HEALTH, MORBIDITY AND SUICIDE ISSUES IN UTTAR PRADESH

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ABSTRACT

Suicide is a permanent solution to a temporary problem. But every hour, one student commits suicide in India. The main objective of the paper is to show increasing trends in suicide rates due to various reasons and in various sectors like education, health issues, discrimination, harassment and domestic violence etc. The paper consists of secondary data collected from the Registrar General of India, The Population Census 2011, and National Crime Records Bureau (NCRB) 2015 and from various other sources. On the other hand paper attempts to show that how we can prevent suicide rates by government policies as well as by counseling method so that individual can struggle hard to come out from depressive situation. Although prevention of suicide is very difficult to control yet we have to go through a long way to control the suicides rates.

SUICIDE: IN INDIAN PERSPECTIVE

Suicide is a permanent solution to a temporary problem. But every hour, one student commits suicide in India. It has been observed that near about 800,000 people in the world commit suicide every year, [1] out of these 135,000 (17%) are inhabitants of India, [2] a nation consisting of 17.5% of world population. The suicide rate has increased from 7.9 to 10.3 per 100,000, [3] in 1987 and 2007, with higher suicide rates in southern and eastern states of India. [4] In 2012, Tamil Nadu (12.5% of all suicides), Maharashtra (11.9%) and West Bengal (11.0%) had the highest suicides rate. [2] Among high populated states, Tamil Nadu and Kerala had the highest suicide rates per 100,000 people in 2012. The ratio of male to female suicide is about 2:1. [2] The estimated number of suicides in India varies. For example, a study published in Lancet projected 187,000 suicides in India in 2010, [5] while official data by the Government of India claims 134,600 suicides in the same year.[2] According to WHO data, the age standardized suicide rate in India is 16.4 per 100,000 for women (6th highest in the world) and 25.8 for men (ranking 22nd).[6]

REVIEW OF LITERATURE

"Antoon A. Leenaars explains that suicide is a very destructive offence which give a rise to a question that 'Do people have right or to attempt suicide'. The word suicide has become an international perspective which has many answers but the truth is that nobody has a universal answer to this question. Paper is supported by WHOs report with an explanation that suicide occurs due to mental and serious public health problems which can be cured and prevented by proper guidance"[7]

"Alexandra Fleischmann and Jose Manoel Bertolote reveal that Suicide is one of the major world-wide death and an important public health problem. Suicidal behaviors are complex phenomena

that can arise in an individual in individualistic ways it can be due to interaction of biological, psychological, psychiatric, and social factors. Cultural factors also play an important role in suicidal behavior which produces large differences in the features of this problem around the world. The triviality of causes necessarily requires a multifaceted approach to prevent the causes of suicide."[8]

DEFINITION OF SUICIDE BY GOVERNMENT OF INDIA

The Government of India classifies a death as suicide if it meets the following three criteria: [9]

- it is an unnatural death,
- the intent to die originated within the person,
- There is a reason for the person to end his or her life. The reason may have been specified in a suicide note or unspecified.

If one of these criterions is not met, the death may be classified as death because of illness, murder or in another statistical.

REASONS OF SUICIDE IN INDIA

The reasons for high numbers of suicide can be ascribed to lack of social, economical and emotional resources. Moreover, specifically, workplace and working stress academic pressure, modernization or changing patterns of urban centers, social pressures, relationship issues, and the breakdown of support systems. Some researchers have observed that the rise of youth suicide is due to urbanization and the breakdown of the traditional large family support system. The conflict of values within families is one of the most important factors for the young people in their lives. As Indian youngsters become more and more progressive, their traditionalist households become less supportive towards their choices and pertaining to financial independence, marriage age, premarital sex, rehabilitation and taking care of the elderly.

Suicide, or the act of deliberately ending one's own life, is related to the public health concern and a growing one among the younger age bracket. There are numerous risk factors that come into play that may be responsible for a suicidal attempt or completion of suicide. Some of those factors include-

- It can be due to the mental health disorder such as depression or schizophrenia
- Due to previous suicide attempts
- It can be substance abuse
- burden of financial crisis
- family history of suicide
- poor job security or low levels of job satisfaction
- history of being abused or witnessing continuous abuse
- being diagnosed with a serious medical condition, such as cancer or HIV
- being socially discriminated or ostracized
- being exposed to suicidal behavior
- Due to any kind of exploitation.

It is noticed that gender difference in the suicidal attempts and completion of suicide is four times more in women likely than men to attempt suicide. On the other hand, men are twice more likely than women to complete the act of suicide. India witnessed to experience the highest rate of suicide among the age bracket of 15-29 years. This leaves an impact on the development and well-being of individuals, societies and nations. National Crime Records Bureau (NCRB) 2015[10] has witnessed that every hour one student commits suicide in India. Parents, schools and society are unable to prepare children mentally and psychologically for many challenges in the world. Hence it is indispensible that as a society in which we work promotes a positive environment. It is important that organizations and governments should receive support to promote

mental health education and promote coping skills in youth in order to prevent suicide.

INCIDENCE AND RATE OF SUICIDES DURING THE DECADE (20011–2015)

Rate of suicides has been calculated using mid-year projected population for the no census years whereas for the census year 2011, the population of The Population Census 2011 was used.

Table-1

Number of Suicides, Growth of Population and Rate of Suicides during 2011 - 2015

Sl. No.	Year	Total Number of Suicides	Mid-Year Projected Population* (in Lakh)**	Rate of Suicides*** (Col.3/Col.4)
1	2011	1,35,585	12,101.9#	11.2
2	2012	1,35,445	12,133.7	11.2
3	2013	1,34,799	12,287.9	11.0
4	2014	1,31,666	12,440.4	10.6
5	2015	1,33,623	12,591.1	10.6

* –Mid-year Projected Population as on 1st July; Source: The Registrar General of India

--Population of the Population Census, 2011; Source: The Registrar General of India

** – One Lakh = 0.1 Million

*** – Rate of Suicides = Incidence of suicides per one lakh(1,00,000) of population

The above table shows the increasing trends of suicide rate in relevance to population growth. The increase in number of suicides was reported each year till 2011 thereafter a declining trend has been noticed till 2014 and it again increased by 1.5% in 2015 over 2014 (from 1, 31,666 suicides in 2014 to 1, 33,623 suicides in 2015). The population has increased by 14.2% during the decade while the rate of suicides has slightly increased by 2.9% (from 10.3 in 2005 to 10.6 in 2015).

NUMBER AND PERCENTAGE SHARE OF SUICIDES IN STATES/UTS THE STATE/UT

Large number of suicides was reported in Maharashtra (16,970) which was followed by 15,777 suicides in Tamil Nadu and 14,602 suicides in West Bengal, accounting for 12.7%, 11.8% and 10.9% of total suicides respectively. In Karnataka (10,786 suicides) and Madhya Pradesh (10,293 suicides) the number of suicides were accounted for 8.1% and 7.7% of the total suicides reported in the country respectively. The total number of suicides in these five States together was accounted for 51.2% of the total suicides reported in the country. The rest of the 48.8% suicides were reported in the remaining 24 States and 7 UTs. Uttar Pradesh which is the most populous State (17.1% share of country population) has reported comparatively lower percentage share of suicidal deaths, accounting for only 2.9% of the total suicides reported in the country.

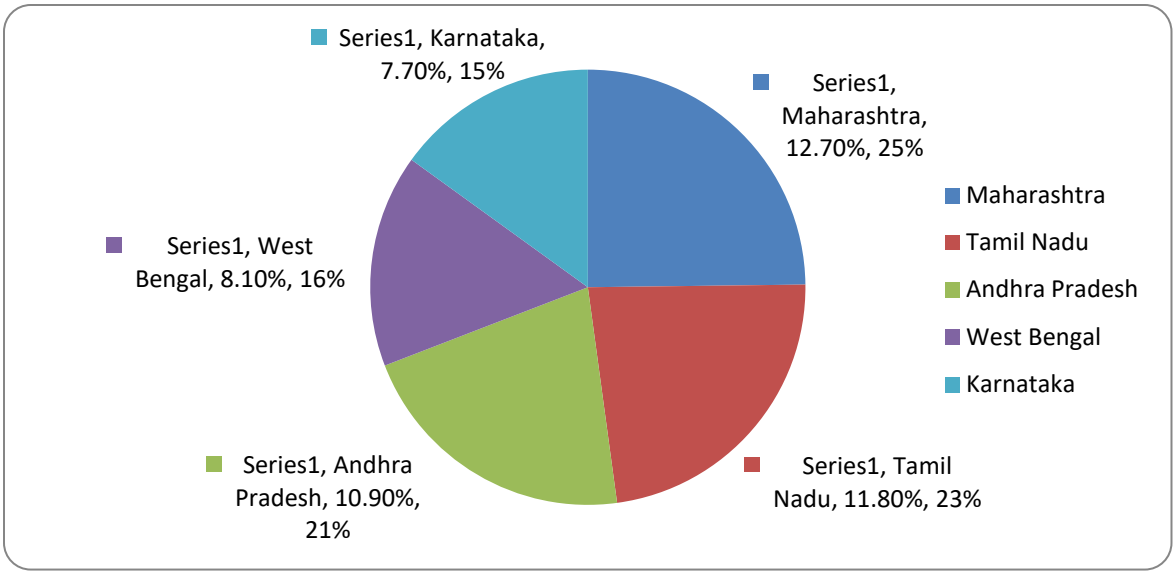


Figure 1

Table-2

States with Higher Percentage Share of Suicides during 2013 to 2015

Sl. No.	2013	2014	2015
Maharashtra	(12.3%)	(12.4%)	(12.7%)
Tamil Nadu	(12.3%)	(12.2%)	(11.8%)
Andhra Pradesh	(10.8%)	(10.9%)	(10.9%)
West Bengal	(9.7%)	(8.3%)	(8.1%)
Karnataka	(8.4%)	(7.3%)	(7.7%)

Source: The Registrar General of India

The above table shows that Maharashtra has reported the highest and continuous number of suicidal death rates in 2013, 2014 and 2015, followed by Tamil Nadu during the last three years. It has also been observed that these five states Maharashtra, Tamil Nadu, Andhra Pradesh, West Bengal and Karnataka have highest and increasing rate of suicides in the given years.

Table-3

States/UTs with Higher Suicide Rate during 2013 to 2015

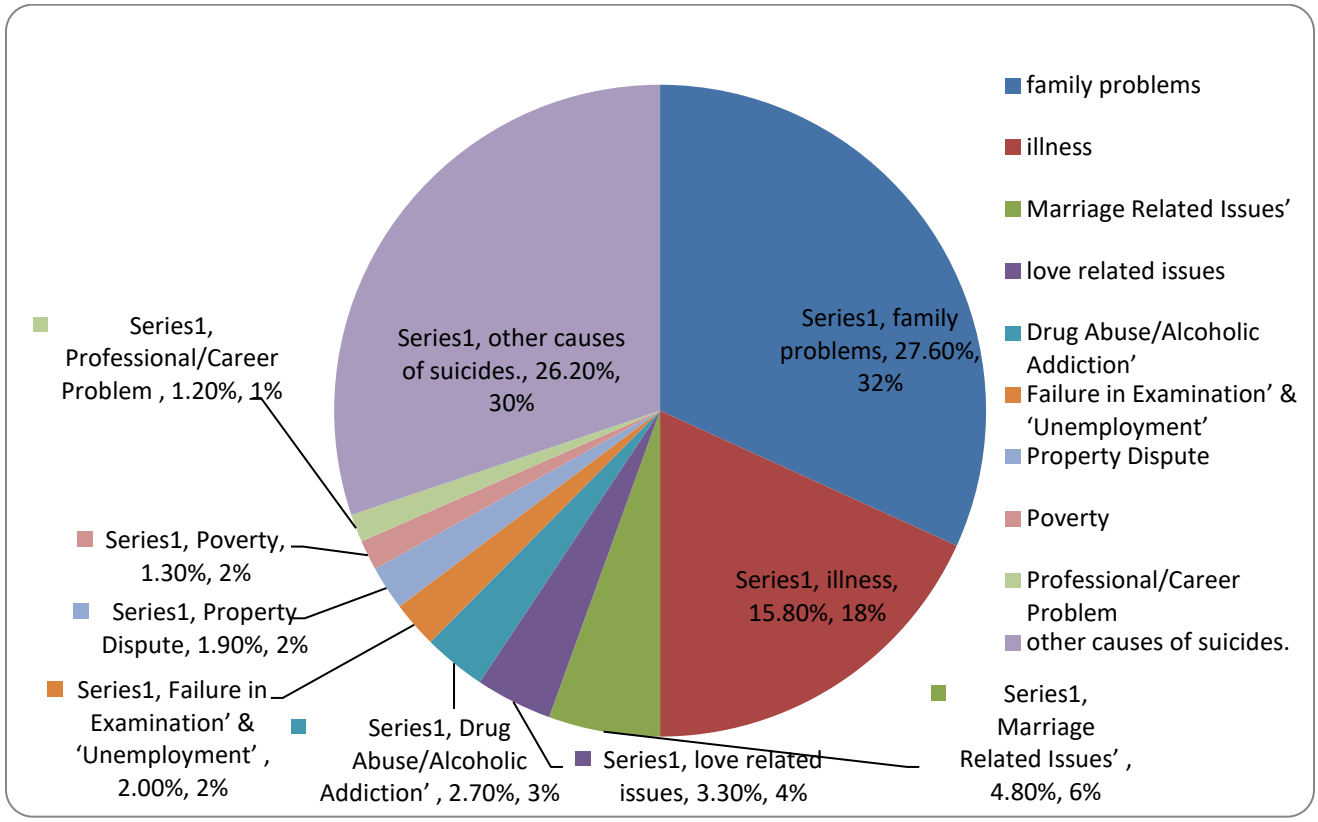
Sl. No.	2013	2014	2015
Puducherry	35.6	40.4	43.2
Sikkim	29.3	38.4	37.5
A & N Islands	28.8	28.9	28.9
Tripura	25.9	26.5	27.7
Kerala	24.6	23.9	27.7
National Rate	11.0	(10.6)	(10.6)

Source: The Registrar General of India

From the above table it is clear that Puducherry reported a continuous high suicide rate during last 3 years (2013, 2014, and 2015) which has been more than 3 times of the national average during the given period.

MAJOR CAUSES OF SUICIDES

Majority of people commit suicides due to 'Family Problems' and 'Illness' which are the major causes of suicides and accounted for 27.6% and 15.8% of total suicides respectively during 2015. 'Marriage Related Issues' (4.8%), 'Bankruptcy' & 'Love Affairs' (3.3% each), 'Drug Abuse/Alcoholic Addiction' (2.7%) and 'Failure in Examination' & 'Unemployment' (2.0% each), 'Property Dispute' (1.9%), Poverty (1.3%) and Professional/Career Problem (1.2%) were other causes of suicides were (26.2%).



Percentage Share of Various Causes of Suicides during 2015 (Figure – 2)

STATES & UTS REPORTING HIGHER SHARE OF SUICIDES DUE TO ILLNESS AND FAMILY PROBLEMS DURING 2015

Table-4

Illness				Family Problems			
All India % Share							
15.8%				27.6%			
Sl. No	State/UT	suicides	% age Share	Sl. No	State/UT	suicides	% age Share
1	Lakshadweep	348	36.9	1	Mizoram	54	46.6
2	A & N Islands	54	34.8	2	Kerala	3149	37.3
3	Andhra Pradesh	4514	28.0	3	Puducherry	228	35.4
4	Tamil Nadu	1596	26.2	4	Tamil Nadu	5572	34.6
5	Goa	76	26.1	5	Maharashtra	5336	32.7
6	Kerala	2125	25.2	6	Manipur	12	24.0
7	Maharashtra	3512	21.5	7	Uttar Pradesh	803	22.4
8	Karnataka	2298	21.0				
9	Telangana	1980	20.6				
10	Gujarat	1312	18.2				

Source: The Registrar General of India

The above table represents that ten States/UTs have reported higher percentage share than the All India average in suicides with cause of suicides such as 'Illness'. Similarly, seven States/UTs have reported higher share than the All India average in suicides committed due to 'Other Family Problems' during the year.

GENDER WISE DISTRIBUTION OF SUICIDES DURING 2014 (CAUSE WISE)

Table-5

Sl. No	Cause	Male	Female	Transgender	Total
1	Bankruptcy or Indebtedness	2098	210	0	2308
2	Marriage Related Issues	2362	4411	0	6773
3	Non Settlement of Marriage	490	606	0	1096
4	Dowry Related Issues	39	2222	0	2261
5	Extra Marital Affairs	227	249	0	476
6	Divorce	150	183	0	333
7	Others	1456	1151	0	2607
8	Failure in Examination	1358	1045	0	2403

9	Impotency/Infertility	127	205	0	332
10	Other Family Problems	18623	9977	2	28602
11	Illness	16078	7663	5	23746
12	AIDS/STD	184	48	1	233
13	Cancer	407	175	0	582
14	Paralysis	301	107	0	408
15	Insanity/Mental Illness	4761	2341	2	7104
16	Other Prolonged Illness	10425	4992	2	15419
17	Death of dear person	658	323	0	981
18	Drug Abuse/Addiction	3555	91	1	3647
19	Fall in Social Reputation	361	129	0	490
20	Ideological Causes/Hero worshipping	43	13	0	56
21	Love Affairs	2441	1727	0	4168
22	Poverty	1419	280	0	1699
23	Unemployment	1965	242	0	2207
24	Property dispute	874	193	0	1067
25	Suspected/Illicit Relation	253	205	0	458
26	Illegitimate Pregnancy	0	56	0	56
27	Physical Abuse (Rape, etc)	6	68	0	74
28	Professional/Career Problem	792	111	0	903
29	Causes Not Known	11308	4955	1	16264
30	Other Causes	24808	10617	7	35432
31	Total	89129	42521	16	131666

Source: The Registrar General of India

From the above table it is quite evident that male suicide rate is higher than female suicide rate. In some cases like marriage related issues, non settlement of marriages, dowry issues, extra marital affairs, divorce, failure in examination, impotency/ infertility related issues and Physical Abuse (Rape, etc) are higher in female suicide rates. Whereas, on other hand Bankruptcy or Indebtedness, Failure in Examination, Other Family Problems, illness, AIDS, Cancer, Paralysis, Insanity/Mental Illness, Other Prolonged Illness, Death of dear person, Drug Abuse/Addiction, Fall in Social Reputation, Ideological Causes/Hero worshipping, Love Affairs, Poverty, Unemployment, Property dispute, Suspected/Illicit Relation and Professional/Career Problem causes higher suicide rate in males.

EDUCATIONAL STATUS OF SUICIDE VICTIMS

Education plays a very important role in human life. It gives power to human beings to think and to perform action in real life but when human beings find no solution to its problem then he commits suicide.

Table -6

Percentage of Suicide Victims by Educational Level during2012 – 2014

Sl. No.	Educational Level	Percentage Share		
		2012	**2013**	**2014**
1	No Education	19.7	18.5	14.3
2	Primary	23.0	22.1	19.0
3	Middle	23.0	23.6	20.2
4	Matriculate/Secondary	19.2	20.5	20.5
5	Higher Secondary	9.7	10.3	11.0
6	Diploma	1.5	1.2	1.1
7	Graduate	03.4	3.2	2.8
8	Post-Graduate& above	0.6	0.5	0.3
9	Professionals (MBA etc.)	@	@	10.8
10	Status Not Known	@	@	@
	Total	100	100	100

Note: '@' Not Collected

Source: The Registrar General of India

From the above table it is evident that suicide rate is higher in Matriculate/Secondary and Higher Secondary.

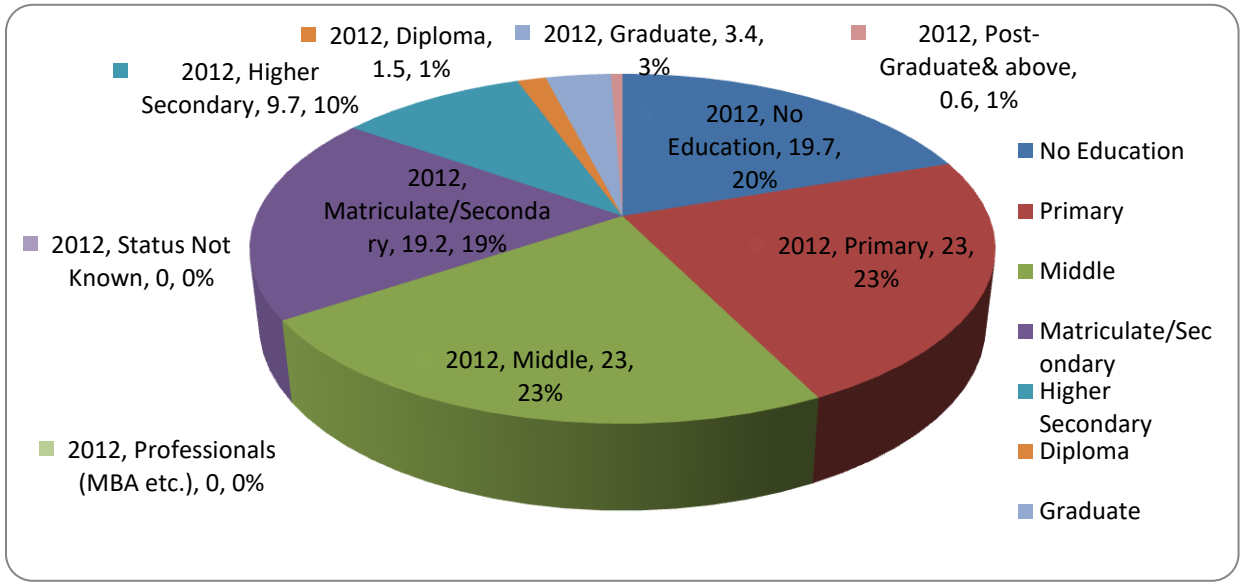


Figure3

PERCENTAGE SHARE OF THE MEANS ADOPTED IN COMMITTING SUICIDES DURING 2012-2014

Table-7

Sl. No.	Means Adopted	% Share		
		2012	**2013**	**2014**
1	Alcoholism	1.1	1.2	NE
2	Drowning	5.8	5.7	5.6
3	Fire/Self Immolation	8.4	7.4	6.9
4	Fire Arms	0.3	0.4	0.4
5	Hanging	37.0	39.8	41.8
6	**Poisoning**	**29.1**	**27.9**	**26.0**
i)	Consumption of Insecticides	14.7	14.4	10.9
ii)	Other Poisons	14.4	13.5	15.1
7	Self Infliction of Injury	0.4	0.4	0.4
8	**Jumping from**	**1.0**	**1.0**	**1.1**
i)	Buildings	0.4	0.5	0.3
ii)	Other Sites	0.6	0.5	0.3
iii)	Jumping off from Moving Vehicles/Trains	@	@	0.4
9	Jumping off from Moving Vehicles/Trains	0.5	0.5	0.4
10	Machine	0.1	0.1	@
11	Over dose of Sleeping Pills	0.5	0.4	0.5
12	Self Electrocution	0.7	0.7	0.6
13	Coming under Running Vehicles/Train	3.1	3.5	2.6
14	Other Means	12.0	11.1	14.0
	Total	**100.0**	**100.0**	**100.0**

Note: '@' Not Collected

Source: The Registrar General of India

From the above table it is clear that people have adopted various methods of committing suicide in which they found consumption of poison, jumping into the well etc. to be more easy methods in comparison to more painful means such as self inflicted injuries, hanging, shooting, etc. Therefore, we found an increase in jumping and poisoning method to commit suicide. On the other hand there is a decline in suicide methods like Fire/Self Immolation, Coming under Running Vehicles/Train and Hanging which are quite painful methods to commit suicides.

SUICIDES IN CITIES

The trends of committing suicide has been increased in cities due to 'Unemployment', 'Love Affairs', 'Drug Abuse /__Addiction', 'Failure in Examination', 'Marriage Related Issues', 'Professional/Career Problem and 'Family Problems'.

Table-8

Year	Suicides in Cities	Cities Share to all India	Rate in Cities
2011	18,280	13.5	11.3
2012	19,120	14.1	11.9
2013	21,313	15.8	13.3
2014	19,597	14.9	12.2

Source: The Registrar General of India

From the above table we can see a continuous increase in suicide rates in cities. The highest suicide rate was noticed in 2013 after that there was slight decline in 2014.

COMPARATIVE PERCENTAGE DISTRIBUTION OF SUICIDES BY CAUSES IN CITIES AND ALL-INDIA (MAJOR CAUSES)

Table- 9

Sl. No.	Cause of Suicide	No. of Cases (in 2014)		Share in total suicides reported in	
		Cities	All-India	Cities	All-India
1	Family Problems(other than Marriage Related Problem)	4,888	28,602	24.9	21.7
2	Total Illness	3,748	23,746	19.1	18.0
3	Insanity/Mental Illness	1,118	7,104	5.7	5.4
4	Drug Abuse/Addiction	788	3,647	4.0	2.8
5	Love Affairs	681	4,168	3.5	3.2

6	Failure in Examination	528	2,403	2.7	1.8
7	Unemployment	512	2,207	2.6	1.7
8	Dowry Dispute/Dowry Related Issues	308	2,261	1.6	1.7
9	Bankruptcy or Indebtedness	354	2,308	1.8	1.8
10	Poverty	159	1,866	0.8	1.3
	Total (Major Causes)	**11,966**	**71,208**	**61.1**	**54.1**

Source: The Registrar General of India

'Family Problems (other than marriage related issues)' was the major cause of suicide in cities which accounted for 24.9% of total suicides followed by 'Illness' 19.1%. However, a total of 979 victims have committed suicide due to 'Marriage Related Issues' accounting for 5.0% of suicides. Majority of victims of suicides were 'Married' persons, forming 64.7% of total suicides in cities. A total of 5,112 un-married persons have also committed suicides, accounting for 26.1% of total suicides in the cities

SUICIDE PREVENTION

Generally people and society people believe that suicide cannot be prevented which is also commonly followed by health professionals too. Therefore, people believe this a negative attitude. But this is not true because suicide is a personal matter which should be left for the individual to decide. Another view of the society is that suicide cannot be prevented because the major roots of suicides are social and environmental factors such as unemployment over which an individual has very little or no control. If a person tries to overcome with the situation and starts living happy or with an overwhelming society he can prevent himself from suicidal ideas. Suicide is often a permanent solution to a temporary problem.

NON-GOVERNMENTAL ORGANIZATIONS (NGOS)

India is struggling with the problem of malnutrition, infectious diseases, infant and maternal mortality and other major health issues which cause suicidal ideas among human beings. The mental health services are not sufficient for the needs of the country. Over billion of population we have only about 3,500 psychiatrists. Because of rapid urbanization, industrialization, modernization and rapid emerging family systems are resulting in social upheaval and distress. The diminishing traditional support systems leave people alone and in distress which gives rise to suicidal behavior. Hence, there is a need for external emotional support as well as counseling to overcome with stress and distress as well as suicidal ideas. Increase in the suicidal rates combined with the paucity of mental health service has given birth to NGOs in order to prevent suicide.

These NGOs provide support to suicidal individuals by encouraging them. Probably these centers function as an entry point for those who need professional services. Besides encouraging suicidal individuals, the NGOs also give education to spread awareness in the public and media. NGOs have their limitations because of this quality control measures are not appropriate and the majority of the individuals are not evaluated [11].

NATIONAL PLAN

The World Health Organization's (WHO's) study reveals that there is an urgent need to develop a national plan for suicide prevention in India. The most preferred areas were reducing the availability and access to pesticides, reducing the availability and consumption of alcohol, promoting the responsible media to report suicides and related issues, promoting and supporting NGOs, to improve the capacity of primary care workers and specialist mental health services to provide support to deprived people who tried or committed suicide and provide training to teachers, police officers and practitioners of alternative system of medicine and they try to create faith among the healers. From above, we can make out that it is very important to legitimize the attempted suicide which is an urgent need if any suicide prevention strategy could succeed to bring a fall in the suicide rates prevailing in Indian system.

We celebrate 10th September as World Suicide Prevention Day: which was formally announced on 10th September, 2003. Each year the International Association for Suicide Prevention (IASP) in partnership with WHO utilizes and promotes this day to call an attention that suicide is as a leading cause of premature and preventable death. The theme for the year 2007 is "*Suicide Prevention—Across the Life Span*". It focuses on the fact that suicide can occurs among all the ages and that suicide prevention and intervention strategies may be adapted which can meet the needs of different age groups to prevent suicides. It is expected that the theme will focus on vulnerable, ignored and denounced groups and also draws attention towards researchers, clinicians, societies, politicians, policy makers, volunteers and survivors to find a solution for concerned action in order to bring a drop down in the suicidal rate of India among all ages and sexes of the society.

REFRENCES

1. Suicide prevention (SUPRE) World Health Organization (2012)
2. Suicides The Registrar General of India, Government of India (2012)
3. Vijaykumar L. (2007), Suicide and its prevention: The urgent need in India, Indian J Psychiatry;49:81–84,
4. *Polgreen, Lydia (March 30, 2010). "Suicides, Some for Separatist Cause, Jolt India". The New York Times.*
5. *Patel, V.; Ramasundarahettige, C.; Vijayakumar, L.; Thakur, J. S.; Gajalakshmi, V.; Gururaj, G.; Suraweera, W.; Jha, P. (2012). "Suicide mortality in India: A nationally representative survey". The Lancet.* ***379*** *(9834): 2343–51. PMC 4247159 . PMID 22726517. doi:10. 1016/S0140-6736(12)60606-0.*
6. Suicide Rates – Data by country. World Health Organization 2012. Retrieved 30 November 2015.
7. Antoon A. Leenaars (2003), "Suicide and Human Rights: A Suicidologist's Perspective" Published by: The President and Fellows of Harvard College on behalf of Harvard School of Public Health/François-Xavier Bagnoud Center for Health and Human Rights. Source: Health and Human Rights, Vol. 6, No. 2, Violence, Health, and Human Rights (2003), pp. 128-148 http://www.jstor.org/stable/4065433
8. Alexandra Fleischmann and Jose Manoel Bertolote (SPRING 2003), "Suicidal Behavior in a Global Public Health Perspective" Published by: Taylor & Francis, Ltd. Source: International Journal of Mental Health, Vol. 32, No. 1, Addressing Global Issues on Violence and Mental Health (SPRING 2003), pp. 67-78 http://www.jstor.org/stable/41345046

9. ADSI 2012 Annual Report Glossary, Government of India
10. National Crime Records Bureau (NCRB) 2015
11. Vijayakumar L, Armson S. Volunteer perspective on suicides. In: Hawton K, editor. Prevention and treatment of suicidal behaviour. Oxford University Press; 2005. pp. 335–50.