

Suicidal Behavior in Women: Analysis from South Indian States

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Abstract—Poverty is not always a cause of a problem. Sometimes mental health and social participation can also affect a person's life. India accounts for 18% of the global population in 2016. South Indian states are conclusively more urbanized and developed comparing to the states of North India. However, when considering the rate of suicide it can be found out that people in South India are more vulnerable to suicidal behavior while less developed states like Bihar and Jharkhand witness fewer suicides. A majority of those who commit suicide are women. 37% of the global suicide deaths among women are Indians. The researcher tries to determine factors behind higher suicidal rates in women and the challenges prevailing which invoke suicidal behavior. The factors are analyzed by studying some of the most recent cases of suicides by women in Kerala. Lack of access to mental health services for women, depression, complex relationships and lack of fulfillment of expectation are some examples of the causes of suicidal behavior. The lack of psychological training or counseling sessions in schools and failure in accepting failures are some challenges posed by the society for this trend. Suicidal behavior can be largely avoided by training and exercising mind/self control, tackling the feudalistic attitude of men towards women at home and work-places and the development of a national plan for suicide prevention in India.

1. INTRODUCTION

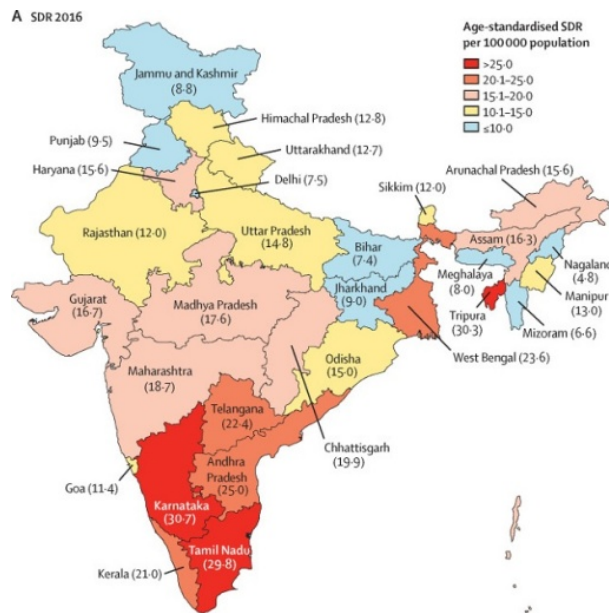
Undisputedly, we can say that the condition of Indian women has become better as compared to the pre-independence days. With the effects of globalization, most women were able to spread their presence outside home. Women now have their own income and social status. They play a key part in consumerism as well. Now, Indian law allows married women to sever ties with a spouse who is malevolent and rude. Nevertheless, with such better scopes, women still turn to suicide for immediate escape.

India accounts for 18% of the global population in 2016, yet according to a study published in the *Lancet Public Health Journal* showed that 37% of the global suicide deaths among women and 24.3% among men are Indians. This means that every third women who committed suicide in 2016 belongs to India. A major proportion of suicide deaths among women in India are married ones. The suicide rate among women in India was 2.1 times larger than the world average in 2016. Suicide is one of foremost causes of the death in 2016 in the

age group of 15-39. However, age standardized suicide rate among women reduced by 26.7% from 20 per 1,00,000 in 2016.

Lancet Study says that suicide contributed to a lesser proportion of deaths in less developed states than developing and developed states. The highest rate of suicide was found in Tamil Nadu, Karnataka, West Bengal, Tripura, Andhra Pradesh and Telangana which has more than 18 per 100,000 population.

One thing to note is that southern states are comparatively more urbanized. This ensues in stress factors like overcrowding, smaller families and expensive lifestyles leading to high suicide rates.



Source: *The Lancet* (Age standardised SDR in 2016)

2. REVIEW OF LITERATURE

David (1990) investigated the variation in male-female suicide rate ratio for various age groups in thirty one countries. In

developed nations, young women committed suicide at a comparatively low rate while older women committed suicide at a relatively higher rate. Suicide rates were considerably higher among wealthier. Result shows altering levels of psychiatric instability or stress on men and women and drug overdose is more common in girls than boys.

Shah (1960) reported that in Maharashtra, female suicides were more than males. Family tension, mental instability and prolonged illness are the cause of 70% of these suicides.

Failure in meeting expectations raised by the family results in the loss of self-esteem which may subsequently lead to suicide (Nathuwal, 1994).

Evidences suggest that a high proportion of suicide has primary depressive illness as a cause. Dorpat and Kipley (1960) diagnosed 30% of suicides having some sort of depressive disorder. Passik (1998) performed a study at the level of depressive symptoms and suicidal attempts. Augmented cognitive symptoms such as guilt, suicidal thinking and hopelessness make patients more susceptible for suicidal behaviour.

Hopelessness is one of the key psychological factors in suicidal behaviour. Beck (1967) describes that over generalization, magnification and selective attention for negative experiences all contribute to a person's conclusion that life is hopeless and that suicide may be end appropriate solution for their problems.

Shah (1960) reveals that family tension, mental instability and prolonged illness accounted for nearly 70% of suicides, while Singh and Kuller (1970) found that marital and family discord, physical and mental illness are the foremost causes of suicide.

Warshau (1999) analyzed the relationship between anxiety disorders and suicidal behaviour. Factors associated with suicidal behaviour were depressive disorder is drug abuse, eating disorders and personality disorders. Subjects with depressive disorders displayed suicidal behaviour. In panic, suicidal behavior associated with affective disorder, certain non-depressive disorder may increase the risk for suicidal behaviour.

3. OBJECTIVES

- To determine factors behind higher suicidal rates in women
- To identify the challenges prevailing which invokes suicidal behavior
- To suggest suitable programs or policy measures to tackle this issue

4. METHODOLOGY

Collection of Data:

Both primary and secondary sources used for collecting the data.

Case Analysis (Primary Data)

- Conducted interviews at personal level
- Other data are collected from counselors, psychiatrists, police inspectors etc

Content Analysis (Secondary Data)

- The statistical data of government documents and publications
- Other secondary data were gathered from journals, magazines, newspapers, and online contents through different websites.

5. THEORETICAL SUMMARY OF 'SUICIDE'

Sir Thomas Brown (1642) coined the word 'suicide' for the first time. Encyclopedia Britannica explains the expressions "the human act of self-inflicted, self-intentioned Cessation". WHO describes 'suicide' as an act with a fatal outcome, which the deceased, with the knowledge and expectation of a fatal outcome, had himself planned and carried out with the purpose of bringing about the changes desired by the deceased.

Suicidology is a multi-professional discipline dedicated to the study of suicidal phenomenon and its prevention. Goldenson (1984) believes that epidemiologists, statisticians, sociologists, clinicians, psychiatrists, clinical psychologists, psychiatric social workers and educators (health educators in schools and colleges) are those who concerned with studies relating to suicides.

The generic term *Suicidal Behavior (SH)* includes completed suicide, nonfatal deliberate self-injury (for example suicide attempt, suicide gestures, self-injury, self-poisoning) with or without any intentions to die, suicide communications including suicidal threats.

Emile Durkheim (1951), in his theory, concluded that there are four different types of suicide. Durkheim's research tried to understand what makes a person truly commit suicide and what influences or factors may have led that person to that final decision or act. Durkheim supposed that various sociologically factors and influences were at work such as work pressure, financial, religious, marital are some examples of it. Durkheim concludes that there are four types of suicide:

- Egoistic suicide.
- Altruistic suicide.
- Anomic suicide.
- Fatalistic suicide.

Egoistic suicid refers to the situation in which a person being alone or an outsider and subsequently they see themselves

alone within the world. This type of person has a typically low social interaction with the public.

Altruistic suicide is when social group attachment is too high that a person is willing to sacrifice themselves for it. Expectation from such a group will usually be very high such as a sacrifice for a cult or religion. Another example would be a suicide bomber.

Anomic suicide refers to a low degree of regulation and this kind of suicide is carried out throughout periods of substantial stress and frustration. A good example would be times during great financial loss or problems in personal life.

Fatalistic suicide is when people are kept under strict regulation such as in North Korea. Where there is intense rule in order or high expectations set upon a person which leads them to a sense of no self or individuality.

As a matter of fact, people who actually commit suicide often fall into three areas. The first is *depressive* where one is feeling greatly remorseful for oneself and it could be the result of a breakup from a relationship or a divorce. In reality, that person will enter into negative suicidal feelings. This is a category of suicide that may happen but probably won't and often doesn't, but could.

The second state is also depressive but also may be the result of extreme emotional disorder often under the influence of alcohol and or drugs. This largely falls under the category of a cry for help and a need for serious attention. Often this person's condition has become so intolerable they only see one way which is to either drink themselves senseless or drug themselves up and find themselves standing on the top of a buildings edge or a cliff and threatening to jump. However, more than likely they won't commit because it's more about demonstrating others the severe pain and turmoil that persons is in than to actually end it all.

The next type of suicide is precisely what it says it is. This person will commit suicide. Often this type will result in the act of committing suicide and it will usually be with a clear and serious mind in the decision anyway.

6. CASE ANALYSIS

Latha (47), a journalist working in a prominent newspaper, had been suffering from clinical depression for almost four years. Apart from fickle marital life with her husband, she endured no significant stress or occupational problems. However, she repeatedly attempted suicide three times by consuming deadly dosage of sleeping pills. Unfortunately, she was beyond saving on her last attempt which led to her death.

Annie (14), a student of a non-government high school in Kerala, committed suicide by jumping off from the topmost floor of the school building. The student wasn't suffering from depression nor endured any troubled life. Nevertheless, she

was publicly humiliated by a teacher of the school who scolded and punished her for some non-academic reasons.

Sumi (21), a college student from Thiruvananthapuram, left her parents who disapproved of her relation with her boyfriend. She eloped and married the man. Subsequently, the couple left for Pune. She broke any form of communication with her family or friends back in Kerala. The next thing they found out that is she has committed suicide for some unknown reason. Her friends and family believe that Sumi had hard time enduring the life with her husband and unable to redeem or face criticisms of her family she decided to end her life.

Although Renu (30) had a daughter, her relationship with her husband was far from steady. She developed an extra-marital relationship with a colleague and had trouble leading double-life. One usual day, without any known provocations, Renu was found dead by an obvious act of suicide.

7. FACTORS BEHIND SUICIDAL RATE MORE IN WOMEN

- Lack of access to mental health services for women
- Depression
- Complex relationships
- Lack of fulfillment of expectation
- Failed relationships
- Sexual abuse and harassment
- Bullying, especially cyber bullying and public ones
- Traumatic events such as public humiliations or loss of loved ones
- Issues relating to adjustments of post-marriage life

8. CHALLENGES PREVAILING IN THE SOCIETY TO REDUCE SUICIDAL BEHAVIOR

- There aren't any form of psychological training or counseling sessions in schools
- Failure in accepting failures. Lack of sportsman spirit
- Still some forms of feudalistic mind is present in family, even in this new age society
- Extra marital relations and illegitimate pregnancy
- Problem of comprehension between generations. Seniors trying to bully and criticize youngsters in matters not significant meanwhile teenagers fail to dodge or understand such feedbacks

9. SUGGESTIONS

- Emotional Quotient (EQ) is more in women comparing to men. This obviously leads to rash decisions. Training and

exercising mind/self control can help in avoiding such behavior. Yoga is a powerful tool for preventing suicidal tendencies by control of anger and emotional breakdown.

- Anxiety of inflicting failure is one of the key reasons for suicidal behavior. All over India, students commit suicide after failing in exams, science projects or job loss. Suicidal tendencies can be avoided to an extent if such fear of failure is discarded. The ancient scripture, *Bhagavat Gita* tells “*karmanyevadhikaraste ma phaleshukadhachana*” that one should do the duty with full commitment and passion without bothering or concerning about the results. Life is full of unexpected outcomes and it is the law of nature.
- Feudalistic attitude of men towards women at home and work-places needs to be tackled properly
- Depression and other mental health problems should be considered as real medical issues. Due to lack of awareness, people tend to avoid consulting mental health specialists for fear of labeling them weak or mentally challenged. If one seeks medical help in such cases of psychological trouble, suicidal behavior can be prevented.
- General physicians should be able to detect signs of depression, loneliness and suicidal behavior
- There is arising need for external emotional support and the government has its limitations in providing that. NGOs can play a vital part in the field of suicide prevention. In addition to befriending suicidal individuals, NGOs have also undertaken education, raising awareness in the public and other intervention programs.
- A national plan for suicide prevention in India should be developed. It can be done through limiting the availability of and access to pesticide, alcohol while promoting media reporting of suicide and related issues, promoting and supporting NGOs, improving the aptitude of primary care workers and specialist mental health services.
- The government should decriminalize attempted so that any suicide prevention strategy can be successful.

10. CONCLUSION

Of all the suicide cases, only a small share of it is caused by anything regarding to finance or poverty. This means that poverty isn't the main cause of suicide and a major victims belongs to middle-class and even wealthy families. When taking India as a whole, South India has a higher concentration of suicide attempts. It is also generally believed that South India is more developed in terms of literacy and health services. This means, suicidal behavior has nothing to do with financial background or academic education. Women become a victim of suicide mainly due to the factors such as depression, relationship issues, failure in achieving expectations, and sexual abuse and harassment. There are

ways to prevent suicidal behavior. A primary method is through campaigns that convince the futility of suicides.

The World Suicide Prevention Day was officially announced on 10th September, 2003. For the purpose of calling awareness towards suicide as a leading cause of premature and preventable death, the International Association for Suicide Prevention (IASP) in cooperation with WHO uses this day every year.

Till now in India, suicide prevention was more of a social and public health objective than an individual practice in the mental health sector. It is high time for mental health professionals to implement practical and leadership roles in suicide prevention and save the lives of Indians.

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