

Vol III Issue II August 2013

Impact Factor : 1. 2018

ISSN No :2231-5063

Monthly Multidisciplinary Research Journal

Golden Research Thoughts

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IMPACT FACTOR : 1. 2018

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RNI MAHMUL/2011/38595

ISSN No.2230-7850

Indian Streams Research Journal is a multidisciplinary research journal, published monthly in English, Hindi & Marathi Language. All research papers submitted to the journal will be double - blind peer reviewed referred by members of the editorial Board readers will include investigator in universities, research institutes government and industry with research interest in the general subjects.

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Cell : 9595 359 435, Ph No: 02172372010 Email: ayisrj@yahoo.in Website: www.isrj.net**

SUICIDE IN INDIA-A STATISTICAL ANALYSIS**A. Safer And A. Relton**Assistant Professor, Department of Social Work, Jamal Mohamed College, Trichy.TN
Associate Professor & Head, Department of Social Work, Bishop Heber College, Trichy. TN

Abstract: Suicide is the tragic and untimely loss of human life, all the more devastating and perplexing because it is a conscious and volitional act. Death is a tragedy and suicide is the ultimate tragedy. There is no acceptable reason why a person commits suicide. For many it is a response to loss, separation and despair. For some it represents relief from helpless existence and hopeless future. For some it may be an impulsive act or a revenge for rejection. Suicide can be response to disordered thinking, a toxic state or cognitive distortion. It is also difficult to explain why certain people take this decision while other in similar or even more verse situations does not. Suicide is the result of biological, genetic, psychological, social, cultural and environmental factors. Over one million people commit suicide every year the world over. It is estimated that by the year 2020, 1.53 million would die by suicide every year and suicide will represent the 2.4% total burden of disease. Suicide is a significant problem in India also with a reported rate of 10.8 per 100000 populations. However it may be considerable under estimate due to underreporting of many of these cases of suicides in India. Suicide and attempted suicide carry a huge social and economic cost for the individual, family, friends, and society. This paper analyzes some statistics related to suicide such as magnitude of the problem, causes, methods and some other factors related to suicides in India.

Keyword: Suicide, Death, Biological, Genetic, Psychological, Social, Cultural and Environmental factors.

INTRODUCTION:

Suicide which means deliberate termination of life is a major public health problem all over the world. Every year, almost one million people die from suicide; a global mortality rate of 16 per 100,000, or one death every 40 seconds. In the last 45 years suicide rates have increased by 60% worldwide. Suicide is among the three leading causes of death among those aged 15-44 years in some countries, and the second leading cause of death in the 10-24 years age group. These figures do not include suicide attempts which are up to 20 times more frequent than completed suicide. Suicide worldwide is estimated to represent 1.8% of the total global burden of disease in 1998, and 2.4% in countries with market and former socialist economies in 2020. Although traditionally suicide rates have been highest among the male elderly, rates among young people have been increasing to such an extent that they are now the group at highest risk in one third of countries, in both developed and developing countries. WHO estimates that about 170 000 deaths by suicide occur in India every year. India alone contributes to more than 10% of suicides in the world. The number of suicides in the country during the decade (2002-2012) has recorded an increase of 22.7% (1, 35,445 in 2012 from 1, 10,417 in 2002) It is observed that social and economic causes have led most of the males to commit suicides whereas emotional and personal causes have mainly driven females to end their lives. Most public attention in India has focused on suicide in farmers. Family problems and illness, are the major causes of suicide, Drug abuse/addiction, love affairs, bankruptcy or sudden change in economic status, poverty and dowry dispute were the other causes of suicides,

Restriction of access to means of suicide, such as toxic substances and firearms, identification and management of persons suffering from mental and substance use disorders, improved access to health and social services, and responsible reporting of suicide by the media are effective strategies for the prevention of suicide.

SUICIDES IN INDIA

More than one lakh persons (1, 35,445) in the country lost their lives by committing suicide during the year 2012. The number of suicides in the country during the decade (2002-2012) has recorded an increase of 22.7% (1,35,445 in 2012 from 1,10,417 in 2002). An increase in incidence of suicides was reported each year up to 2011. The population has increased by 15.5% during the decade but the rate of suicides in 2012 was 11.2 which is marginally greater than 10.5 recorded in 2002.

The below table indicate the Incidence of suicides, growth of population and rate of suicides during 1998 to 2012

Year Estimated	Total number of Suicides	Mid-Year Population (in lakh)	Rate of Suicides (col.2/col.3)
1998	104713	9709	10.79
1999	110587	9866	11.21
2000	108593	10021	10.8
2001	108506	10270	10.6
2002	110417	10506	10.5
2003	110851	10682	10.4
2004	113697	10856	10.5
2005	113914	11028	10.3
2006	118112	11198	10.5
2007	122637	11366	10.8
2008	125017	11531	10.8
2009	127151	11694	10.9
2010	134599	11857	11.4
2011	135585	1210.	11.2
2012	135445	12133	11.2

By considering state, UT wise information on the number of suicides reported, Tamil Nadu has reported the highest number of suicides(16,927) accounting for 12.5% of total suicides followed by Maharashtra (16,112), West Bengal (14,957), Andhra Pradesh (14,238) and Karnataka (12,753) accounting for 11.9%, 11.0%, 10.5% and 9.4% respectively of the total suicides in the Country. These 5 States together accounted for 55.3% of the total suicides reported in the country. The remaining 44.7% suicides were reported in the rest of 23 States and 7 UTs. Delhi has reported the highest number of suicides (1,899) among UTs, followed by Pondicherry (541) Uttar Pradesh, the most populous state (16.9% share of population) has reported comparatively lower percentage of suicidal deaths, accounting for only 3.3% of the total suicides reported in the country.

On the number of cases where family members have committed suicide jointly 189 deaths at the national level under mass/family suicides consisting of 72 males, 67 females and 50 minors. The highest number of cases were reported from Rajasthan (74) followed by Andhra Pradesh (18) and Kerala (12) out of 109 cases. Rajasthan reported highest number of such victims (102).

CAUSES OF SUICIDES

Family problems and illness, accounting for 25.6% and 20.8% respectively, were the major causes of suicides among the specified causes. Drug abuse/addiction (3.3%), love affairs (3.2%), bankruptcy or sudden change in economic status (2.0%) poverty (1.9%) and dowry dispute (1.6%) were the other causes of suicides. Suicides due to 'drug abuse/ addiction has shown an increasing trend while failure in examination fall in social reputation, physical abuse and property dispute, have shown a decreasing trend during last 3 years. However, suicides due to bankruptcy or sudden change in economic status, suspected/illicit relation, cancellation/non settlement of marriage,

barrenness/impotency, dowry dispute, divorce, family problem, illegitimate pregnancy, love affairs, poverty, professional/career problem and unemployment have shown a mixed trend during this period. The suicides due to illegitimate pregnancy, dowry dispute, divorce, cancellation/non-settlement of marriage suspected/illicit relation, unemployment, property dispute, bankruptcy or sudden change in economic status declined by 49.5%,40.3%, 40.0%, 27.6%, 27.0%, 25.8%, 23.5% and 21.0% respectively as compared to previous year, whereas highest percentage increase of 329.3% (176 in 2012 from 41 in2011) of suicides was reported due to ideological causes/hero worshipping' during the same period

The below table shows that States & UTs reporting higher share of suicides due to illness and family problems during 2012

Illness			Family Problems		
State /UT	Suicide	% of Age Share	State / UT	Suicide	% of Age Share
Lakshadweep	1	100	Kerala	3743	44.1
Andaman Nicobar islands	50	41.3	Pondicherry	220	40.7
Punjab	385	37.4	Maharashtra	6496	40.3
Pondicherry	167	30.9	D&N haveli	19	28.8
Andra Pradesh	4232	29.7	Tamil nadu	4842	28.6
Kerala	2230	26.3	Chandigarh	31	27.2
Karnataka	323	26.1	Uttar Pradesh	1158	26.2
Sikkim	45	24.9	Madhya Pradesh	2561	26.2
Maharashtra	3999	24.8	Rajasthan	1242	25.8
D&N haveli	16	24.2			
Goa	68	23.5			
Gujarat	1648	23.2			
Tamilnadu	3663	21.6			

DISTRIBUTION OF SUICIDES BY CAUSES AND SEX

The overall male: female ratio of suicide victims for the year 2012 was 66.2:33.8 represent a marginal increase of male and marginal decrease of female ratio as compared to year 2011(64.8:35.2). The proportion of boys: Girl's suicide victims (up to 14 years of age) were 48.4:51.6 in 2011 as compared to 52:48 in 2011. The proportion of female victims was comparatively more under the heads 'illegitimate pregnancy' (100.0%), 'dowry dispute' (97.9%), 'barrenness / impotency (Not having children) '(71.6%), 'physical abuse (Rape, Incest etc)' (69.0%) and divorce (56.1%). It is observed that social and economic causes have led most of the males to commit suicide whereas emotional and personal causes have mainly driven females to end their lives. Youths (15-29 years) and lower middle aged people (30-44 years) were the prime groups taking recourse to the path of suicides. Around 34.6% suicide victims were youths in the age group of 15-29 years and 33.7% were middle aged persons in the age group 30-44 years. Nearly 20.6% (4097 out of 10362) of suicides committed by senior citizens (60 years & above) were due to 'illness'. Senior citizens have accounted for 8.6% of the total victims.

SOCIAL STATUS OF SUICIDE VICTIMS

The information on the marital status of suicide victims has been presented in It was observed that 70.3% of

the suicide victims were married while 22.6% were Never married/spinster. Divorcees and separated have accounted for about 3.5% of the total suicide victims. The proportion of widowed & widower victims was around 3.7%. The State/UT-wise distribution of suicide victims by marital status is presented in It was observed that 53.3% victims in Nagaland, 52.8% victims in Daman & Diu, 51.2% victims in Manipur and 50.3% in Mizoram were unmarried against 22.6% at the national level. 80.4% of suicide victims in Andhra Pradesh followed by 75.9% in Kerala, 75.3% in Maharashtra, 71.65 victims in Karnataka and 71.5% victims in Arunachal Pradesh were married against the national average of 70.3%. However, only one case suicide victim having marital status was reported in Lakshadweep.

EDUCATIONAL STATUS OF SUICIDE VICTIMS

The education-wise breakup of suicide victims is presented in the maximum number of suicide victims was educated up to primary level (23.0%). Middle and Illiterate educated persons accounted for 23.0% and 19.7% respectively. Only 3.4% suicide victims were graduated and only .6% victims were post-graduated.

The below table shows that Percentage of suicide victims by educational level during 2010–2012.

Educational Level	Percentage share		
	2010	2011	2012
Year			
No Education	19.8	19.9	19.7
Primary	26.3	23.9	23.6
Middle	22.7	24.2	23.0
Matriculation /Secondary	18.3	18.9	19.2
Higher secondary	8.6	9.0	9.7
Diploma	1.0	1.0	1.5
Graduate	2.4	2.5	3.4
Post graduate & above	0.9	0.5	0.6

The means adopted for Committing Suicide

The means adopted for committing suicide varied from the easily available means such as consumption of poison, jumping into the well, etc. to more painful means such as self inflicted injuries, hanging, shooting, etc. Suicide by 'hanging' (33.2%), consuming poison (32.3%), and 'self-immolation' (8.8%) and 'drowning' (5.9%) were the prominent means of committing suicides.

The below table shows the States/UTs having higher percentage share of suicides committed by consumption of poison and hanging than national average – 2012

Consumption of Poison All-India Share (29.5%)			Hanging All-India Share (37.0%)		
States/UTs	Cases	%share	States/UTs	Cases	%share
Himachal Pradesh	264	50.0	Lakshadweep	1	100.0
Andhra Pradesh	6172	43.3	Meghalaya	118	92.2
Gujarat	2694	37.9	Nagaland	27	90.0
Jammu & Kashmir	138	33.3	A & N Islands	104	86.0
Maharashtra	5313	33.0	Manipur	31	75.6
Odessa	1625	32.3	Pondicherry	408	75.4
Tamil Nadu	5325	31.5	Delhi (UT)	1332	70.1
Karnataka	3843	30.1	Chandigarh	79	69.3
Madhya Pradesh	2930	30.0	D & N Haveli	44	66.7
Sikkim	120	66.3			
Kerala	5629	66.3			
Goa	184	63.7			
Arunachal Pradesh	81	62.3			
Assam	1813	55.5			
Mizoram	94	54.3			
Tripura	401	47.5			
Maharashtra	7055	43.8			
Chhattisgarh	2409	42.6			
Madhya Pradesh	3702	37.9			

CONCLUSION

India show that suicide is an important cause of death, especially in young people aged 15–29 years (panel). In high-income countries typically show male-to-female suicide death ratios of about three to one. In our study, the male-to-female.

Suicide death ratio was about one and a half to one at all ages, and about the same in young adults aged 15–29 years. The age standardized suicide rate in Indian women aged 15 years or older is more than two and a half times greater than it is in women of the same age in high income countries and nearly as high as it is in China.

The suicide rate in men aged 15 years or older is about 1.2 times greater than it is in men of the same age in high-income countries. In view of the steady decreases in maternal mortality from 1997–2009, suicide will probably become the leading cause of death in young women in India in the next few years.

Most Indians do not have community or support services for the prevention of suicide and have restricted access to care for mental illnesses associated with suicide, especially access to treatment for depression, which has been shown to reduce suicidal behaviours.³⁹ Reductions in binge alcohol drinking through regulations, higher alcohol taxation, or brief interventions in primary care might also reduce suicide deaths in men and violence against women, a determinant of suicide in women.^{31,40,41} In the medium term, the most feasible strategy would be to reduce access to organophosphate pesticides along with public education to improve acceptance of restrictions to access. Urgent research is needed to explore the reasons for suicide in young people and the large regional variations seen in this study. These efforts should be paired with the implementation of comprehensive and evidence-based suicide prevention

strategies.

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