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Soumita Banerjee
Guest Lecturer, Department
of Geography, Ashutosh
College & T.H.K Jain
College, University of
Calcutta, Kolkata, West
Bengal, India

Suicide- A Psychosocial Hazard: A Comparative Study of Selected Major Cities in India

Soumita Banerjee

Abstract

Mankind has definitely marched ahead a million miles in terms of growth and development with a very fast pace in all over the world. But not necessarily everyone has taken place equally in this progress. This sense of deprivation has led many kinds of mental dissatisfaction, disorder, pressure, illness, trauma and insanity among many of them and this maladjustment is growing at an epidemical rate- one of its most fatal and irreparable outcomes is, suicide. But actually in India, here is very little concern about our physical health and as well as our mental health. Though some of the Government Legislations and NGO's are in the action but a lot needs to be done primarily to make the public aware of the concept of mental illness. So, this paper tries to seek the causes and problems of public health related to suicides in major cities of India and suggest some possible mitigation.

Keywords: Suicide, Completed Suicide, Farmer's Suicide, Depression, Major Cities in India

Introduction

Mankind has definitely marched ahead a million miles in terms of growth and development with a very fast pace in all over the world. But not necessarily everyone has taken place equally in this progress. This sense of deprivation has led many kinds of mental dissatisfaction, disorder, pressure, illness, trauma and insanity among many of them and this maladjustment (*Psychosocial hazard*) is growing at an epidemical rate- one of its most fatal and irreparable outcomes is, suicide. Suicide, (Latin *suicidium*, from *sui caedere*, "to kill oneself") is also known as completed suicide, is the "act of taking one's own life". According to NCRB (National Crime Record Bureau) the essential ingredients of a suicide are: (i) It should be an un-natural death, (ii) The desire to die should originate within him/her, (iii) There should be a reason for ending the life.

The suicide rates are on the rise in India, especially in southern part of the country. The southern states of India namely Tamil Nadu, Andhra Pradesh, Karnataka, and Kerala have a higher suicide rate than the northern states. It is estimated that half million people die of suicide every year worldwide, among which 20% are Indians. The rate of occurrences of suicides is at a sharp increase from 2006 and if megacities are considered southern states are recording a very high rate while the overall rate of suicides among cities has increased almost 4.65 than the previous years. As suicides are the outcome of mental diseases which means it cannot be seen by the others it is very much neglected but here the increasing rate of suicides has proven that this is no more an unseen or unperceived disease. This paper aims to promote this very severe yet subtle a phenomenon of our society which is killing us unknowingly.

Objectives of the Study: Suicides are growing at an alarming rate in all over the world including India. The inner objectives of my study are:

- To have an overlook of the country's profile of suicides state wise, year wise and in comparison with the whole world.
- To concentrate mainly on the share of suicides of the megacities, their scenarios and to evaluate the problems related to this action from all over India. (Bengaluru, Chennai, Delhi (city), Kolkata, Mumbai are selected as these cities are considered as representatives of South, North, East and West India respectively.)
- To give special emphasis on farmers' suicides.
- To explore the possible outcomes.
- To find some suitable suggestions.

Correspondence:
Soumita Banerjee
Guest Lecturer, Department
of Geography, Ashutosh
College & T.H.K Jain
College, University of
Calcutta, Kolkata, West
Bengal, India

Database: The study on the suicides of major selected cities in India is basically based on secondary data provided by: The reports of National Crime Record Bureau (NCRB), Government of India 2008, 2010 and 2012, the reports of Planning Commissions (11th Plan-2011-2012), Government of India, The reports of International Suicides, published by UNDP and WHO

Methodology: The methodologies that were adapted for the study includes: - Cartographic representation, Interpretation and drawing of inferences, Preparation of maps and finding of data and Statistical analysis

Types of Suicides:

Attempted suicide or non-fatal suicidal behavior is self-injury with the desire to end one's life that does not result in death. **Assisted Suicide** is when one individual helps another bring about their own death indirectly via providing either advice or the means to the end. **Suicidal Ideations** is thoughts of ending one's life but not taking any active efforts to do so.

Fig 1: Methods of Suicides



Causes of Suicides in India

The National Crime Records Bureau (NCRB) has reported the causes of suicides in India for the year 2012. The major causes of suicides in India are family problems and illness accounting for 25.6% and 20.8% respectively. Drug abuse or addiction, love affairs, bankruptcy or sudden change in economic status, dowry dispute accounting for 3.3%, 3.2%, 2%, 1.9% and 1.6% respectively were the other causes of suicidal death in India.

Some facts on Global Average of Suicides

Over one million people die by suicide worldwide each year. The global suicide rate is 16 per 100,000 populations. On average, one person dies by suicide every 40 seconds somewhere in the world. 1.8% of worldwide deaths are suicides. Global suicide rates have increased 60% in the past 45 years.

Table 1: State Wise profile of Suicides Since 2010(in %)

SL no.	2010(%)	2011(%)	2012(%)
1.	Tamil Nadu-12.3	West Bengal-12.3	Tamil Nadu- 12.5
2.	West Bengal-11.9	Maharashtra-11.8	Maharashtra-11.9
3.	Andhra Pradesh-11.8	Tamil Nadu- 11.8	West Bengal-11.0
4.	Maharashtra-11.8	Andhra Pradesh-11.1	Andhra Pradesh-10.5
5.	Karnataka-9.4	Karnataka-9.3	Karnataka-9.4

Source: NCRB data, 2012

Table 2: Year wise Number of Committed Suicides in India

Year	Suicides in Cities (in 1 lakh persons)	Cities share to All India (in %)	Rate in Cities (in %)	% Variation Over Previous Years
2008	13071	10.6	12.1	-8.8
2009	13503	10.9	12.5	3.3
2010	13675	10.2	12.7	1.3
2011	18280	13.5	11.3	@
2012	19120	14.1	11.9	4.6

@ Megacities increased from 35 to 53 in 2010

Scenario of Bengaluru: Information showed that 5,328 attempted suicides were registered in the hospitals with the ratio of 1:6 in 2007. The actual number of attempted suicide in Bengaluru could be in the range of 10 - 12,000 per year. The rate of suicides in 2012 in Bengaluru city was 23.4%. If we try to follow the occupational pattern among the suicide victims it is seen that housewives, public sector employees and self-employed people are much more vulnerable to suicides due to family problems, death of dear persons, cancellation of marriage, divorce etc. Doctors say that being the IT industry's hub Bangalore put unnecessary pressure to the young people who are not capable of handling this stress. Most of the suicides are done by married persons with the method of hanging themselves.

Scenario of Chennai: City Chennai is showing the highest rate of suicide in 2012 that is 25.1% as far as the NCRB data is concerned. Most of them are found to be married followed by never-married persons. Suicide victims are mostly housewives but also a significant proportion lies in unknown occupations. Strikingly the people who have ended their lives they are all educated either up to 12th Standard or even graduation. Most of the causes of the suicides are unknown but illness due to prolonged diseases, insanity and fall in social status are some important reasons to mention. They have opted hanging and self-immolation to terminate themselves.

Scenario of Delhi City: Suicide rate of Delhi city is quite less (8.6%) in comparison with Bengaluru and Chennai. Mostly married and never married persons have committed suicides in Delhi who are basically housewives, unemployed, students, self-employed, and public sector employees. The educational profile of the suicide victims are not as strong as Chennai – mostly they are matriculate secondary passed or below that. The persons have ended their lives mostly due to social or family problems, Ideological causes, love affairs and lastly unemployment. But there is a large section of suicide victims where they have not mentioned the reasons of the termination of their own lives. Here also the suicides have taken place with the help of hanging followed by consumptions of poisons.

Scenario of Kolkata: Out of all the megacities Kolkata has shown the least rate of suicides in 2012 (2.6%). Research says that it is the moderate standard of living that gives peace and security to the city dwellers. Kolkata has not provided that much information regarding all the parameters of suicide which are taken into consideration in the NCRB reports, that's why a detailed analysis was not possible. Still it is seen that the suicides victims are mostly married, never-married and separated which is an exception to this city. Their educational standard either up to secondary standard or below that. The suicide victims have ended their lives mostly by hanging or poisoning or keeping themselves in fire.

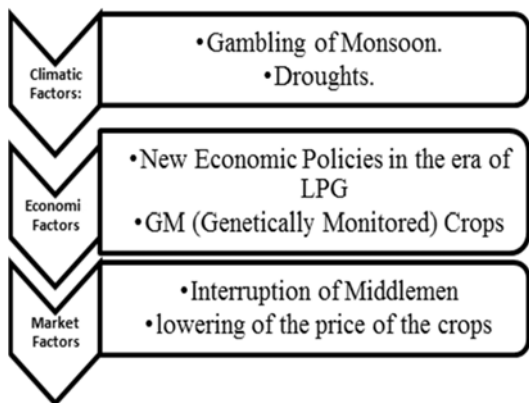
Scenario of Mumbai: Mumbai has recorded the second lowest rate of suicide (7.0%) in 2012. Mostly the married and the never married people have taken this extreme step like the other cities and among them housewives, students, unemployed, self-employed persons contribute significant proportions. Family problems, bankruptcy, illicit relations, professional career failure, dowry are some notable reasons for which they were victimized. These helpless people have opted hanging, poisoning, self-immolations and jumping off buildings to end their lives.

A Special Emphasis on Farmer's Suicide-The Main Reasons for Farmer's Suicides

"The cotton belt is where the suicides are taking place on a very, very large scale. It is the suicide belt of India." - Vandana Shiva, Agricultural Economist, 2006

After the death of the farmers, Farms are closed due to inability to pay back high interest loans. Family members are continuously being harassed by the moneylenders. Widows are burdened with the new responsibility as the sole breadwinner. Children sometimes lose both parents to suicide thus their educations get stopped.

Fig: 2 Causes of Farmer's Suicides



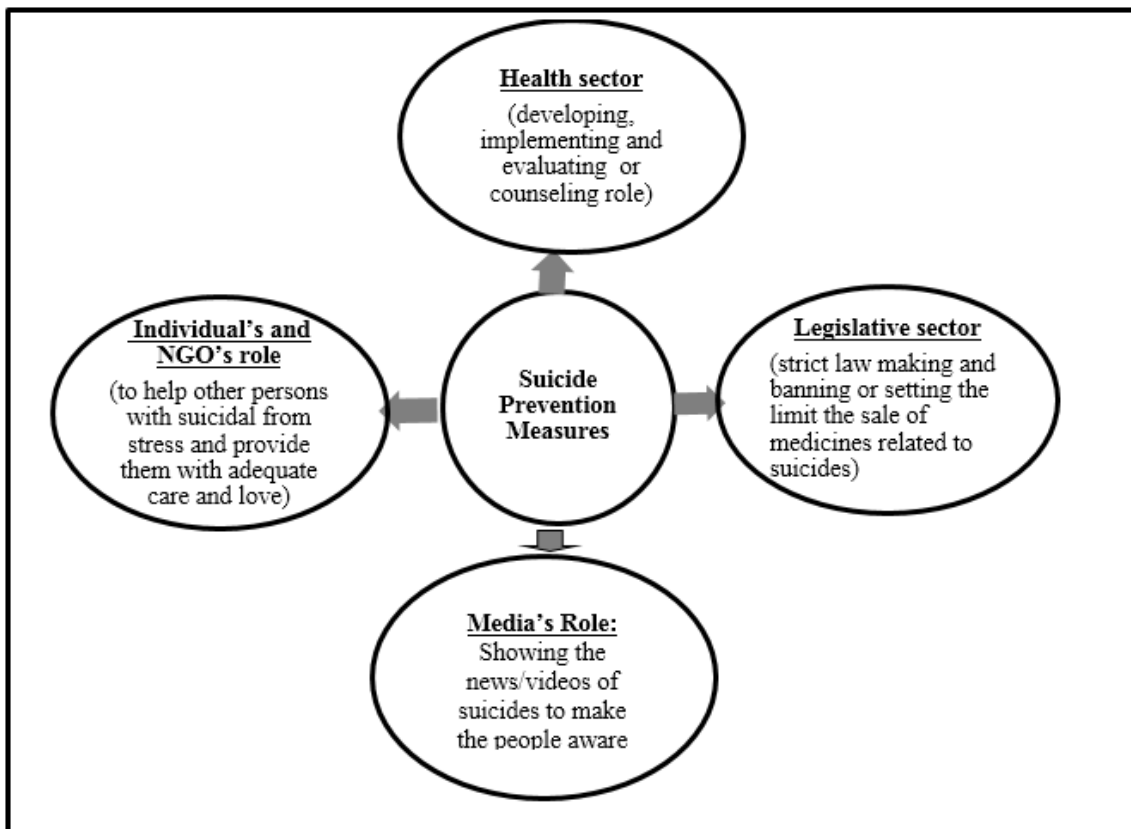
Four groups are identified with the help of the parameters like rate, numbers, and intensity of farmers suicides. They are 1) **Group I states:** Maharashtra, Karnataka, Andhra Pradesh, Chhattisgarh and Madhya Pradesh. These states are contiguous and hence form a region or zone. 2) **Group II states:** Kerala, Tamil Nadu, Goa, Pondicherry, West Bengal

and Tripura. 3) **Group III states:** Assam, Gujarat, Haryana and Orissa; and 4) **Group IV states:** Bihar, Jharkhand, Uttar Pradesh, Uttarakhand, Himachal Pradesh, Punjab, Jammu & Kashmir and Rajasthan: This again constitutes a region or zone consisting of 8 states in North India, largely concentrated in the Gangetic Plain.

Major Findings:

- 15 Suicides took place every one hour during the year 2012 as same as that of 2010. More than one lakh persons (1,35,445) in the country lost their lives committing suicide during the year 2012 as compared to 1, 345, 99 persons in 2010.
- 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. 'Family problems' (25.6%) and 'illness' (20.8%) have accounted for 46.4% of total Suicides in country during the year 2012 as compared to 44.7% in 2010.
- The overall male: female ratio of suicide victims for the year 2012 was 65:35 as same as That of 2010. 70.3% of the suicide victims were married where it was 69.2% in 2010. 1 suicide out of every 6 suicides were committed by housewives where it was 1 out of 5 in 2010. Students constituted 5.5% of the total suicide victims.
- Tamil Nadu (12.5%), Maharashtra (11.9%), West Bengal (11.0%), Andhra Pradesh (10.5%) and Karnataka (9.4%), together contributed 55.3% of total suicide victims. Southern States viz. Andhra Pradesh, Karnataka, Kerala and Tamil Nadu including Maharashtra have together accounted for 50.6 % (55.9% on 2010) of total suicides reported in the country. These States have always held the highest record due to the farmers' suicides.
- Puducherry (Pondicherry) has reported the highest rate of suicides (36.8%) followed by Sikkim (29.1%), Tamil Nadu (24.9%) and Kerala (24.3%).
- Mizoram has reported the highest increase of 92.2% Suicides (from 90 in 2011 to 173 in 2012) followed by Jammu & Kashmir (44.3%) (From 287 in 2011 to 414 in 2012) due to drug abuse and alcoholism. The highest number of Mass/Family Suicides cases were reported from Rajasthan (74) followed by Andhra Pradesh (18), Kerala (12), and Gujarat (3) out of 109 cases during the year 2012. 29.1% of the suicide victims consumed 'poison', 37.0% of the victims died by 'hanging'.
- Among 53 mega cities, Bengaluru (1,989), Chennai (2,183), Delhi (1,397) and Mumbai (1,296) together have reported almost 35.9% of the total suicides reported from mega 53 cities.
- Jabalpur has reported the highest rate of 45.1 while Srinagar has reported the lowest rate at 0.9 (only) in 2012 as compared to 2010 it was again Jabalpur has reported the highest rate of 41.5 and Kolkata reported the lowest rate at 2.1 only among 35 cities. Kolkata as a mega city has always shown a very minimum rate of suicides but overall West Bengal represents a higher rate may be due to the financial crisis especially of the farmers, and physical assaults, family problems like dowry of women.

Suitable preventive Measures: Multi sectorial Approach to Prevent Suicide



Although this problem is on a rise but it is not still being given importance that much in India- so no scientific measures are taken so far.

- The efforts should be carried out by limiting access to firearms, treating mental illness and drug misuse, and improving economic conditions. From the viewpoint of public health, the major steps towards prevention are identifying various problems in various dimensions, understanding the risk factors and understanding what works in individual societies.
 - Implementing these solutions on an integrated and coordinated platform can help this problem to be reduced and improve the state of public health.
 - As suggested in 2003 monograph to prevent suicide the steps were (1) reducing social isolation, (2) preventing social disintegration, and (3) treating mental disorders.
 - Additionally, a set of state led policies are being enforced to decrease the high suicide rate among farmers of Karnataka
 - Professional help of the psychiatrists are also very much needed particularly to those ones who have already attempted suicides before.
 - Efforts to increase social connection especially in elderly males may be effective. The World Suicide Prevention Day is observed annually on September 10 with the support of the International Association for Suicide Prevention and the World Health Organization.
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But there are several NGOs in India who are working together to stop this fatal disease like *Sahai*, *Aasra*, *Sneha* to help specially the teenagers, old people and women with suicidal attitudes.

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