

Original Research Paper

A Study of Socio-Demographical Profile of Dowry Death Victims in a Tertiary Care Unit of West Bengal

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Abstract

High incidence of unnatural deaths of young newly married females following disputes over the dowry is a dark spot on the noble tradition of our society. Sadly, awareness and education, particularly of young people and women, has not helped to control the situation. The aim of the present study is to describe the different pattern and socio demographic profile of dowry death cases. This study is a retrospective, observational Study which was conducted between July 2012 to June 2014 at the Department of Forensic Medicine & Toxicology, Nil Ratan Sircar Medical College & Hospital, Kolkata; where 216 cases were taken out of total 5589 autopsies conducted during the study period. Most of the victims of dowry deaths were aged between 18 to 20 years (43%), religiously belonging to Hindu (67%). Joint family (83%) of lower socio-economic status (40%) in rural (58%) residence, housewife (73%) being educated up to primary school (55%) were predominant. Most common cause of death was due to burn injury (67%).

Key Words: Dowry death, Socio-demographic profile, Retrospective, Observational study, Autopsy

Introduction:

Where the death of a woman is caused by any burn or bodily injury, or occurs otherwise than normal circumstances, within 7 years of her marriage & it is shown that soon before her death, she was subjected to cruelty or harassment by her husband or any of his relatives for, or in connection with any demand for dowry, such death shall be called **Dowry death**. [1, 2]

Even after years of campaigning by voluntary organizations against the menace of dowry and their efforts to create awareness on it, the number of dowry deaths and dowry harassment cases is on the rise. They are well planned crimes, executed within the four walls of a house by the family members.

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Most of the victims die on the spot and those who survive hesitate to make a statement before a magistrate either due to fear psychosis on account of lack of alternative support, or they are persuaded or threatened not to do so. The present study is undertaken to evaluate the magnitude and study various socio etiological factors of dowry deaths in Kolkata, West Bengal and various other factors affecting the rise in incidence of dowry death.

Aims and Objectives:

The aim of the present study is to describe the socio-demographic profile of dowry death victims brought to N.R.S. Medical College, Kolkata mortuary.

Materials and Methods:

This retrospective, observational Study was conducted from July 2012 to June 2014 at the Forensic Medicine Department of Nil Ratan Sircar Medical College; Kolkata. During this period a total of 5589 autopsies were conducted at this hospital. Out of which, there were 216 cases of death of married women within seven years of marriage.

In this study we included those cases in which Married women that died within seven years of their marriage and Unnatural deaths due to burning, hanging and poisoning. We excluded the Bridal death beyond seven years of marriage and all decomposed dead bodies.

The details of each case were obtained from police requisition and inquest, hospital

records & also from victim's available relatives which highlighted the main points: age, occupation, education, type of family, socio-economic status, place of residence, time of death etc. All data were documented in a master chart and analyzed & interpreted.

Observations and Results:

The study was conducted at the mortuary of NRS Medical College, Kolkata from 1st July, 2012 to 30th June, 2014. Out of 5589 autopsies conducted during this period, 216 (3.86%) were due to dowry death. Most of the victims (43%) were in the age of 18-20 years. (Table 1) Hindu married women (67%) (Fig 1) from the joint family (83.3%) were the main sufferer in our study. (Table 2)

Lower socio-economic status (40%) (Fig 2) from the rural background (58%) were affected highest in present study. (Table 3)

Women who are housewife (73%) (Table 4) being educated up to primary school (55%) (Table 5) and married for 1-2 year (33%) died most commonly. Most common cause of death was due to burn injury (66%). (Fig 3)

Discussion:

Most of the victims are aged between 18-20 years (43%) and only 1.4% case has occurred in > 32years of age. This was similar to studies by Sharma B.R. et al [3] who report 56% of victims belong to the age group of 18-25 years, and also Virendra Kumar et al [4], KusaKumar Saha and S Mohanty studies. [5]

With regard to type of family, this study showed that most cases were from joint family (83%). This was consistent with other researches. [4-6] In present study out of the total population, 58% were from rural residence. This followed the findings of Sharma BR [3], Bharati S et al [7] and Arora P et al [8]; but our study was in contrast to the findings of Chavan B S et al and Prajapati et al. [9, 10]

Among the married women, 73% were housewives, 11% were students similar to that of Prajapati P et al and Kumar P N S et al studies. [10, 11] In our study, 54.7% were educated upto Primary level, followed by 18.5% illiterate, 16% were high school educated.

This was in accordance to the findings of Shukla DG et al [12]; but in contrast to the findings of Bharati S et al. [7]

Regarding socio-economic status we observed that 39% belonged to lower class, 36% belonged to Middle class and only 4.2 % cases belonged to Upper class. These findings were similar to Bharati S et al [7], Chavan et al [9]; but were in contrast to the findings of Saha KK et al and Arora P et al. [5, 8]

Majority of dowry death was due to burn (67 %), followed by poisoning (20 %), hanging (12%) cases which was consistent with Sharma BR et al and Saha KK et al studies. [3, 5]

But several other studies like Prajapati et al [10], Suresh K et al showed that Poisoning (35.51%) was most common cause of death. In this study, most cases were from rural regions of West Bengal, where suicide by poisoning is far less than suicide by burn, as substances required to set fire are easily available.

Conclusion:

A social and public health response to Dowry death is crucial in India. Aim of medical science should be to bring forward some suggestions to reduce the incidence of dowry death. A social and public health approach acknowledges that Dowry death is preventable, and promotes a framework in integrated system of interventions across multiple levels within society including the individual, the family, the community and the health care system.

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Table 1: Age of Suicidal Victims (N = 216)

Age (Years)	Cases	Percentage (%)
18—20	93	43.1
21—23	58	26.8
24—26	39	18.1
27—29	19	8.8
30—32	4	1.8
> 32	3	1.4
TOTAL	216	100

Table 2: Type of Family (n = 216)

Type of Family	Cases	%
Joint	180	83.3
Nuclear	36	16.7
Total	216	100

Table 3: Type of Residence (N= 216)

Residence	Cases	%
Rural	126	58.3
Urban	90	41.7
Total	216	100

Table 4: Occupation of Victims (N = 216)

Occupation	Cases	%
Housewife	158	73.2
Student	24	11.1
Farmer	19	8.8
Labourer	13	6.0
Service	2	0.9
Total	216	100

Table 5: Education of Victims (N = 216)

Education	Cases	%
Illiterate	40	18.5
Primary	118	54.7
High School	35	16.2
Intermediate	17	7.8
Graduate	6	2.8
Total	216	100

Fig 1: Religion of Victims (N = 216)

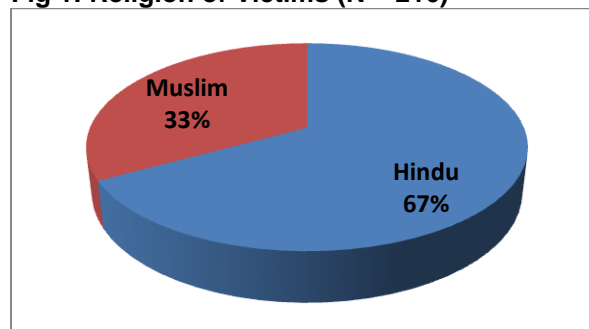


Fig 2: Socio-Economic Status (N = 216)

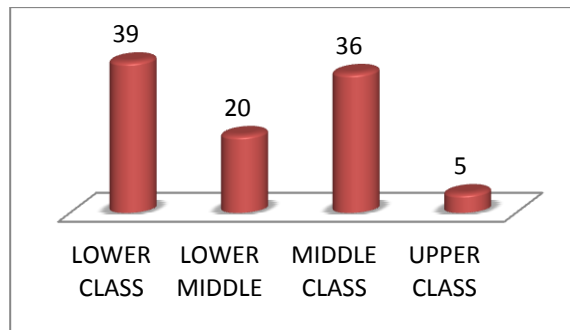


Fig 3: Pattern of Suicide of Victims (N = 216)

