

SUICIDE IN PERSPECTIVE

WITH SPECIAL REFERENCE TO KERALA

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Among the various problems which cause great social concern in Kerala at present, increasing suicidal tendency among its people is an important one. During the last few years there has been considerable discussion about the increasing rate of suicide in the state. In the print media as well as in seminars and conferences this problem has been discussed widely.

Statistics

It is stunning to learn that in the latest national crime records (1998), the state of Kerala ranks first in India for its suicidal rate (29.3) which is three times higher than the national average (10) and even that of United States (11.3). Rate of suicide denotes number of suicides per lakh population. During the decade 1987-97, the incidence of suicide in Kerala rose at a compound growth of 4.61 percent as against the population rate of 2.2 percent. It was 17 in 1987; 27.3 in 1992; 25.8 in 1996 and 28.5 in 1997 and 29.3 in 1998. Kerala had been ranked the most suicide prone state in 1997 also. As against the Kerala's suicide rate of 29.3 per one lakh in 1998, the rate in Karnataka was 21.4, Tamil Nadu 18 and Andhra Pradesh 12.7. In Kerala on an average three people are committing suicide per day. Middle aged outnumber young in suicide where as the reverse is true for attempters. The male to female ratio in suicide is 7:3 where as in attempt it is 1:4. Even though the male predominance in suicide continues, recent trend shows that the proportion of women is increasing. Moreover, there is a recent tendency among young people to commit suicide. Among the various districts, lowest suicide rate is reported from Malapuram. Since suicide is not allowed in Holy Koran, deep-rooted religious belief may be the reason for this lower rate. Highest suicide is reported from Thrissur. Ever increasing rate of alcohol dependence is one of the reasons for this alarming rate. Another reason could be the increasing rate of mental illness. Thrissur district has the highest number of migrates to the Middle East. Almost every second family with a relative in the Gulf has a history of mental illness. The worst victims seem to be women between 15 and 25 years of age. It is the incompatibility with in-laws which leads to most women developing mental problems.

According to the recent National Crime Record Bureau report on suicide, 1,514 were agriculturists, 1,364 were house wives, 587 were in private service, 564 were business men, 309 were students, 209 professionals, 150 in public sector undertakings, 127 were employed in Government agencies, and 66 were retired people. 6,573

were married, 2,067 were never married, 322 were widowers or widows, 262 were separated couples and 82 were divorcees. There were 45 postgraduates, 139 graduates, 66 diploma holders, 89 had completed higher secondary schooling or intermediate, 2,372 had primary education and 625 were illiterates. Majority of suicide victims in Kerala (3,772) took their lives by consuming poison. Out of this, 2,264 victims consumed insecticide and the rest, other kinds of poisons. As many as 3,573 choose death by hanging, 950 drowning, 425 burning, 175 jumping before moving vehicles or trains, 84 electrocution (a new trend) and 50 choose sleeping pills.

We all know that such records do not reflect the real estimate of any population. It is possible that there are many suicides which do not get included in the police records. Probably the reverse is also true: many cases of homicides may be classified as suicides in the crime records. The statistics that we see relate to the estimate of people who actually succeed in their suicide attempts. There is no way of knowing the number of people who attempt suicide but do not succumb to it. A ratio that has emerged from countries that has more credibility and accuracy in records is that the number of people who attempt suicide is about five to eight times the number of people who actually take their life through suicide. Applying this ratio it appears that 147 to 235 people per one lakh population make an attempt on their lives every year. In absolute terms it is approximately 44,000 to 65,000 individuals in a year.

Another phenomenon which has attracted public attention in Kerala is family suicide in which often husband and wife commit or attempt suicide after killing their children. A large number of such families have been reported in recent years. The despair and hopelessness related to family life arising out of severe financial crisis is reported and projected as the reason. The concern towards the children may be making the parents wish that their children should not suffer after their exit from the world. It may also be that their act would gain completion only if children also join in it. Though suicide attempt originates as a purely personal idea, it gains the status of a family act in these cases.

Causes

The causes or the factors that are reported for suicidal attempts differ in police records and in clinical data. In the clinical situation various problems in the

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Taoism

To take to oneself unrighteous wealth is like satisfying one's hunger with putrid food, or one's thirst with poisonous wine. It gives temporary relief, indeed, but death also follows it.

(Treatise on Response & Retribution 5)

cause and-effect relationship is more evident in this condition.

Doctors and Smoking

Many people cling to the fatuous belief that "it's all in the genes". They use this as an excuse to continue smoking. One suspects that some doctors also belong to this category. There cannot be any other reason why doctors continue to smoke. They do great harm to the campaign. I have no hesitation to recommend a total ban in public by doctors and other health professionals. Smoking should be banned in surgeries, nursing homes, waiting rooms and canteens. Prominent placards to this effect should be mandatory in these premises. Passive smoking should be brought to public sensibilities and awareness very strongly.

To Press and Media

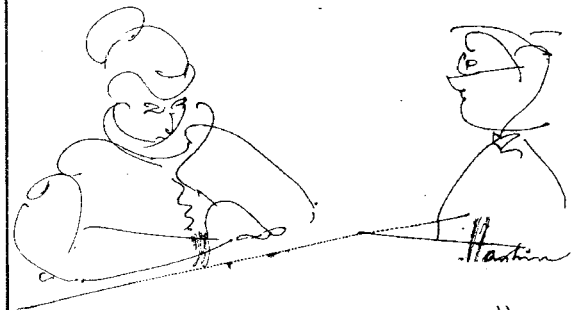
We should feed the media with the problems we are trying to tackle to protect the health of the community. They can help us greatly in our efforts. They may be persuaded to be discreet in printing pictures of our heroes and heroines in the act of smoking. Any write-up that glorifies smoking should be omitted. Our PROs could cultivate film personalities such as stars, directors and producers. Too often, we see gratuitous smoking in films when it has very little to do with the story line or effect. The impressionable youth should be protected.

(Contd. from Page 3)

family including marital problems, difficulties in social life, love affairs, failure in examinations, financial difficulties etc. emerge as the reasons in that order. According to the latest report of National Crime Record Bureau (NCRB), a total of 2,203 suicides (23.73%) were caused by family problems, 1,030 (11.07%) because of bankruptcy, poverty 406, joblessness 197, fall in social reputation 130, dowry disputes 70, and failure in exams 70. Mental illness is identified as yet another important cause, accounting for 7% in Kerala, higher than the all-India average of 5%. Among the behavioral disorders depression, alcoholism and psychotic disorders score top in the percentage of suicide. However, on a closer scrutiny it would be observed that mild and moderate difficulties, lack of competence in handling them and the emotional difficulties arising from it are responsible the suicidal attempts by both men and women. This is to the real background of many suicidal attempts where financial difficulties are presented as the causal factor. More than the gravity of the financial difficulties and genuine problems in looking after the family, it is the incompetence and lack of confidence in handling these difficulties and the feeling of helplessness emerging from it that are setting the stage for the suicidal behavior. The influence of consumerism, the increasing prevalence of alcoholism, the ruthless and competitive life style, all collaborate to set the tragedy of the individual in the contemporary Kerala society. Moreover, the pampered child rearing practice, geographical over protection of the state from natural calamities, all have made a typical Keralite an individual without much fortitude or frustration tolerance and emotional immunity.

Hashim's Fifth Column

By Dr. K.P. HASHIM



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Prevention

Beyond arithmetic and the analysis of data some of the factors behind the scene of suicide have been presented here. The solution to prevent the alarming suicide rate in Kerala lies both at the individual and at the society level. The individual should make his life more pragmatic and energetic; and the society should contain the socio-economic and socio-cultural forces pulling it in different directions and trying to threaten its stability. The various behavioral disorders like depression, alcoholism, and psychoses should be detected at the earliest and treated before it progresses to an advanced stage. The emotional disturbances in family life should be handled through empathy, understanding and humility. If they grow beyond the level of being handled and ameliorated with individual or intra-familial initiatives, attempt should be made to avail counseling. Systematic and scientific counseling in a practical, effective and affordable manner is very effective for the prevention of suicide. Further, the easy availability means to commit suicide such as organophosphorous compounds and medications without prescriptions should be restricted legally.

Loeb's Rules of Therapeutics

- i. If what you are doing is doing good, keep doing it.
- ii. If what you are doing is not going good, stop doing it.
- iii. If you do not know what to do, do nothing.
- iv. Never make the treatment worse than the disease.