

Original Research Article

DOWRY DEATHS; AN AUTOPSY BASED STUDY IN COASTAL ODISHA

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ABSTRACT

Background: Dowry is money, goods, or estate that a woman brings to her husband in marriage. Bridal deaths have had a great adverse impact on the society as girl children are being thought as burdens and male children are preferred. This has led to increased incidence of female foeticide and a decline in the sex ratio. NCRB data has revealed that 19 women die every day in 2020 in dowry related cases.

Aims and Objectives: To know the incidence, demographic variables, socioeconomic factors, of dowry related deaths in coastal Odisha and also the behavioural and psychological factors in the deceased.

Materials and Methods: This is a prospective study carried out on dowry related death cases brought to the Department of Forensic Medicine and Toxicology, SCB Medical College and Hospital, Cuttack, for autopsy from July 2017 to June 2019. Confirmed accidental, natural and death due to natural calamities were excluded. The data was collected from inquest report, dead body challan, relatives and police in a predesigned proforma which was tabulated and analysed.

Results: Out of 5921 autopsies conducted, 286 cases (4.83%) were related to dowry death. Burns account for 185 (64.7%) deaths followed by poisoning, 22.02% (63), hanging, 10.8% (31) and assault, 2.44% (7). Most common age group was 22-26 years (50.34%) followed by 18-21 years (23.42%). Most of the brides were Hindus, 97.55%, from joint family (90.55%) and rural areas (54.19%). Death was suicidal in 46.5%, accidental (39.5%) and homicidal (13.9%). Suicidal death was higher (47.1%) than accidental (38.99%) in joint families where as the reverse pattern was observed in nuclear families. 74.8% belonged to lower economic class followed by lower middle class (20.62%). Highest deaths (184, 64.33%) occurred within the first three years of marriage with maximum (89) in the second year. 90.9% of the victims were house wives and 94.05% death occurred at the in-law's house. 92.65% of victims died in the hospital and only 11.32% could give a dying declaration. 46.8% incidents were triggered by quarrels followed by cooking (35.66%) and psychiatric problems (9.8%).

Conclusion: The gravity of the problem is to be acknowledged by the general masses and the policy makers and necessary steps should be taken to curb it.

Keywords: Dowry death; suicide; assault; burn; hanging.

INTRODUCTION

Dowry is money, goods, or estate that a woman brings to her husband in marriage,^[1] Dowry is an ancient custom and can be traced back to multiple

civilisations. This fund may provide an element of financial security in widowhood or against a negligent husband and eventually go to provide for her children. The custom of dowry is most common in cultures that are strong patriarchal and that

expects women to reside with the husband and his family. Current practices are existent in the Indian subcontinent, Afghanistan, Iran, Turkey, Azerbaijan, Bosnia, Serbia and some north African countries viz Egypt and Morocco.^[2]

But with the passage of time greed crept into the minds of sections of the society who began to look at dowry as an object of their personal enjoyment and not as a form of social and economic security of the bride and that was where the problems related to dowry began to emerge.

Bridal deaths have had a great adverse impact on the society such as the devaluation of women where families have begun to look at girl children as burdens and so have a preference for male children. This has led to increased incidences of female foeticide and a decline in the sex ratio which adversely impacts the social structure of our country. The currently existing numbers of dowry death incidents in India is a matter of concern. The NCRB data states, the Dowry Deaths during 2017, 2018, 2019 and 2020 are 7433, 7167, 7141 and 6966 respectively. Dowry related matters accounted for the lives of 19 women every day in 2020.^[3]

In a country like India, we autopsy surgeons come across incidences of brides committing suicides by ingestion of poisons, hanging or self-immolation to brides being killed by beating, burning etc. In our setup there is ample scope of concealing a planned murder beneath the story of an accidental burn. Findings of such studies will surely be helpful to the policy makers who can look forward to evaluating the current laws and make changes, if necessary, that can curb the social evils of dowry and save more lives.

Aims and objectives: The aim of the study is to know the incidence, demographic variables, socioeconomic factors of dowry related deaths in coastal Odisha and also analyze the patterns, the behavioural and psychological factors in the deceased.

Laws in relation to dowry death: Sec 498-A IPC: Sec 304-B IPC: (Defines dowry death) Sec 113-(A) IPC, Sec 113-(B) IPC (presumption as to dowry death), Sec.2 of Dowry prevention act: (It defines dowry), 176 IPC, 174 CrPC, 32.I.E.A (Dying declaration).

MATERIALS AND METHODS

This study is a prospective observational study carried out on the unnatural death cases booked under Sec 176 CrPC presuming it to be a death related to dowry and under some unnatural circumstances, brought to the Department of Forensic Medicine and Toxicology, SCB Medical College and Hospital, Cuttack, for medico-legal autopsy from July 2017 to June 2019. The detailed history of the incidence and the related circumstances were taken from the data in inquest report, dead body challan and then from the

available relatives and police in a predesigned proforma. Other related constitutional and socio-demographic details were also collected. For accessing socio economic status, modified Kuppaswamy scale was employed. Consent of both parties that is the bride and grooms' family was obtained. The data collected was tabulated in excel and the results extracted using SPSS. Confirmed accidental deaths like road traffic accidents, drowning, snakebites or death from natural disease processes and natural calamities and decomposed cases are excluded from the study. Ethical clearance was obtained from IEC, SCB Medical College and Hospital, Cuttack.

RESULTS

Out of 5921 autopsies conducted in mortuary of Department of Forensic Medicine and Toxicology, SCB Medical College and Hospital, Cuttack during this 2-year period, 286 cases were death related to dowry. In our study, most common age group involved was between 22-26 years (50.34%, 144 cases) followed by 18-21 years, (23.42%; 67cases) [Figure 1]. Most of the brides were Hindus about 97.55% (279) and only 2.45% (7) were Muslims. Burn accounts for 185 (64.7%) deaths followed by poisoning, 22.02% (63), hanging, 10.8% (31) and assault, 2.44% (7) [Figure 2].

Majority of bridal deaths (90.55%, 259) belong to joint family and only 27 (9.45%) cases belong to nuclear family [Table 1]. Of all bride deaths in joint family, 122 cases were suicidal, 36 homicidal and 101 were accidental deaths. In nuclear families the number of accidental deaths is marginally higher (12) than suicidal deaths (11). There were 4 cases of homicide reported from nuclear families. Suicidal death percentage was higher (47.1%) than accidental death percentage (38.99%) in joint families where as the reverse pattern was observed in nuclear families where 44.44% of deaths were accidental and 40.7% suicidal. Bridal death was more prevalent in rural areas, 54.19% and least in urban areas (11.53%) [Table 2].

The maximum number of victims (214, 74.8%) belonged to lower economic class followed by lower middle class (59, 20.62%) and middle class (13, 4.54%). During the study period no cases were reported from upper middle and high economic class. Of the 286 cases, in half of the cases (143), there was involvement of dowry with maximum number of dowry allegations in the lower middle class (38 cases, 64.4%) followed by middle class (7 cases, 53.8%) and lower class (98 cases, 45.8%).

Majority of the victims 231 (81%) had arranged marriage and only 55 cases (19%) had love marriage. The bar graph in Figure 3 clearly suggests that maximum number of deaths (184 cases, 64.33%) occurred within the first three years of marriage with the highest number of deaths (89 cases, 31.11%) in the second year.

Table 3 reflects husband of the deceased were mostly semiskilled workers (36.71%, 105). Most of the victims (260, 90.9%) were house wives with only 26(9.09%) of the victims having any form of employment. Suicidal deaths were maximum among house wives (121 cases), labourers (6) and maid servants (5) [Table 4]. As per Table 5, maximum cases (32.16%, 92) studied upto matriculate. We found the overwhelmingly large majority of cases occurred at the in-laws' house (94.05%, 269 cases) and only 4.54% (13 cases) cases at their parental house. 37.17% of deaths occurring at the in laws' house were accidental (100 cases), 47.95% (129 cases) were suicidal and 14.86% (40 cases) were homicidal [Table 6].

We found majority (92.65%, 265 cases) of victims died in the hospital and 11.32% (30 cases) gave a dying declaration. Almost half of the victims (52.79%,151 cases) had living children and 4.1% (12 cases) of the victims were pregnant at the time of death. Table 8 suggests the period of survival of the victims with 131 victims surviving till 3 days

and 112 till 4-7 days. Of these 36 (12.5%) died on the spot. Of the 151 cases who had living children, 52.98% died from accidental reasons, 35.76% committed suicide and 11.25% were murdered. Of the 12 women who were pregnant, 4 (33.33%) died of accidental causes, 6 (50%) committed suicide and 2 (16.66%) were murdered.

Of the total 185 burn cases, 78 (42.16%) were burnt by kerosene emollition, 72 (38.91%) due to stove oil spillage, 6 (3.2%) due to gas leakage, 13 (7.02%) from wooden chulha. 16(8.6%) were due to other reasons such as during worship or while basking near fire in winters. On assessing the offending agents in hanging and poisoning it is found that odhanis and sarees have been the most commonly used materials (38.7% and 41.9% respectively) and organophosphates are the most common poisons (80.95%) used.

Figure 4 shows that most of the incidents were triggered by quarrels (134 cases, 46.8%), followed by cooking (102 cases, 35.66%) and psychiatric problems (28 cases, 9.8%).

Table 1: Family type in dowry deaths and the respective manners

Type of Family	Suicidal Deaths		Homicidal Deaths		Accidental Deaths		Total
	No (%)	%	No (%)	%	No (%)	%	
Joint Family	122 (91.7%)	47.1	36 (90%)	13.8	101 (89.4%)	38.99	259 (90.55%)
Nuclear Family	11 (8.3%)	40.7	4 (10%)	14.8	12 (10.6%)	44.44	27 (9.45%)
Total	133		40		113		286

Table 2: Area wise distribution of dowry death cases

Type of area	No of bridal deaths	Percentage
Urban	33	11.53 %
Rural	155	54.19 %
Semi - urban	98	34.26 %
Total	286	100%

Table 3: Occupation of husband

Type of occupation	No of bridal deaths	Percentage
Skilled Worker	100	34 %
Semi-skilled worker	105	36.71 %
Unskilled	81	28.32 %
Total	286	100%

Table 4: Occupation of the bride and relation to the manner of death

Occupation	Manner of death of brides							
			Accident		Suicide		Homicide	
	Number	%	Number	%	Number	%	Number	%
House Wife	260	90.9	104	40	121	46.5	35	13.46
Labourer	16	5.5	6	37.5	6	37.5	4	25
Maid Servant	8	2.8	2	25	5	62.5	1	12.5
Teacher	1	0.3	0	0	1	100	0	0
Others	1	0.3	1	100	0	0	0	0
Total	286	100	113	100	133	100	40	100

Table 5: Educational qualification of victim

Education of victim	Number	Percentage
Illiterate	14	4.8%
Up- to 5 th	13	4.54%
6 th to 7 th	26	9.09%
8 th to 9 th	78	27.27%
Matriculate	92	32.16%
11 th to 12 th	58	20.27%
Graduate and above	5	1.7%
TOTAL	286	100%

Table 6: Place of incidence and its relation to manner of death

Place Of Incidence	Number	%	Accident		Suicide		Homicide	
			Number	%	Number	%	Number	%
In-Laws House	269	94.05	100	37.17	129	47.95	40	14.86
Own House	13	4.54	10	76.92	3	23.07	0	0
Husband's House	4	1.4	3	75.00	1	25.00	0	0
Total	286	100	112	100	133	100	40	100

Table 7: Manner of death in relation to various modes death

Manners	Suicide		Accident		Homicide		Total	
	No	%	No	%	No	%	No	%
Burn	39	29.32	113	100	33	82.6	185	64.7
Poisoning	63	47.36	0	0	0	0	63	22.02
Hanging	31	23.30	0	0	0	0	31	10.84
Assault	0	0	0	0	7	17.5	7	2.44
Total	133	100	113	100	40	100	286	100

Table 8: Period of survival of brides in relation to different modes of death

Survival period in days	Burning		Poisoning		Hanging		Assault		Total	
	No	%	No	%	No	%	No	%	No	%
Spot death	7	3.7	0	0	26	83.8	3	42.8	36	12.5
<1 d	6	3.24	41	65.07	3	9.6	1	14.3	51	17.8
1-3 d	24	12.9	18	26.47	1	3.22	1	14.3	44	15.4
4-7 d	105	56.75	4	6.34	1	3.22	2	28.6	112	39.1
8-12 d	37	20	0	0	0	0	0	0	37	12.9
>12 d	6	3.24	0	0	0	0	0	0	6	2.1
TOTAL	185	100	63	100	31	100	7	100	286	100

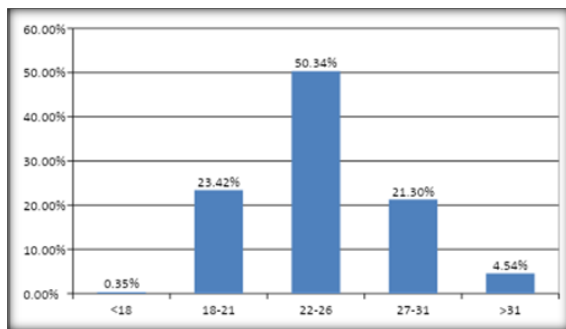


Figure 1: Age wise distribution of dowry death cases

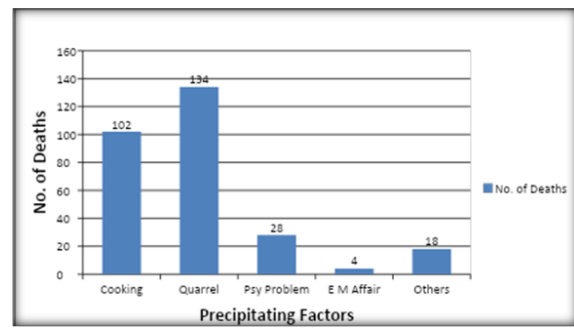


Figure 4: Precipitating factors in dowry death

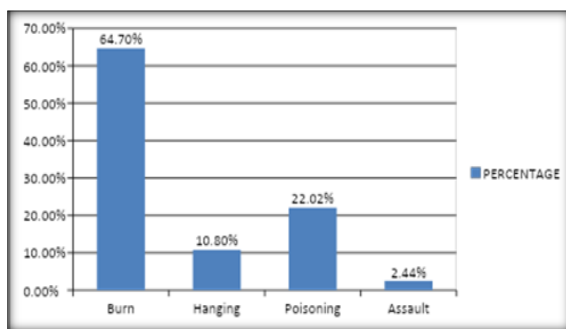


Figure 2: Prevalence of different modes of dowry death

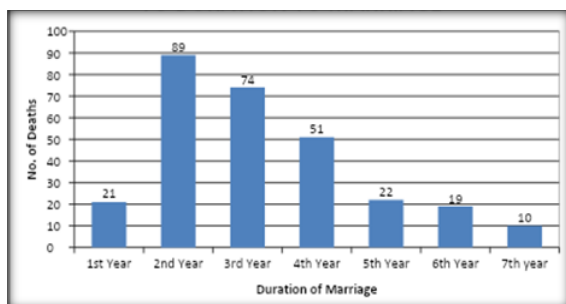


Figure 3: Death in relation to duration of marriage

DISCUSSION

Our study revealed the percentage of cases such as burns, hanging, poisoning and assault as 64.7%, 10.8%, 22.02% and 2.44% respectively. These results are different from the results obtained in the studies of Radhika RH et al,^[4] who found that 78.33% of cases occurred by hanging, 11.66% by poisoning, 8.33% by burns and 1% by strangulation. Khalid MA et al,^[5] in his study found that 51.18% cases were due to burns which is different from the current study. Roy A et al,^[6] found a similar figure in their study with 66% burn cases, 20% poisoning, 12% by hanging and 2% by other modes. The fact that some studies show similar results shows certain socio-cultural practices are shared across geographic borders. The categorisation of age in the current study is different from those considered by Radhika RH^[4], Khalid MA,^[5] Karukutla N,^[7] etc who have considered 18-25 years to be the most commonly affected age group of victims. The current study found that most cases occurred in the age range of 22-26 followed by the age group of 18-21. If the two age groups are combined then more than 70% of the

cases occurred within the range of 18-26. The strikingly high trend of similarity between all the studies can be attributed to the fact that marrying at such an early age where mental maturity may not have developed adequately, if the girl is suddenly exposed to a completely new environment which is hostile, she is highly vulnerable to depression or similar psychiatric issues and susceptible to respond to these situations by committing suicide. We also see as the age of the bride exceeds 26 years, the number of incidents declines sharply and only 4.54% of victims were above 31 years of age. This clearly highlights the fact that early marriages are more prone towards having a hazardous outcome for the bride. In addition to being the largest population, Hindus have a formidable tradition of dowry which is not a prominent feature of the other existing religions in the community.

Studies by Roy A,^[6] Kumar V,^[8] Mohanty et al,^[9] found that majority of the victims were illiterate. However, we found 4.8% of victims were illiterate with maximum casualties occurring among brides that were read up to matriculation. This shows literacy rate among the females has risen noticeably in the past decade owing to the numerous programmes launched by the government.

The studies conducted by Radhika RH et al,^[4] Saha K et al,^[10] and Haroon A,^[11] reflects that the casualties from nuclear families were much higher (91.7%) which is in contrast to our findings where maximum were in joint families (91.7%). However, Roy A et al,^[6] found that 83.3% of cases were from joint families. The current trend can be explained on the basis that in India still joint family structure is the dominant structure and there is greater interaction of the bride with the in laws. Also, larger proportion of homicidal deaths (90.55%) occurring in joint families. Hence from above findings it can be concluded that joint family structures have a contributory effect towards bridal deaths.

About 54% of cases occurred in rural areas and 34.26% cases occurred in semi urban areas and the rest occurred in urban areas. This is different from the results obtained by Haroon A,^[11] Batra BK,^[12] and Karukutia N.^[7] This trend can be explained on the basis that with rapidly growing urbanisation, semi-urban areas now contribute to a large section of the society. This reflects that the mindset of people residing in rural regions is still regressive and they are yet to acknowledge the evils of demanding dowry. We found that the lower and lower middle class combined together consisted close to 95% with the lower socio-economic class alone consisting 74.8%. No cases belonged to upper middle and high classes. This result is similar to the results of Mohanty et al who found that majority of the victims belonged to the lower class. However different from Kumar V et al,^[8] and Roy A et al,^[6] as they found bridal death cases to be evenly distributed across all strata. The higher prevalence in lower social strata is indicative of the fact that

lower literacy rate and lower living standards have a positive effect on such incidences.

In our study peak incidence was during the second year of marriage and the major bulk of the cases occurred in the first 3 years of marriage. This is similar to the results obtained by Haroon A,^[11] Radhika RH,^[4] Khalid MA,^[5] who reported that maximum deaths occurred in the first three years. The strikingly common findings reflect the fact that the brides are highly susceptible to domestic violence occurring in relation to dowry during the first 3 years of marriage as a newly married woman can take a while to get adjusted to her new environment. During that period, she needs support and care from her relatives. If at that time she is subjected to cruelty she becomes very susceptible to committing suicide. In contrast Radhika RH et al,^[4] found that peak incidence in the 2 years after marriage. This reflects that more deaths occurring in the 2 years are due to accidental reasons than due to dowry related reasons.

Our study reveals 19% were love marriages and 81% were arranged marriages. It is in contrast to studies by Sinha US et al,^[13] where 91.39% of marriages were arranged and Verma RK et al,^[14] where almost all the marriages were arranged. With increasing westernisation, in India the number of love marriages is on the rise. However, such marriages often occur without any dowry transactions. This can leave a lot of in laws dissatisfied and they can easily turn hostile towards the bride giving rise to dowry related crimes.

Table 3 revealed that the pattern of incidences related to dowry was highest among semi-skilled workers, followed by skilled workers. Unskilled workers were least in number. The results are not in agreement with that furnished by Gupta RK,^[15] and Gaur JR & Sangwan SK^[16] who reported that unemployed husbands are involved in dowry death cases and men from business class families are frequently involved in dowry related deaths respectively. Due to agricultural base economy in Odisha and financial crisis dowry can hold a lot of significance and absence of it can perpetrate violence toward bride, sometimes husband stay away from house due to labour work, leaving their wives with in laws make them susceptible to loneliness, torture by in laws and being desperate commit suicide as a result. Our study shows that most of the victims (90.9%) were housewives with only 9.1% of the victims having any form of economic employment. In India families are mostly structured around an earning male member and a female who stays back at home to take care of the senior and or the junior members of the family.

The current study reveals that 94.05% cases occurred at the in laws' house and 4.54% occurred at the parental house and only 1.4% cases occurred in the husband's house. This is similar to the results published by Haroon A,^[11] (91%) but different from the results by Bhullar DS et al,^[17] and Mohanty MK et al,^[9]. This can be explained on the basis that in

Odisha, most of the married couples stay with the groom's parents. All the homicide considered in the study occurred at there. Of all the cases that occurred in the in laws' house 37.17% deaths were accidental and 47.95% of deaths were suicidal. when the bride stays away from the in-law's house, there is less scope of interaction between the bride and the in laws and even lesser scope of conflict.

Our study reveals that 92.65% of deaths occurred at hospitals and 4.89% of deaths occurred on the spot and 2.44% of deaths occurred on the way. Of these 11.32% of brides who died in the hospital gave a dying declaration. Despite prolonged survival periods we see very few cases of dying declaration. This is attributed to reasons like as the patient is in a debilitated condition her attempts to give a dying declaration may be suppressed by the in laws to escape incrimination. The girl's family are poor, may not be interested in pursuing the case and seek justice because of the slow nature of the legal structure of the country or may withdraw case in exchange of agreed sum of money.

Maximum deaths were a result of suicides by poisoning and accidental burns being the second most common manner of death. 14.86% cases were due to homicide. The results are in agreement with the results obtained by Batra BK,^[12] and Verma RK et al^[14], Kumar V et al,^[8] and Bhullar et al,^[17] who found poisoning to be the most common means of suicide. Poisoning is the easiest means because one can execute it silently without anybody knowing about it and many insecticides can be easily purchased, with Danadar being a very commonly available poison in Odisha. But our results are not in agreement with Agnihotri Arun who found 78.15% of dowry deaths were homicidal.

Quarrels formed the bulk of the cases followed by cooking and psychiatric issues. 4 cases had extra marital reasons and 6.3% cases had other reasons. As a large number of women in rural areas cook using kerosene stoves and wooden chulhas, they remain vulnerable to getting burnt accidentally. The highest cases were reported to be precipitated by quarrels. When one gets really angry, one loses the ability to differentiate right from wrong. Quarrels can lead to homicides or suicides. When an argument is at its peak a woman might want to vent out her anger by pouring kerosene on herself without actually willing to commit suicide and die in the process. 4 cases were precipitated by extramarital affairs. The government has now legalised adultery. This clearly reflects that promiscuous relationships even though are legalised clearly take their toll on the society by claiming some precious lives.

In the current study, 78 (42.16%) were burnt by kerosene emolition, 72(38.91%) were burnt due to stove oil spillage and 6 (3.2%) were burnt due to gas leakage this is similar to findings by Rao NG^[18] in his study found a similar pattern of burns due to stove bursting while cooking but his numbers were much higher (63.3%). Rural Odisha does not have

much access to LPG and Kerosene stoves form the major portion of fire source which are very unsafe.

Our study revealed organophosphorus as the commonest used poison as it is readily available in the market and used for agricultural purposes. Singh D et al,^[19] revealed that between 1977 to 1988 barbiturates were the most common offending agents used. Between 1987 to 1997 organ phosphorous 23.8% and since 1992 aluminium phosphide (80%), a fumigant poison was the most commonly used poison. In hanging odhanis and sarees were found to be the most commonly used materials with 38.7% and 41.9% as the respective numbers. This can be explained on the basis of ease of access to the ligature material.

The current study reveals that majority of the victims survived between 0-3 days which is in agreement with the results published by Kumar V et al.^[20]

CONCLUSION

In our study burns were the most common mode of death in Hindu women from rural communities who were house wives, coming from joint families of age group 22-26 years, during the second year of their marriage. The gravity of the problem is to be acknowledged by the general masses and the policy makers. The fact that despite so many different laws existing that discourage dowry, still it is widely prevalent in the society should compel the policy makers to revisit the pages of law. No matter how stringent the rules are, unless the society acknowledges the issue and voluntarily chooses to stand against it, no amount of law can bring about any significant change unless there is enough public awareness. Therefore, all possible means of mass communication and social media should be utilized to make it a trending topic in the society and the hazards of the system should be made more prominent before the public eyes. In case of any bride death, crime scene visit by a doctor should be made compulsory. Pre marriage counselling sessions should be arranged. All marriages should be registered with the government. More attention should be given to educating women The policy makers should focus their attention on dying declaration.

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