S.D	Mean	S.D		
Dowry Expected (Value in Rs.)	261133	239750	79500	161246	72989	147688	6.92 I v. II I v. III II v. III	0.00 0.00 0.00 0.10 NS
Dowry Demanded (Value in Rs.)	256800	237759	78933	160166	73656	147602	6.21 I v. II I v. III II v. III	0.00 0.00 0.00 0.10 NS
Dowry Offered (Value in Rs.)	240000	157741	86933	100042	100589	134840	12.16 I v. II I v. III II v. III	0.00 0.00 0.00 0.69 NS
Dowry Given (Value in Rs.)	240000	157741	117050	93877	91522	133594	11.00 I v. II I v. III II v. III	0.00 0.00 0.00 0.45 NS

Table 3: Comparison of patient & control groups with regard to Dowry demanded after marriage

Variable	Group I (N=30)		Group II (N=30)		Group III (N=30)		Total (N=90)		F	P
	Mean	S.D	Mean	S.D	Mean	S.D	Mean	S.D		
Dowry demanded (Value in Rs.)	43233	102985	12432	21408	10300	26455	22013	63735	2.59 I v. II I v. III II v. III	0.08 0.08 NS 0.04 0.77 NS

Table 4: Comparison of patient & control groups with regard to nature of Dowry items demanded after marriage

Variable	Group I (N=30)		Group II (N=30)		Group III (N=30)		Total (N=90)		X ²	df	P
	N	%	N	%	N	%	N	%			
Cash	3	10.0	0	0.0	0	0.0	3	3.3	13.13	2	0.00
Motor cycle	1	3.3	2	6.7	0	0.0	3	3.3			
Land	1	3.3	0	0.0	0	0.0	1	1.1			
Share in business	2	6.7	0	0.0	0	0.0	2	2.2			
Home items	3	10.0	0	0.0	1	3.3	4	4.4			
None	20	66.7	28	93.3	29	96.7	77	85.5			

Allegations of dowry demands was made in 12.2% (n=11) of the subjects. Allegations of dowry demands and police FIR was done in

7.7% (n=7) of the subjects. Allegations of dowry demand, police FIR and matters in court were present in 4.4% (n=4) of subjects. In 75.6%

(n=68) of the subjects, no allegations of dowry demand or police FIR or matters in court were done. Significantly more allegations of dowry demands were made (with and without police

report, FIR, court case) in group I compared to group II and III.

Table 5: Comparisons of Patients and control group with regard to allegations made by the Parents of women

Variable	Group I (N=30)		Group II (N=30)		Group III (N=30)		Total		X ²	df	P
	N	%	N	%	N	%	N	%			
Allegations of Dowry demand made	9	30.0	2	6.7	0	0.0	11	12.3	36.94	2	0.00
Allegations of Dowry demand and Police FIR	6	20.0	0	0.0	1	3.3	7	7.7			
Allegations of Dowry demand, Police FIR and Matters in court	4	13.3	0	0.0	0	0.0	4	4.4			
None	11	36.7	28	93.3	29	96.7	68	75.6			

DISCUSSION

The present study was a modest attempt to study dowry in married Hindu women with mental illness attending the psychiatry OPD of University Hospital, BHU, Varanasi, India over a period of 1 year and 8 months. The main aim of the present study was to look into various aspects of dowry in patients afflicted with mental illness. The study had three groups namely Group I (Early Psychosis Group), Group II (Late Psychosis Group), and Group III (Normal healthy controls).

In the present study, the three groups of subjects were examined with respect to dowry expected, dowry demanded, dowry offered and dowry given. The basic assumption here was that these four variables would be as per the socio economic status of subjects. It was observed that dowry offered and dowry given was higher in group I as compared to group III and this difference was statistically significant. Perhaps, this is to glamorize the marriage proposal and also to compensate for the deficiency of mental illness in the women. In the present study, all the marriages were arranged except the two which were love cum arranged. In arranged marriages in India, there is a little interaction between prospective bridegroom and prospective bride. The main considerations are the family background and the amount and nature of dowry. The reason for the above observation is that marriage is considered to be essential for all women by society. Present study was in concordance with the study done by Vallabhaneni⁸, 1998 who reported that majority of marriages in India were arranged.

The Indian legislation is acutely aware of the fact that the demands of dowry often extend for years after marriage. For dowry deaths period accepted by IPC is 7 years. In the present study we examined dowry demands made over a period of 5 years after marriage. It was interesting to note that dowry relating to home items, cash, motor cycle, share in business and land were made during the period of 5 years in 1/3rd of group I subjects compared to only 3.3% in group III. In greater number of patients in group I, compared to group II and III, demands for dowry after marriage were made. When the value of items demanded were calculated and compared, it was observed that in group I, the value of dowry demanded was higher than group III. These observations suggest that the problem of dowry is more in women with mental illness who have early psychotic illness that is within 3 months of marriage compared to those without. The reason for this could be that the women’s in laws may like to have more gifts , money and valuable items from the in laws as compensation for mental illness in the women or the price for putting up with a women with psychotic illness who was in all probability married by concealing the fact of mental illness.

An important aspect of dowry which was examined was whether any allegations of dowry were made by families of women against in-laws. In as many as about 2/3rd of the patients belonging to group I allegations of dowry demand were made by the parents of women. These allegations were more in Group I than Group II and Group III. The allegations of dowry were made with respect to only

allegations, allegation and FIR, or allegations with FIR and court case. These findings may appear paradoxical as the family that has given her daughter in marriage will not try to make it sour by making allegations even if they were true. Clearly the dowry system adversely affects the life of Indian women (Bumiller⁹, 1990; Flavia¹⁰, 1988; Parasad¹¹, 1994; Kumari¹⁶, 1989; Umar¹², 1998; Vaz L., & Kanekar¹³, S.1990) by making it illegal. However the practice still continues unchecked and the number of dowry related crimes is increasing (Minturn¹⁴, 1993; Naik¹⁵, 1996; Umar¹², 1998)

CONCLUSION

More dowry is given and more Demands of dowry were made in the marriage of patients with mental illness (psychosis) as compared to those without mental illness. More families of women with mental illness (psychosis) threaten by making complaints about dowry demands as compared to those without mental illness. Most common form of dowry demanded after marriage was home items. Measurement of some of variables included in this model might not be accurate because of reporting bias, because of illegal status of dowry and fear and stigma related to dowry reporting.

IMPLICATIONS:

Current approach is towards the prevention of dowry exchange focus on legal education, media presentation and creating government policies.

Professionals should harness psychological based, culturally sensitive and gender sensitive services to offer to groups of women and girls to help prevent dowry exchange. Men might be offered similar group settings to discuss male privilege, shame, violence and the price of masculinity.

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