

Suicides in Bikaner, Rajasthan Demographic profile and causative factors

¹Dr. Shalender Kumar*, ²Dr. O.P. Saini**

*Senior Demonstrator, Department of Forensic Medicine and Toxicology, S.P. Medical College, Bikaner, Rajasthan.

**Associate Professor, Department of Forensic Medicine and Toxicology, S.P. Medical College, Bikaner, Rajasthan.

Corresponding Author: Dr. O.P. Saini, Associate Professor, Department of Forensic Medicine and Toxicology, S.P. Medical College, Bikaner, Rajasthan.

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Abstract

The natural end of every human life is death. Some people for various reasons end their own lives. This is called suicide. Recent suicides of farmers across country due to drought and crop failure has become a sensational issue which is mainly due to financial burden. Unemployment was an important risk factor for suicide in India which leads to many of the behavioural problems associated with adolescents who committed suicide were signs of marked depressions & signaled suicidal intent which were not perceived by those around them before it was too late. The main aim of this study is to disclose the causative factors of suicide i.e. Financial problems and psychiatric illness. A sum total of 50 cases were selected for this study from all cases brought for medico legal autopsy in Forensic Medicine department with alleged history of suicide. Hanging was the most common method of suicide. Number of suicides committed by males were more compare to females.

Keywords: Suicide, Economical, Psychological, Adolescent, Drought.

Introduction

“In this life it is not difficult to die. It is more difficult to live”

“Vladimir Maya Kovsky, A Russian Revolutionary (Died by suicide in 1931)¹

The natural end of every human life is death. Some people for reasons that have never been fully understood choose to end their own lives. This is called suicide which means literally “Self Killing”.

A major proportion of all unnatural deaths result from suicides. Various social, economical, and psychological factors contribute to the occurrence of suicide. Suicide as an issue, has attracted the attention of society since time immemorial. In Japan various methods of suicide has been described like Sepakku, Shinju, and Junshi.² Recent suicides of farmers across country due to drought and crop failure has become a sensational issue.³ In practice, it is observed that health problems i.e. physical and psychiatric illness are also quoted important motives for suicide.

It is observed that out of every 3 case of suicide reported every 15minutes in India; one is committed by a youth in the age group of 15 to 29. In the Union territory of Pondicherry every month at least 15 youths between the age of 15 to 25 commit suicide. In 2003 the largest number of farmers around 175 committed suicides in Andhra Pradesh. In Southern India the country's information

technology has another distinction, one that it would rather not have, the region account for the world's largest number of suicide by young people.

In India contrary to the West, reported suicide were significantly higher among married person. The reason quoted was that the marriage in India is a social obligation & performed by elders irrespective of individual's preparedness for it.

Unemployment was an important risk factor for suicide in India. Many of the behavioural problems associated with adolescents who committed suicide were signs of marked depressions & signaled suicidal intent which were not perceived by those around them before it was too late.

Suicidal burns are common among Indian woman. They pour kerosene on their heads and clothes before setting fire to themselves.⁴

Suicide by Paramilitary Forces and police persons are common now a days. There are two suicide cases, one by C.I.S.F. constable and another by jail guard within the gap of few months. Method of suicide by both was same. Both security guard died by own service rifle and problem of both was also same that no leave was granted by leave sanction Authority and they committed suicide.⁵

Poisoning and hanging are mostly chosen method of suicide by the common people. But in case of defence personnel, the rifle or the pistol which is their constant company is used to commit suicide.⁶

A study was conducted in department of FM at London Hospital Medical College. In this study it is observed that most number of suicide occurred in the age group of 41 to 60 (31.9%), followed by 21 to 40 (31.7%). Average age of male was 47.2 years, Average age of female 51.6 years. A positive psychiatric history was present in 64.5% of suicidal and of such history was more common in drug over dosage and drowning. It has been suggested that

depression & suicide are more common in spring of year than at other times.⁷

In Bangalore around 1,700 persons end their lives every year and nearly 19,000 persons make an attempt to end their lives. These facts have been revealed by a study conducted by NIMHANS. As per police records the five major causes among men taking extreme step are chronic physical illness, family problems, alcohol-related problems, financial problems & unemployment. Among woman they are illness, family problems, marital disharmony, frustrations in life and school related problems.⁸

Excessive debts, extravagant life style enormous gap between aspiration and earning capabilities, engaging in activities in an urge to achieve instant richness were the prominent financial misdeeds noticed. Similar observations has been reported by Leepeng and Soch Choo⁹ and Deccan Herald News Service.⁸

Among the suicide due to psychiatric problems 40% of the study population had taken treatment from psychiatrist. Mental depression and stress were the two main mental disorders observed. This has also been reported by Scott KWM⁷, Chandrashekar TN,¹⁰ Griffiths AW,¹² Jeff Lee C,¹¹ Deborah J Poteet,¹³ Leepeng and Soch Choo⁹ Benjamin J Sadock and Virginia A Sadock.¹⁴

It also can be observed that the patterns of committing suicide like Hanging, Drowning and fall Under Train are more common in males while Burns and Poisoning are more common in females.

Suicide or suicidal attempt is often the first and last symptoms of depressive illness. Suicide is well planned and is of great danger to the patient.¹⁸ Depression in a person develops delusions of hopelessness and decides that his family must be spared from the horrors of life and

kills them prior to committing suicide. ¹⁵In delirium a person may become impulsive and violent and may commit suicide. ¹⁶Delusion is never an isolated disorder but is merely an indication of deep seated wide spread disorder. In this condition suicide is a major risk. ¹⁷

Aims and objectives :-

1. To study the age and sex distribution.
2. To study various pattern of suicidal deaths.
3. To analyze causative factors like financial problems, psychiatric illness and others like marital problems, family problems, educational problems, unemployment etc.

Material and methods

The present study has been conducted in the department of Forensic Medicine and Toxicology at S. P. Medical College and attached P.B.M. Hospital Bikaner, Rajasthan during the period of December 2016 to July 2018. All cases brought to the Forensic Medicine department for medico-legal autopsy with an alleged history of suicide and which were later detected as suicide were selected. A sum total of 50 cases were selected from them by simple random sampling for this prospective study. Detailed information regarding the deceased and the circumstances of death was collected from the police and relatives, by a questionnaire. In some cases this information was implemented by either visit to the scene of crime, from photographs of scene of crime, and also by suicide notes.

Inclusion Criteria

1. All cases brought with history of suicide.
2. Cases diagnosed as suicide after post mortem examination.

Exclusion Criteria

Unclaimed and unknown bodies without relevant history.

Table:1 Distribution of the study population according to age.

Age group	Male	%	Female	%	Total	%
0-9 year	0	0	0	0	0	0
10-19 year	2	4	1	2	3	6
20-29 year	10	20	6	12	16	32
30-39 year	8	16	5	10	13	26
40-49 year	6	12	3	6	9	18
50-59 year	5	10	2	4	7	14
>60 year	2	4	0	0	2	4
Total	33	66	17	34	50	100

Table:2 Distribution of the study population according to sex

S. No.	Sex	Number	%
1.	Males	30	60
2.	Females	20	40
	Total	50	100

Table:3 Distribution of study population according to Religion

S. No.	Religion	Number	%
1.	Hindu (Including Jain)	48	96
2.	Muslims	2	4
	Total	50	100

Table:4 Distribution of the study population according to Marital Status

S. No.	Marital Status	Number	%
1.	Single	22	44
2.	Married	28	56
	Total	50	100

Table:5 Distribution of the study Population according to Motive for Suicide

S. No.	Causative Factors	Number	%
1.	Financial Problems	21	42
2.	Psychiatric Problems	15	30

3.	Others	14	28
	Total	50	100

Table:6 Distribution of the study population according to pattern of suicide.

S. No.	Pattern of Suicide Number	Male		Female		Total	
		No.	%	No.	%	No.	%
1.	Hanging	13	26	11	22	24	48
2.	Drowning	7	14	4	8	11	22
3.	Burn	4	8	5	10	9	18
4.	Poisoning	3	6	2	4	5	10
5.	Fall under train	1	2	0	0	1	2
	Total	28	56	22	44	50	100

Results

The present study observed that maximum number of suicides seen in the age group of 20 to 29 years, 20% in males and 12% in females (T1) and highest among Hindu population 96% followed by Muslim 4%(T3). In the present study population, married people 56% committed more number of suicides than unmarried 44%(T4). In the present study, population 9% of people left behind the suicide notes depending their problems & causes for suicide. Remaining 91% had not written any suicide note. It can be noticed that financial problems suicide followed by psychiatric illness, i.e. encountered (42%) and (30%) respectively in this study (T5). In the present study, it was observed that hanging (48%) was the most common pattern of suicide (T6). Males outnumbered the females in committing suicide (T2)

Discussion

The present study show the maximum incidence of suicide in the age group of 20 to 29 years, may be attributed to factors like hasty decision, failure to face the difficulties like academic failure, unemployment, unsuccessful

romantic deeds, family conflicts, marital disharmony, inability to adjust with the changing pattern of life like financial instability, wide gap between aspiration and actual capabilities, improper judgment and actual capabilities, improper judgment of the problems, dowry harassment in case of females and ill health. They are at the threshold of building their career and have the at most zeal and urge to be ahead of others. Similar finding were observed in the studies conducted by Martinez and Cameron,²⁰ Sahoo,²¹ Sharma,¹⁵ Trivedi,¹⁹ Hauer²¹. It is in contrast to the findings observed by Scott and Roberts.²²

In the Present study it was observed that suicide were highest among Hindu population (96%) followed by Muslim (4%). Similar observation has been also noted by Swaminathan,²³ Latha and Geetha.²⁴

The reason for this could be that Christianity has condemned suicide as sinful in Muslim community also they have been advised not to go for self-ending of life. Another factor may be that as the number of people is more in the family leading to harmonious life and non-isolation thereby making the chances of attempt less. Hindu population is the major population & in Hindu religion, there are no strong injunctions against suicide and death is seen as one of many cycles of life and death.¹⁵

In the present study population, married people (56%) committed more number of suicides than unmarried (44%). These findings tallied with the studies conducted by the school, Chandrashekar¹⁰ and Trivedi.¹⁹ This observation was not tallying with study by Aauer Med.¹¹ In married person financial burden psychiatric illness, marital disharmony and family problems were the main motives, behind suicide. Males outnumbered the females in committing suicides. Hanging was the pattern of

suicide used by many to commit suicide followed by drowning.

Suicide or suicidal attempt is often the first and last symptoms of depressive illness. Suicide is well planned and is of great danger to the patient.¹⁸ Depression in a person develops delusions of hopelessness and decides that his family must be spared from the horrors of life and kills them prior to committing suicide.¹⁵ In delirium a person may become impulsive and violent and may commit suicide.¹⁶ Delusion is never an isolated disorder but is merely an indication of deep seated wide spread disorder. In this condition suicide is a major risk.¹⁷

Conclusion

1. Maximum number of suicides occurred in the age group of 20-29 years in both sexes. It is due to more responsibility and more expenses on education and other social obligations which ultimately produce stress and it leads to psychiatric illness.
2. Number of suicides committed by males were more compared to females.
3. Hanging was the most common pattern followed by drowning.
4. Main motive for suicide was financial problems followed by psychiatric illness.

Recommendation

As financial problems are the most common motive for suicide so it is necessary that resources should be made by the states so that income per capita should be increased each and everyone and no one can suffer from financial crisis.

In addition psychiatric counseling should be provided to person with incurable illness. Chronic illness and who are debilitated by old trauma, to give them new hope and confidence to live on. Person with history of suicidal tendencies and drug abuse should also be given

psychiatric counseling. In a nutshell only a coordinated, integrated and inter-sectoral approach in a scientific manner will help to check suicides.

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