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Research Article

SOCIAL ISSUES IN MARRIED HINDU WOMEN WITH MENTAL ILLNESS (PSYCHOSIS) IN RELATION TO DOWRY AND STRIDHAN

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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 and stridhan to glamourize 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 more women with mental illness are denied of their stridhan after marriage compared to women without mental illness.

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. 60 patients diagnosed as having psychosis and 30 healthy controls were included in the study. All subjects were assessed on schedule of dowry and stridhan which included dowry expected, dowry demanded, dowry offered and dowry given as well as the whereabouts of Stridhan.

Observations and results: Significantly more dowry was offered and given in the marriages of patients with psychotic illness ($p < 0.05$). More demands of dowry after marriage were made in the marriage of patients with mental illness (psychosis) as compared to those without mental illness. Significantly more patients reported that Stridhan was withheld in-laws despite non consent in the marriages of patients with psychotic illness as compared to those without.

Conclusion: More dowry is given as well as demanded after marriage in the marriage of patients with mental illness (psychosis) as compared to those without. More women with mental illness are denied of their Stridhan after marriage compared to women without mental illness.

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INTRODUCTION

Marriages of women with mental illness poses 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 and stridhan to glamourize 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.

Stridhan literally means 'women's property'; "Stri" which means woman and "dhan" which means property. In ancient smriti works the word was restricted to certain special kind of property given to a woman on certain occasions or at different stages of her life. Gradually such property went on increasing in extent and value. A woman may acquire property in many ways-by inheritance, on partition, gifts or property earned by her own skill and exertion. All this property is woman's property but all is not her stridhan. This term is used in a narrower sense and connotes to the property over which she possesses absolute power to disposal. Therefore, only such property is her "stridhan" over which she has absolute

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dominion when alive and after death forms a fresh stock of descent and the property devolves on her own heirs.

In this study, Stridhan refers to gifts given to the woman at the time of marriage, gifts given to the women before or after marriage in connection with marriage, dowry received from family in connection with marriage, gifts received from relative at the time or in connection with the marriage. Following items didn't constitute stridhan - Clothes, Jewellery or other items given specifically to particular relatives; Gifts received from in-laws in connection with marriage, at the time of marriage or soon after marriage.

The women's parents often react by thinking that they will sue the husband's party under the Dowry Prohibition Act². 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 less dowry. Thus keeping in view the magnitude of the problem which is clinical and social the present study was undertaken.

Objectives of the Study

1. To find out whether more dowry is given in the marriage of patients with mental illness (Psychosis) as compared to those without mental illness.
2. To find out whether more demands of dowry are made in married women with mental illness (Psychosis) after marriage as compared to those without mental illness.
3. To find out whether more women with mental illness are denied of their "stridhan" after marriage compared to women without mental illness (Psychosis).

Implications of the Present Study

1. The study will also shed light on how women with mental illness are deprived of their material assets ("stridhan").
2. The present study will provide information on how parents of women with mental illness cope to get their daughters married by offering and giving excessive dowry.

MATERIAL 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 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 al*⁵ (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 and "Stridhan"-This will have the following items
 - Dowry offered, expected, demanded, given and nature of dowry, and its value separately and total .
 - Gifts received other than dowry
 - Full Stridhan in possession or at disposal , part or none of Stridhan in possession, stridhan with in-laws with consent of the woman, stridhan with in-laws despite non consent of the woman, woman is neutral towards stridhan with inlaws, woman is resentful towards stridhan with inlaws
 - Dowry demanded after marriage

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

OBSERVATIONS 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.

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	0.00
							I v. II	0.00
							I v. III	0.00
							II v. III	0.10 NS
Dowry Demanded (Value in Rs.)	256800	237759	78933	160166	73656	147602	6.21	0.00
							I v. II	0.00
							I v. III	0.00
							II v. III	0.10 NS
Dowry Offered (Value in Rs.)	240000	157741	86933	100042	100589	134840	12.16	0.00
							I v. II	0.00
							I v. III	0.00
							II v. III	0.69 NS
Dowry Given (Value in Rs.)	240000	157741	117050	93877	91522	133594	11.00	0.00
							I v. II	0.00
							I v. III	0.00
							II v. III	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	0.08
									I v. II	0.08 NS
									I v. III	0.04
									II v. III	0.77 NS

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.

Stridhan in patient and control groups

An attempt was also made to find out the whereabouts of Stridhan of married women. It was noted that more than 2/5th (N=39) of the women subjects had full Stridhan with them or at their disposal whereas rest of the subjects had part or none of the Stridhan with themselves However there was no significant difference for full Stridhan with the patient or at disposal between Group I, Group II and Group III

About 1/6 of the subjects had stridhan with in-laws with consent and there was no significant difference between the three groups. About 1/10 of the subjects had their stridhan with in-laws despite non consent. About 1/8 of the patients were neutral towards their stridhan being taken away and majority of these belonged to Group II and Group III

About 1/5th of the patients were resentful towards their stridhan being taken away and majority of these patients belonged to Group I and Group II as depicted in Table 4B. In Group I compared to Group III significantly more patients reported that Stridhan was with in-laws despite non consent and consent was not taken but they were resentful and the stridhan not being in their possession.

Table 4 A Comparison of patient & control groups with regard to Stridhan

Variable	Group I (N=30)		Group II (N=30)		Group III (N=30)		Total		X ²	df	P
	N	%	N	%	N	%	N	%			
Full Stridhan with the patient/ disposal	10	33.3	13	43.3	16	53.3	39	43.3	2.44	2	0.29 NS
Part or none of Stridhan with the woman	20	66.7	17	56.7	14	46.7	51	56.7			

Table 4 B Comparison of patient & control groups with regard to Stridhan

Stridhan with in-laws with consent	6	20.0	5	16.7	3	10.0	14	15.6
Patient is neutral towards Stridhan	1	3.3	4	13.3	7	23.3	12	13.3
Stridhan with in-laws despite non-consent	3	10.0	3	10.0	2	6.7	8	8.9
Patient is resentful towards Stridhan being taken away	10	30.0	5	16.7	2	6.7	17	18.9
None	10	30.0	13	43.3	16	53.3	39	43.3

Likewise when Group I was compared to Group III significantly less number of women gave consent for stridhan to be with in-laws or were neutral towards their stridhan ($X^2 = 6.8$, $df = 2$, $p = 0.03$).

DISCUSSION

The present study was a modest attempt to study dowry and stridhan 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 stridhan 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).

The sample was selected in accordance with strict inclusion and exclusion criteria. Diagnosis of "psychosis" was made as per ICD-10 and patients were evaluated by a structured interview, SCID 1-DSM IV-TR, and categorized into psychotic groups in accordance with DSM IV TR (American Psychiatric Association, 2000). 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 glamourize the marriage proposal and also to compensate for the deficiency of mental illness in the women.

It is a common observation that after marriage women are deprived of the many gifts she received from parent's side and from her in-laws despite the promulgation of the stridhan act. In this study only stridhan related to marriage was considered. Thus all gifts received from parents side as dowry and gifts received from in-laws side as jewellery or cash were considered as part of stridhan except when the gift was given specifically to a family member. It was observed that only 1/3rd of the patients had full stridhan in their possession or at their disposal. When the variable "part or none of the stridhan with the women" was examined, it was observed that in Group I significantly less women stridhan was with in-laws with consent or patient was neutral towards stridhan while there were greater number of patients in the category of "stridhan

with in-laws despite non consent and patient resentful towards stridhan" compared to Group III. This finding is in keeping with the observations of women often being denied of their property. The findings also suggest that mentally ill women suffering from psychosis are most vulnerable for being deprived of their property because of hostility towards them. Also, the women with psychosis are as such unable to voice their complaints and even if they do so, it is often ignored. If any subsequent enquiries are made, the in-laws can take the plea that she destroyed or lost the property because of her mental state and get away without being charged for the same.

As recognized by Bates et al¹¹ (2004), dowry is commonly used as a tool of resource extraction and exploitation of the bride and her natal family. However the practice still continues unchecked and the number of dowry related crimes is increasing (Minturn⁹, 1993; Naik¹⁰, 1996; Umar⁸, 1998).

CONCLUSION

1. More dowry is given in the marriage of patients with mental illness (Psychosis) as compared to those without mental illness (Psychosis).
2. More demands of dowry after marriage were made in the patients with mental illness (Psychosis) as compared to those without mental illness (Psychosis).
3. More women with mental illness are denied of their Stridhan after marriage compared to women without mental illness (Psychosis).

Future Implications of the Study

1. Current approaches toward the prevention of dowry exchange and stridhan prevention focus on legal education, media presentations, and creating government policies.
2. Professionals should harness psychologically based, culturally sensitive, and gender-sensitive services to offer to groups of women and girls to help prevent dowry exchange and stridhan.

Reference

1. Hindu marriage act, 1955.
2. Dowry prohibition act, 1961.
3. Verghese A, Reig A, Senseman LA, Sunder rao SS, Benjamin S (1973) A social and psychiatric study of a

- representative group of families in Vellore from *Indian Journal of Medical Research* 61:608-620.
4. Kuppuswamy B (1981). Manual of socio economic status (Urban), Manasayan, Delhi.
 5. Kumar *et al*, (2005) BJP 2005, 187: 62- 67.
 6. Spitzer RL, Dehorah Blacker M.D, William J.B, *et al* (2009) Psychiatric rating scales in Kaplan and Sadock, Text book of psychiatry, 9th Edition, page, 1042.
 7. Reddy MV (2002). Multivariate statistical methods. In: Statistics for Mental Health Care Research, First edition, NIMHANS Publication, Bangalore. 167- 175
 8. Umar, M. (1998). Bride burning in India. New Delhi, India: A. P. H. Publishing Corporation.
 9. Minturn, L. (1993). Sita's daughters: Coming out of purdah. New York: Oxford University Press.
 10. Naik, R. D. (1996). A study of dowry practices. Pune, India: Dastane-Ramachandra & Co.
 11. Bates, L. M., Schuler, S. R., Islam, F., & Islam, M. K. (2004). Socioeconomic factors and processes associated with domestic violence in rural Bangladesh. *International Family Planning Perspectives*, 30, 190-199.

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