

Suicide: An Indian Perspective

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Suicide (Latin suicidium, from sui caedere, 'to kill oneself') is the 8th leading cause of death in India. It is a major public health problem, with far reaching socioeconomic, political and emotional consequences. Suicide has its roots in Indian ancient civilisation where widows were forced to sacrifice their lives after the death of husband. Globally, India accounts for more than 20 percent of suicides annually although it provides shelter to 17 percent of total world population. In the last two decades, the suicide rate has increased from 7.9 to 10.3 per 100,000, with very high rates in some southern regions. India contributes to about one-quarter of male suicides and one-third of the female suicides in the world.

Chronic negative stress leads to depression which is found as a major factor culminating to suicidal motives. Depression is a treatable condition but not often something a patient can deal with by himself. Further, it is not easy to determine a person's mindset as to at what point under depression, he may attempt suicide. The reasons for suicide vary starkly depending upon age-groups, gender, mental health, marital conditions, socio-economic factors, lifestyle etc.

Statistical Analysis: Global Scenario

Suicide around the world

As per latest WHO estimates, about 800,000 people commit suicide in the world every year. This comes down to about 1 person dying every 40 seconds. WHO further assumed that for every successful suicide in that interval there were about 20 more people who attempted it. If everyone who attempts pulls it off, we might be looking at 1-person suiciding after every 2 seconds globally.

In its Global Health Observatory report (updated July 2018), WHO projected the wide disparity suicide per 100,000, and male to female suicide ratio, for various countries (Fig 1). It was observed that suicide rate is higher in developing countries like India (18 per 100,000), China as well as developed countries like US, Europe etc. Sri Lanka tops the list with 35.3 suicides per 100,000 followed by South Korea with 28.3 suicides per 100,000.

Surprisingly, Middle-east countries reported very low suicide rate. Afghanistan has 5.5 suicides per 100,000, Iraq has three and Syria has just 2.7.

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There are more males than females in all the countries though the ratio varies disparately between developing and developed countries. India has nearly equal male and female suicides as against the global average of 3:1.

Suicide in India

In India, the official suicide rate for 2015 published by the National Crime Records Bureau (NCRB) of India was 10.6 per 100,000 population, similar to the global average of 11.4 per 100,000 population and equating to 133,623 deaths registered as suicides. Although there are substantially more suicide deaths in India each year than AIDS-related deaths (62,000 in 2016) and maternal deaths (45,000 in 2015) combined, suicide prevention has attracted considerably less public health attention. Therefore, we need to have a structured suicide prevention strategy aiming at all the different factors troubling people's mental health.

As per Global Burden of Disease Study, 1990-2016 published by Lancet, reported 230,314 suicides in 2016. The number is almost twice of the total deaths happened due to road accidents. Indian men accounted for about 25 percent of total suicides among men globally while women contributed whopping 36.6 percent in 2016. It is significantly high as compared to what it was in 1990 – men (18%) and women (25%).

Notably, suicide was the leading cause of death in India in 2016 for those aged 15-39 years; 71.2 percent of the suicide deaths among women and 57.7 percent among men were in this age group (Fig 2). The suicide rate for women was about double of what it is globally – 14.7 as against 7 globally. Sui-

Table 1: Leading causes of death, India

Rank	Causes of death
1	Cardiovascular disease
2	Respiratory disease
3	Diarrhoea
4	Stroke
5	Lower respiratory infections
6	Tuberculosis
7	Neonatal pre-term birth
8	Intentional self-harm
9	Road injuries
10	Other neonatal conditions

Demographics and Reasons of Suicide in India

Married people are more likely to commit suicide than unmarried (Fig 6). About 66 percent of the people were married and only 21 percent were unmarried. However, marriage itself is the reason for suicide. Another interesting point is that among all the profiles, men

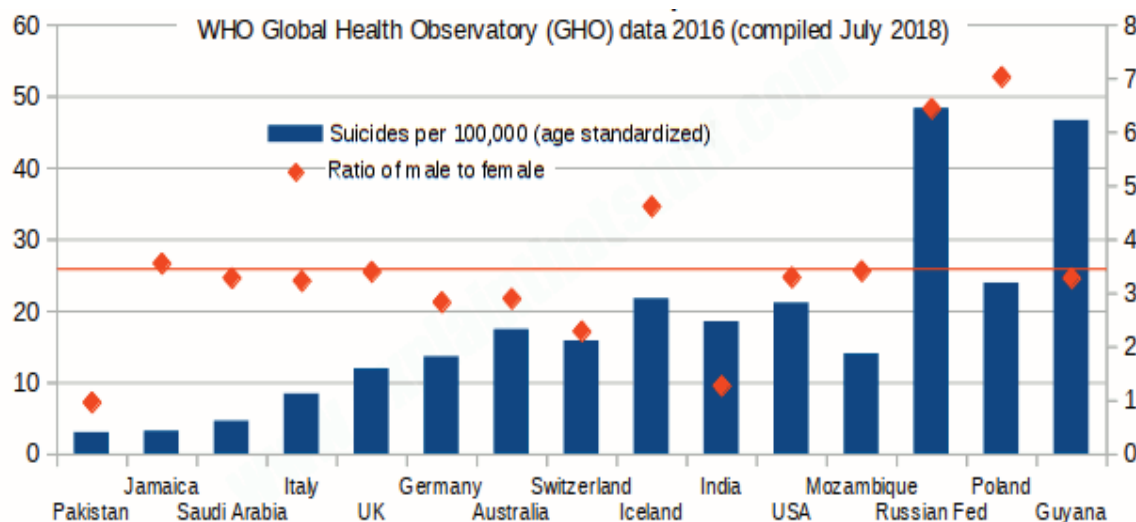
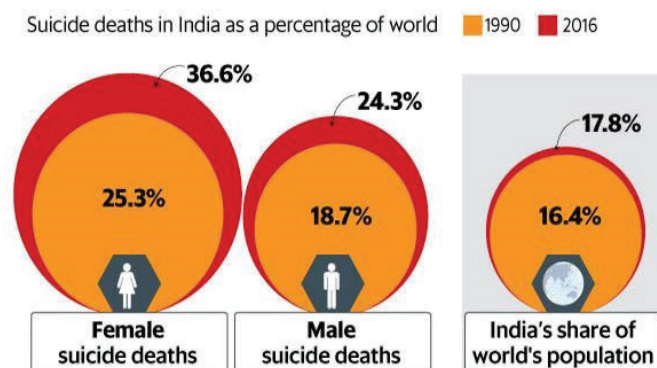


Figure 1: World suicide rate (WHO, 2018).

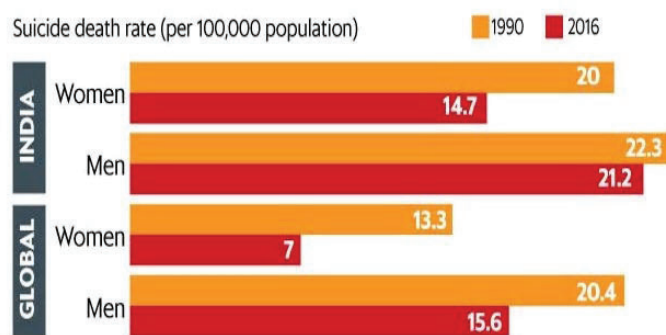
cide rate among men was 21.2 as compared to 15.6 globally (Fig 3). Suicide is the 8th leading cause of death in India. Table 1 depicts top 10 causes along with their ranks.

Indian States and UTs: As per NCRB data collated by Scroll. In 2013, Puducherry is the top suicide territory in India followed by Sikkim. Southern Indian states are all among the top 10 contributing to suicides in India (Figs 4 and 5).



Source: Dandona et al, Lancet, 2018

Figure 2: Male/female suicides in India (Source: Lancet GBD report).



Source: GBD 2016

Figure 3: Suicide trends, India Vs World

commit suicide more than women.

Reasons for suicide: Family problems and illness (both about 20%) are cited as the top reasons for suicides in India in 2013 (Fig 7). Among the other known causes, love affairs and drug abuse also have significant shares. In small numbers, but a significant rise over the previous year, there has been a sharp rise in suicides due to “illegitimate pregnancies” (up a staggering 64.51% from last year), “fall in social reputation” (up 49.4% from last year) and “professional/career problem” (up 40.81% from last year).

Mode of suicide: Hanging is top-most chosen method to commit suicide followed by poisoning, which used to be the previous favourite (Fig 8).

Youth: According to NCRB report (2016), on an average, more than 100,000 people committed suicide every year in India from 2004 to 2014. The incidence of suicide was very high in youth (34.1% for 18 to 30 years age group) and middle-aged people (32.2% for 30 to 45 years).

Suicide was the leading cause of death among youngsters aged 10-24 in India in 2013 claiming about 62,960 deaths, according to the findings of the Lancet Commission on Adolescent Health and Well-being. Road accidents (41,168 deaths) and tuberculosis (32,171) were the other big killers, together claiming 73,359 young lives in 2013, said the report. Globally too, accidents, self-harm (suicides), violence, and tuberculosis accounted for most deaths in this age-group (Table 2).

Farmers: Indebtedness was found as the major reason for farmers' suicide which accounted for 55 percent of total deaths, as per India Spend analysis, 2017. Nearly 70 percent of India's 90 million agricultural households spend more than they earn on average each month, pushing them towards debt. Additional spending on health, fertilizers etc. left

Table 2: Deaths due to suicide among youngsters

Age-group	Deaths	Rank of cause
Age 10-14	3,594	7
Age 15-19	23,748	1
Age 20-24	35,618	1

them little room to improve their standards of life. It was also found that outstanding loans of farmers for health reasons doubled over a decade to 2012.

Indebtedness is very high in southern farmers. Andhra Pradesh has the highest share of indebted agricultural households (93%), followed by Telangana (89%) and Tamil Nadu (82.1%). Kerala and Karnataka have nearly 77 percent farmers under debt. The national average is 52 percent.

Discussion

As per the global and Indian statistics, suicide is not just an issue with a state or country but it is widely dispersed across the globe. Understanding a complex phenomenon like suicide in a country as diverse as India through studies of varying strengths and limitations is quite a challenge. In India where people have large families and relations, a suicide is not just end of a life but profoundly affects even those who are left behind. At the current levels the rate of suicide is already very intimidating, but it could be even scarier. There is a serious problem of under-reporting of data. NCRB reported just above 100,000 suicides in India in 2016 whereas Lancet report submitted that the actual number (230,314) was about 77 percent higher than it.

Suicide is a largely preventable public health problem. Mental illness is a risk factor for suicide, in India, as in other developed countries. India's Mental health bill released in 2017 is a welcome move in this direction. As per the bill, it will be government's duty to provide care, treatment and rehabilitation to a person, having severe stress and who attempted suicide, to reduce the risk of recurrence of any attempt. It decriminalised the suicide which is expected to encourage people to come out and share their issues out in open rather than taking it as a taboo.

WHO released a National Suicide Prevention Plan 2015-2020 at 66th World Health Assembly in 2013 at which several steps were proposed to all the countries to act more proactively for the prevention of

suicides. But even today, only 38 countries have a well-architected suicide prevention strategy. India has started to act in this direction but it still does not have a nationwide campaign or plan. There needs to be better media content to raise awareness and introduce counselling centres near the cities/towns where incidence of suicide is high. A key step in such an approach involves modifying attitudes toward suicide via educational efforts and legal levers.

Seventy percent of the Indian population living in rural areas depends primarily on the government health programme. But still only about 4 percent of Indian GDP is spent on health. Given the high rate of suicides among farmers due to indebtedness, Government should work on major reasons leading to their indebtedness. A good sign is introduction of many health schemes like Janani Suraksha Yojana.

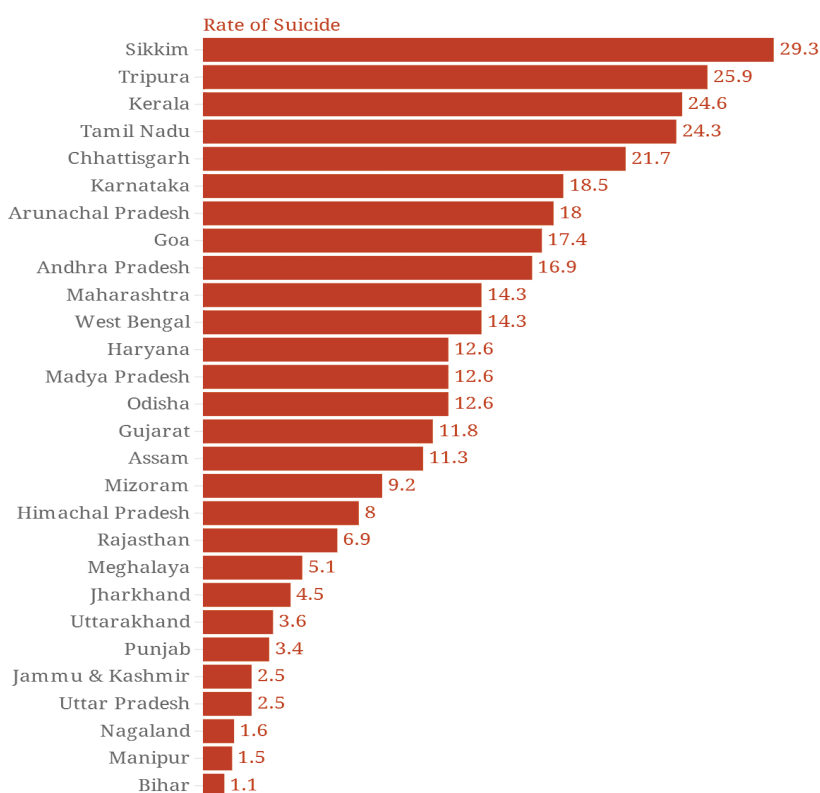


Figure 4: State-wise suicide (per lakh population) in India 2013 (Source: Scroll.In).

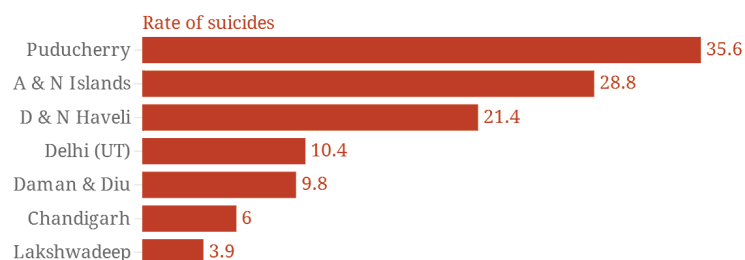


Figure 5: UT-wise suicide (per lakh population) in India 2013 (Source: Scroll.in).

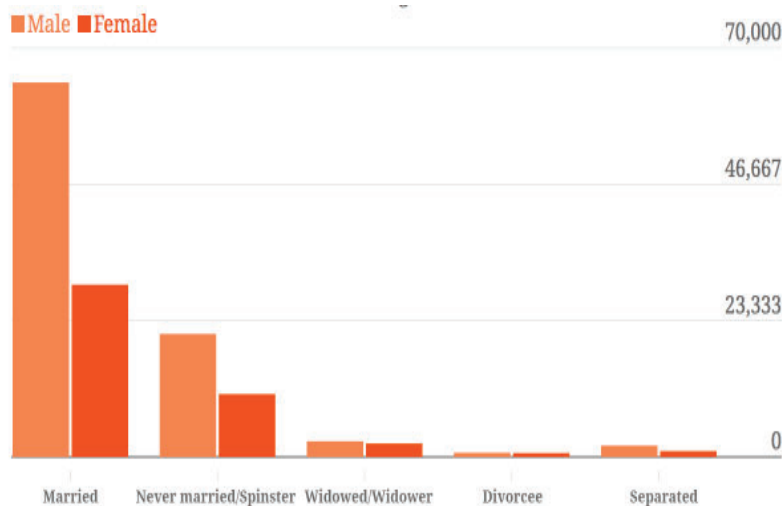


Figure 6: Profile of suicide victims in India, 2013 (Source: Scroll.in).

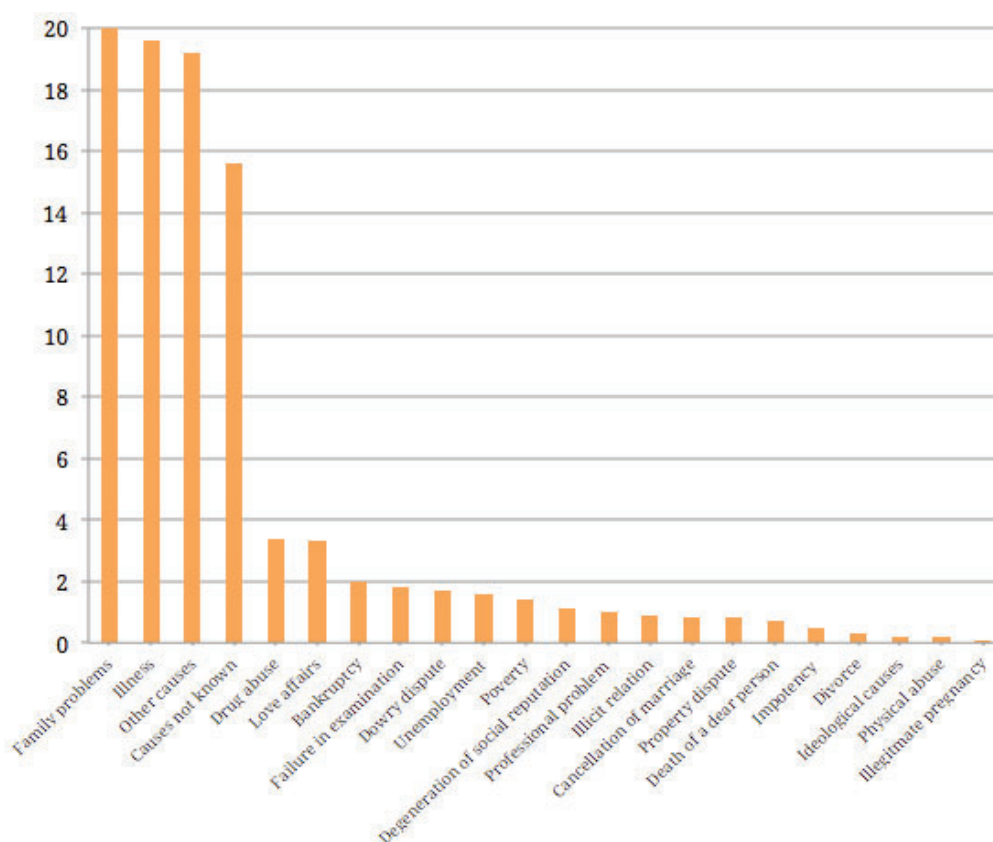


Figure 7: Category-wise incidence of suicide in India, 2013 (Source – Scroll.in).

na, Central Government Health Scheme, Universal Health Insurance Scheme, National Urban Health Mission and more to improve the state of health in the rural areas of the country. But there is lot to be done. Arun Jaitley in his 2016 budget speech had proposed to raise the farmers' income to double by 2022 as compared to 2016 levels. But still no major action has been taken in this direction.

Conclusion

Suicide is a silent epidemic engulfing Indian youth, men and women alike, and causing unforeseen

challenges for the growth of the nation. The causes of suicides vary between gender and age-groups with the factors ranging from mental illness (depression), sociological factors (unemployment, domestic violence) to economic factors (indebtedness, unemployment) etc. But suicide is preventable provided the people receive access to the right guidance and support at the right time. Following measures can help create a structured approach to deal with it.

1. Reducing access to the means of suicide (e.g. pesticides, firearms, fans).
2. Reducing the alcohol consumption by making people aware of its harmful effects on individual and family.
3. Strengthening of counselling and rehabilitation centres for people with mental and substance use disorders, chronic pain and acute emotional distress. It should also have facilities for people who had attempted suicide previously.
4. Training of non-specialised health workers in the assessment and management of suicidal behaviour.

While the whole world looks at Indian suicide statistics as reference, India shall move fast to design and implement the proactive measures for prevention of suicide to offer an example as to how to deal

with this epidemic by delivering positive results.

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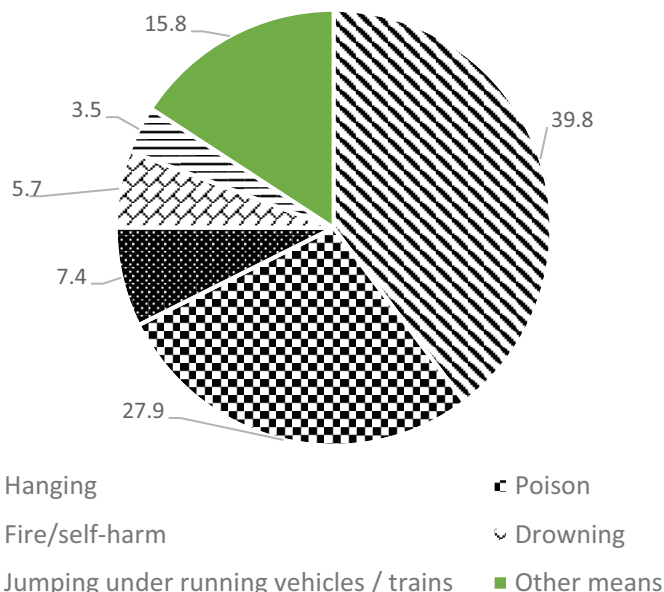


Figure 8: Methods of suicide according to means, 2013 (Source: Scroll.in).

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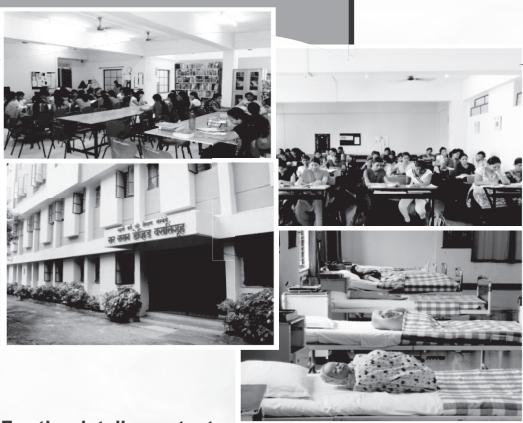


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