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Research Paper

Suicide and its prevention: the urgent need in India

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Abstract
The phenomenon of suicide has emerged as a global problem. In India the number of suicide cases per year is increasing at an alarming rate. But, as a result of prevailing social and religious attitudes suicide is under reported. Several researchers have studied suicide in different parts of India to understand the risk factors and protective factors in order to formulate strategies to prevent this social pathology. The study is based on secondary literature like books, journals and web based research within the context of suicide behaviour. Suicides can be prevented at individual level, family level, community level, and religious level by teacher, councillors and mass media. Suicide is an important issue in the Indian context. More than one lakh (one hundred thousand) lives are lost every year to suicide in our country. In the last two decades, the suicide rate has increased from 7.9 to 10.3 per 100,000. There is a wide variation in the suicide rates within the country. The southern states of Kerala, Karnataka, Andhra Pradesh and Tamil Nadu have a suicide rate of > 15 while in the Northern States of Punjab, Uttar Pradesh, Bihar and Jammu and Kashmir, the suicide rate is < .
Keywords: *Suicide, socioeconomic status Country, southern states*

I. Introduction:

Everyday we read about incidences of suicide in the local and national newspapers. This forces us to think seriously about the increasing rates of suicidal behaviour. It is estimated that on an average, 400000 people commit suicide every year around the world.The majority of suicides (37.8%) in India are by those below the age of 30 years. The fact that 71% of suicides in India are by persons below the age of 44 years imposes a huge social, emotional and economic burden on our society. The near-equal suicide rates of young men and women. It is estimated that one in 60 persons in our country are affected by suicide. It includes both, those who have attempted suicide and those who have been affected by the suicide of a close family or friend. Thus, suicide is a major public and mental health problem, which demands urgent action.

Divorce, dowry, love affairs, cancellation or the inability to get married (according to the system of arranged marriages in India), illegitimate pregnancy, extra-marital affairs and such conflicts relating to the issue of marriage, play a crucial role, particularly in the suicide of women in India. A distressing feature is the frequent occurrence of suicide pacts and family suicides, which are more due to social reasons and can be viewed as a protest against archaic societal norms and expectations. In a population-based study on domestic violence.There may be many reasons for this social pathology such as psychological, socio-cultural, political, economic, biological and moral.Thus, it becomes important to look into the dynamics of suicidal behaviour in the Indian context, as suicide is a very severe public and mental health problem, which demands urgent intervention or action. In the light of the above background the present paper deals with the socio-cultural aspects of suicide behaviour including the causes, identification, treatment and the strategies of prevention. The study is based on secondary literature like books, journals, reports and web based research within the context of suicide behaviour

Mental Disorders and Suicide

The number of published reports specifically studying the psychiatric diagnoses of people who die by suicide has been relatively small (n = 15629). The majority (82.2%) of such reports come from Europe and North America with a mere 1.3% from developing countries.

The crucial and causal role of depression in suicide has limited validity in India. Even those who were depressed, were depressed for a short duration and had only mild to moderate symptomatology. The majority of cases committed suicide during their very first episode of depression and more than 60% of the depressive suicides had only mild to moderate depression. Alcohol dependence and abuse were found in 35% of suicides. Around 30-50% of male suicides were under the influence of alcohol at the time of suicide and many wives have been driven to suicide by their alcoholic husbands. Not only were there a large number of alcoholic suicides but also many had come from alcoholic families and started consumption of alcohol early in life and were heavily dependent.

Personality disorder was found in 20% of completed suicides. The OR was 9.5 (CI 2.29-84.11). Cluster B personality disorder was found in 12% of suicides. Comorbid diagnosis was found only in 30% of suicides. A history of previous suicide attempt(s) increases risk of subsequent suicide. The OR for previous suicide attempts was 5.2 (CI 1.96-17.34) in Chennai and 42.62 (5.78-313.88) in Bangalore The respondent has been taking treatment from some mental health professional (name not disclosed) since last one year. In view of the above mentioned problems the respondent was provisionally diagnosed as suffering of recurrent depressive disorder. Since the respondent had suicidal ideation she was provided intervention by the mental health professional. The respondent and her family has been Suicide Behaviour in India: Its identification and Prevention 5151 explained regarding her suicidal wish, her standing on the gradation scale, what can be the consequences of such a wish if no timely intervention is given. The family members were specifically educated regarding the various pathways to suicide and role of social support in such illness. The above case study clearly depicts the socio-cultural process of suicidal behaviour. It explains how the socio-cultural (family) issues takes a person into states of self-despair, dejection, isolation, psycho-social stress, depression and finally, to the act. It is important to identify and address these socio-cultural issues to promote a healthy individual, family and society

Clusters of suicides

This phenomenon has been observed in India on many occasions, especially after the death of a celebrity, most often a movie star or a politician. The wide exposure given to these suicides by the media has led to suicides in a similar manner. Copying methods shown in movies are also not uncommon. This is a serious problem especially in India where film stars enjoy an iconic status and wield enormous influence especially over the young who often look up to them as role models. There was a spate of student self-immolation (n = 31) around the country. These copycat suicides caused public outcry and was considered one of the reasons for the fall of the government in power at that time.

Religiosity

Religion acts as a protective factor both at the individual and societal levels. The often-debated question is whether the social network offered by religion is protective or whether it is the individual's faith. A study in Chennai found that the OR for lack of belief in God was 6.8 (CI 2.88-19.69).

Legal issues

In India, attempted suicide is a punishable offence. Section 309 of the Indian Penal Code states that "whoever attempts to commit suicide and does any act towards the commission of such an offense shall be punished with simple imprisonment for a term which may extend to one year or with a fine or with both". However, the aim of the law to prevent suicide by legal methods has proved to be counter-productive. Emergency care to those who have attempted suicide is denied as many hospitals and practitioners hesitate to provide the needed treatment fearful of legal hassles. The actual data on attempted suicides becomes difficult to ascertain as many attempts are described to be accidental to avoid entanglement with police and courts.

Suicide Prevention

He view that suicide cannot be prevented is commonly held even among health professionals. Many beliefs may explain this negative attitude. Chief among these is that suicide is a personal matter that should be left for the individual to decide. Another belief is that suicide cannot be prevented because its major determinants are social and environmental factors such as unemployment over which an individual has relatively little control. However, for the overwhelming majority who engage in suicidal behaviour, there is a probably an appropriate alternative resolution of the precipitating problems. Suicide is often a permanent solution to a temporary problem.Universal interventions target whole populations with the aim of favorably shifting proximal or distal risk factors across the entire population. Selective interventions target subgroups whose members are not yet manifesting suicidal behaviour but exhibit risk factors that predispose them to do so in the future. Indicated interventions are designed for people already beginning to exhibit suicidal thoughts or behaviour.

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The mental health services are inadequate for the needs of the country. For a population of over a billion, there are only about 3,500 psychiatrists. Rapid urbanization, industrialization and emerging family systems are resulting in social upheaval and distress. The diminishing traditional support systems leave people vulnerable to suicidal behavior. Hence, there is an emerging need for external emotional support.

Role of Community and Society

To a great extent, the responsibility for preventing suicides in society rests with the community. Society should establish behaviourial norms to help people grow in a healthy and positive way (Gururaj, et. al., 2001). Thus, positive influences in a society can influence human beings to refrain from harmful behaviour. A major problem in transitional societies is the slow breakdown of value systems, rapid reforms and accompanying conflict generated by new opportunities, and frustrations arising due to societal changes. Individual communities, organizations and agencies have an extremely important role in developing preventive services, emergency services, after-care service and preventive programmes. Local communities can help in suicide prevention programmes by taking up local issues, problems and causes with the local authorities.

II. Conclusion

In India, suicide prevention is more of a social and public health objective than a traditional exercise in the mental health sector. The time is ripe for mental health professionals to adopt proactive and leadership roles in suicide prevention and save the lives of thousands of young Indians.

Suicide is not actively supported by society as suicide in a family is stigmatizing. Poverty, lack of empowerment, a materialistic society, increasing social stress, social expectations and possible changes in family structure and the inefficient social and economic support system are some major factors that push individuals towards taking their own lives. The socio-cultural understanding reveals that constitutionally weak persons are more vulnerable to suicide and they perceive suicide as an option to overcome domestic unhappiness (inter personal & marital discord, family and social stress), financial stress, and a sudden shock (failure in examination, loss in business, betrayal in love, death of a loved one) in their lives.

References

[1]. National Crime Records Bureau. Government of India: Ministry of Home Affairs; 2005. Accidental Deaths and suicides in India. [Google Scholar]
[2]. Joseph A, Abraham S, Muliyil JP, George K, Prasad J, Minz S, et al. Evaluation of suicide rates in rural India using verbal autopsies, 1994-9. BMJ. 2003;326:1121–22. [
[3]. Etzersdorfer E, Vijayakumar L, Schony W, Grausgruber A, Sonneck G. Attitudes towards suicide among medical students - comparison between Madras (India) and Vienna (Austria) Soc Psychiatry PsychiatrEpidemiol. 1998;33:104–10. [PubMed] [Google Scholar]
[4]. World Health Organization. Mental Health - New Understanding - New Hope. Geneva: WHO; 2001. World Health Report. [Google Scholar]
[5]. Gururaj G, Isaac M, Subhakrishna DK, Ranjani R. Risk factors for completed suicides: A case-control study from Bangalore, India. Inj Control SafPromot. 2004;11:183–91. [PubMed] [Google Scholar]
[6]. Bertolote JM, Fleischmann A, De Leo D, Wasserman D. Suicide and mental disorders: Do we know enough? Br J Psychiatry. 2003;183:382–3. [PubMed] [Google Scholar]
[7]. Vijayakumar L, John S, Pirkis J, Whiteford H. Suicide in developing countries (2): Risk factors. Crisis. 2005;26:112– [PubMed] [Google Scholar]
[8]. Accidental Deaths and Suicides in India, NCRB Report, 2011.