

SOCIO- ECONOMIC PERSPECTIVE OF SUICIDE IN SIKKIM

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ABSTRACTS

Suicide is one of the inhuman acts prevailing in the society. The individual takes this extreme step only when there is no alternative is left behind. It is peculiar crime where both the accused and victim is same person. Attempt to suicide and abetment of suicide is punishable under sec.309 and sec.306 of Indian Penal Code. People who commit suicide feel that their problems are too big for them to control. They think that ending their life is the only solution. They find no reason for living or having no purpose of life. Despite economic development and progress in the serene Himalayan region, the state Sikkim is crippled with the rise in Suicide case. The present studies have highlighted the causes and prevention to control suicide rate in Sikkim. The major concern in Sikkim is the unusually high rate of suicide in Sikkim, substance abuse, mental illness, high aspiration, high expectation, substance abuse, autonomy and freedom. The paper also indents to study the socio-economic condition of both rural and urban people of Sikkim behind the reasons of high rate of suicide. Data have been collected from both primary and secondary sources. Primary data have been collected from interview and observation method. Secondary dates have been collected from journal, articles, local newspaper and district hospitals.

Keywords: suicide, inhuman, abetment, Indian penal code, Sikkim. Economic development. Himalayan.

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1. Introduction:

Suicide is one of the major health problems in Sikkim and the state has been facing the dramatic rise in suicide cases. The act or an instance of taking one's own life voluntarily and intentionally especially by a person of years of discretion and of sound mind. Suicide is the act of taking one's own life an purpose. Suicidal behavior is any action that could cause a person to die, such as taking a drug overdose or crashing a car a purpose. People who commit suicide feel that their problems are too big for them to control. They think that ending their life is the only solution. They find no reason for living or having no purpose of life

According to National Crime Records Bureau (NCRB) Report 2008 Sikkim had the highest suicide rate and in 2009, Sikkim (39.9) was recorded as second highest state in the country in terms of Suicide. The major cause of concern in Sikkim is the unusually high rate of Suicide in Sikkim, substance abuse and mental illness. Alcohol use is traditionally prevalent among Sikkimese population. National Family Health Survey-2, Government of India, has also highlighted a significant prevalence of alcohol use in Sikkim 32% and 17% among above 15 years of age males and females, respectively. From their observation prevalence of alcohol use is more common in rural areas than urban. These estimates make it obvious that alcohol use has become an important Public Health issue in Sikkim.

On the basis of the data available with the Sikkim Criminal Investigation Department (CID), The State Health Department has come out with a report stating that in year 2000, a total number of 84 suicide cases were reported where as in 2001, it was 94, in 2002 it was 78, in 2003 it was 105, in 2004 the number slightly reduced to 98, in 2005 it was 109, in the year 2006, it increased to 145, in 2007 it again slightly reduced to 124, in 2008, the number was alarming increased to 287, whereas in the year 2009 a total number of 241 cases of suicide were reported. And in 2010 it was 173, which obviously alarming figure for a state like Sikkim with a small population. If the number of cases in the year 2008 and 2009 are compared with national figure, then Sikkim had the highest suicide rate in India. A total number of 835 cases of Suicide were reported from 2000-2007 out of which 63.4% were male and 36.52% were female. Maximum percentage of people committed suicide were in the age group of 15-29 years, out of a total number of 835 cases of suicide, 93% of people were below metric, 26% of cases were farmers by profession, 17.93% of cases were because of family related problems.

Suicide is a multifaceted and complex phenomenon. More than 90% of suicides are likely to be associated with neurobiological disorders but these are predisposing in nature. The relatively higher incidence of suicide among a particular sub-group of population, 100 years after. Emil Durkheim, are to be identified with socio-economic risk factors that are precipitating in nature. This, however, does not imply the absence of socio-economic ills when suicide incidences are lower or absent.

Sociological perspectives on Suicides in India, Emil Durkheim have emphasized on loss of dignity and honor, or a sensitive issue like suicide will raise many unanswered question the range from the philosophical, perspective of “to be, or not to be”, but also about pragmatic considerations of to improve the quality of life of people that results in the reduction of such incidences. This requires the coming together of research and action from multiple disciplines.

2. Objectives of the study:

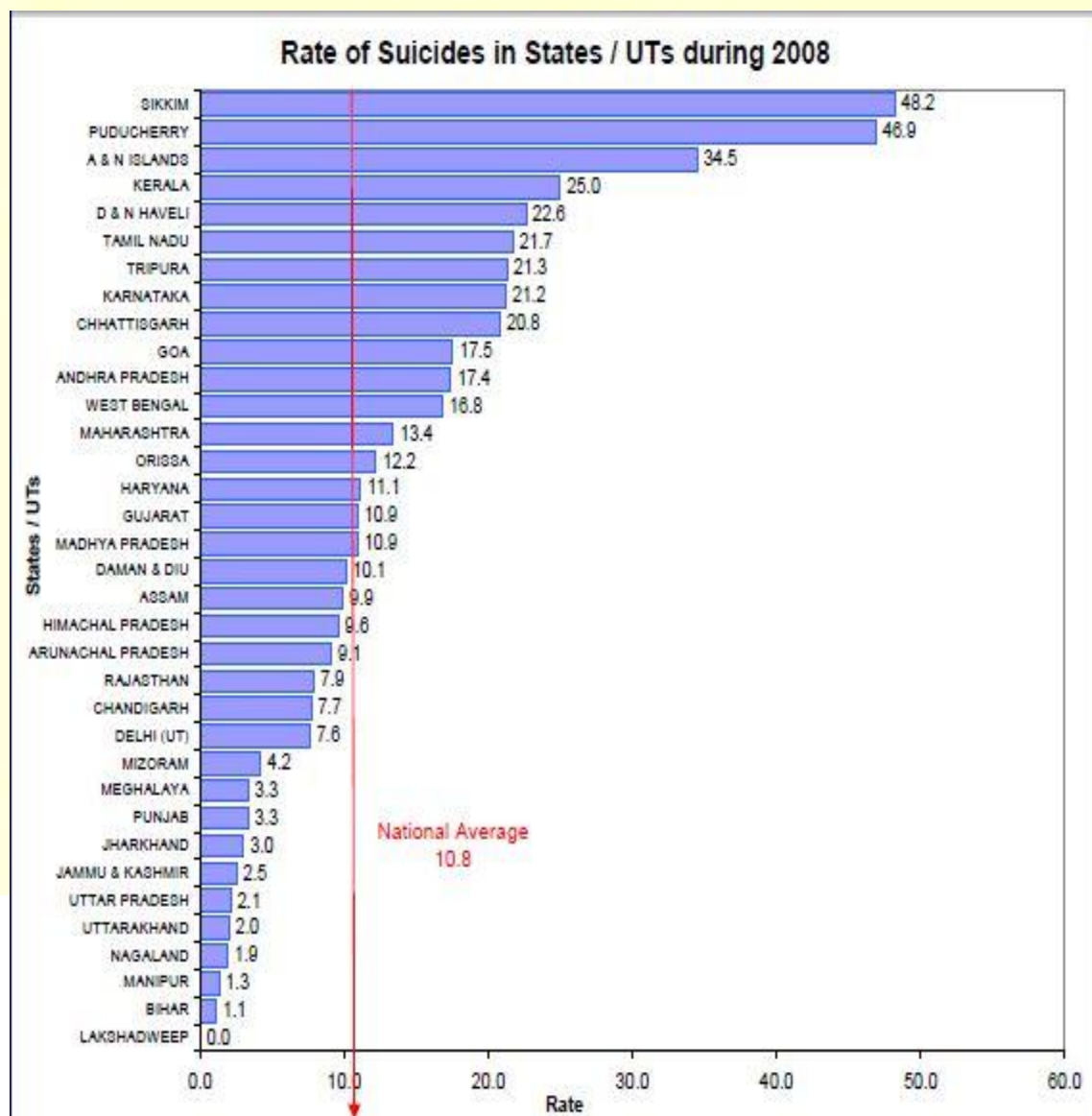
- I. To overview of the global situation of suicide rate in Sikkim.
- II. To find out the main reason behind the high suicide rate in Sikkim.
- III. To promote awareness that suicide is a public and mental health problem that is preventable.
- IV. vi. To promote efforts to reduce access to lethal means and methods of self-harm.

3. Methodology:

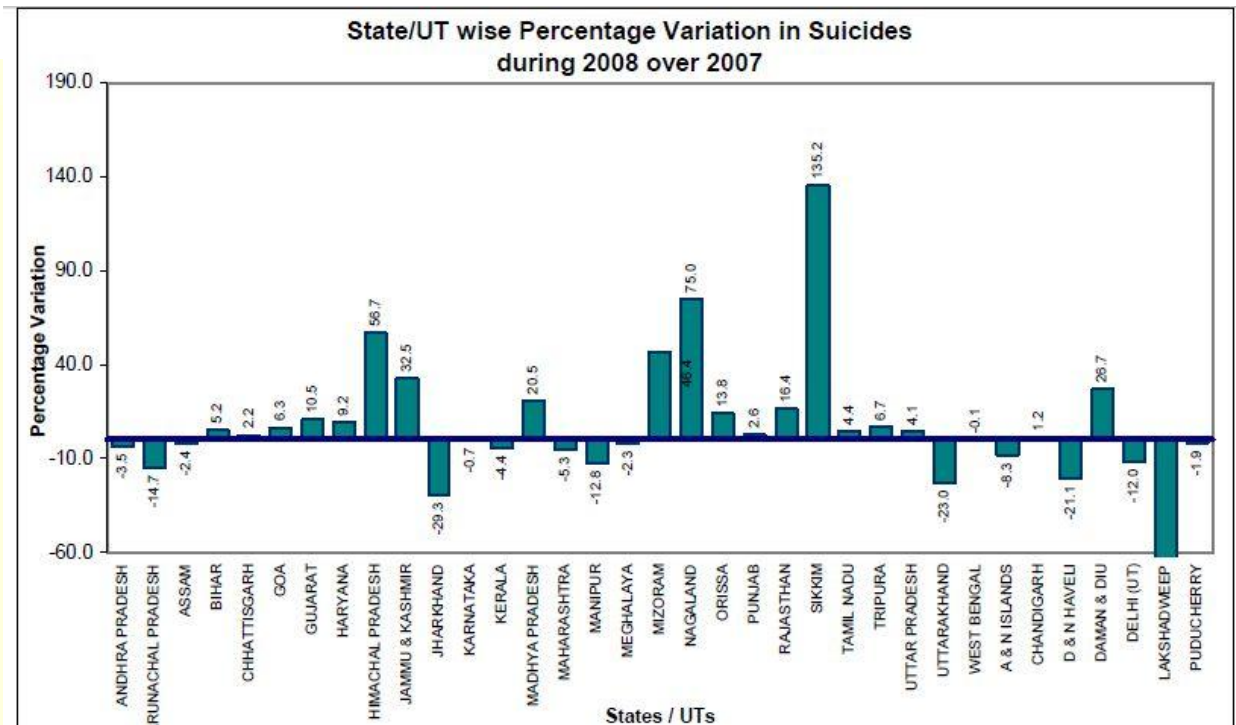
Various studies were conducted in industrial and metropolitan cities in India and worldwide depicting different cause and affect related to high rate of suicide. The similar kind of study could be undertaken in a small state like Sikkim and the parameters taken by the earlier investigators could be applied in this state. This study will help the policy makers, planners, NGOs and other social scientists to make proper planning of these people.

4. Rate of suicides- Trends in state/UTs

Rate of suicide i.e., the number of suicide per one lakh population has been widely accepted as a standard yardstick. The All India rate of suicide was 10.8 during the year which is the same as in the year 2007. Sikkim reported the highest rate of suicide (48.2) followed by Pondicherry (46.9). Andaman and Nicobar Islands (34.5), Kerala (25.0) and Dadra and Nagar Haveli (22.6). The details of States/UTs which have recorded higher rate of suicide during 2006 to 2008 are given below (Table 1)



The States and UTs which have reported significant increase in Suicides in 2008 over 2007 were Sikkim (from 122 in 2007 to 287 in 2008-an increase of 135.2%). Himachal Pradesh (56.7%). Mizoram (46.4%). Jammu & Kashmir (32.8%). Daman & Diu (26.7%). Madhya Pradesh (20.5%). Rajasthan (16.4%). Orissa (13.8%). And Gujarat (10.5%) as compared to national average of 1.9 %.(Table 2)



5. Causes of suicide in Sikkim:

In the perspective of various experts, increasing suicides in the state is the result of substance abuse, narcotics and alcohol use, mental illness, anxiety and depression followed by family problems, drugs addiction, prolonged illness, failure in examination and love affairs etc. the reasons are enormously true however it only manifests the individualistic suicide behavior of individuals. Apart from that there are other important reasons, sex, age, occupation, marital status, number of children, healthcare and so on.

The data mentioned that no person in Sikkim committed suicide due to bankruptcy, poverty or unemployment in 2012. Illness, drug abuse and family problem were some of the

main reason for suicide in Sikkim while fall is social reputation, illegitimate pregnancy, love affairs and failure in exam also contributed to the total death. Numbers of suicides due to 'Unemployment' and professional/ career problem have relatively declined by 10.1% and 28.7% respectively as compared to previous year in India. State, UT and city wise details on various causes of suicide are reported more than the All- India average share under the two major causes of suicides i.e. illness and Family problems but in Sikkim were due to 'Suspected/ Illicit Relation' and 'Cancellation / Non-Settlement of Marriage' respectively. 2.5% suicide in Sikkim was due to 'Non Having children' and 'Unemployment'.

The effects of modernization especially in Sikkim have let to sweeping changes in the socio-economic, socio-philosophical and cultural arenas of people's lives, which have greatly added to the stress in life, leading to substantially higher rates of suicide. Rapid urbanization, industrialization and emerging family system are resulting in social upheaval and distress.

The diminishing traditional support systems leave people vulnerable to suicidal behavior. Hence, there is an emerging need for external emotional support. Thus, suicide is a major public and mental health problem which demands urgent action.

SUICIDE RUN IN SIKKIM

YEAR	DEATH	SUICIDE RATE	NATIONAL RANK
2010	280	45.9	1 ST
2011	184	30.3	3 rd
2012	181	29.1	1 st

6. Pattern of suicide:

The pattern of suicide reported from 53 cities showed that 'Hanging' (58.4%), 'Poisoning' (15.0 %), and 'Self Immolation' (9.5%) were the prominent means adopted by the Suicide victims in the cities.

7. Prevention strategies:

1. Primary prevention strategies include promoting positive health and instilling adoptive coping strategies among children, improving awareness among parents, teachers and healthcare professionals regarding childrearing practices and early intervention for maladaptive coping styles.
2. Depression is condition affecting many people and can be contained and cured through therapy and medication.
3. Government agencies, NGO, and researchers must come together to investigate the reasons behind the high incidence of suicide in Sikkim. Once we understand the reasons and identify patterns, we might be in a position to intervene and do something to stop people from ending their lives.
4. Early treatment of mental disorders. Developing measures such as decentralized mental health care with primary health care can lead to early identification of mentally ill persons. Seek help from your teachers, family and friends, and other governmental and non-governmental organizations. The person might need counseling, therapy and social support.
5. At the community level, the establishments of social programs such as child and family support programs aimed at achieving gender and socio-economic security are equally important step for preventing suicide.
6. Care of person with chronic physical illness because they attempt suicide as a way of solving their suffering. Crisis management and suicide prevention should be part of

“essential clinical services”. Suicide can be explained by the mental health professionals as well as other health care providers in the community as a treatable psychopathology.

7. Life skills to cope with stress, adolescents and young adult in Sikkim are experiencing high level of stress from various forces operating in schools, home and fast expanding media. At the same time, there is loss of the protective function of the joint family and the community. It is important for the school to provide life skills to all children as part of the educational experience. Life skills are abilities for adoptive and positive behaviors that enables individual to deal effectively with demands and challenges of everyday life. It provides skills namely, critical thinking, creative decision making, inter personal relationship, effective communication, coping with emotions, stress and self awareness.
8. Family life enrichment is one of the common association with suicide is family and interpersonal tress, especially in women. Family life are guided by norms, there is a need for a redefinition of family life particularly to reduce inter-generational conflicts.
9. Crisis help line has come to be a very important institutional mechanism for suicide prevention. There are both telephone hotlines and places for people in distress to drop in. crises help must be a component of suicide prevention, especially in the urban area like Gangtok (East Sikkim).

8. Findings.

The findings that substance abuse often in combination with depression and mental disorders are risk factors of suicidal behavior among young people emphasize the need for greater detection and treatment of depression with antidepressants. Social support and copings skills, treatment councilors to identify and intervene with young alcoholics or drug addicts, changing environmental factors that encourage alcoholism and effective clinical care for mental disorders.

Family background (child abuse and neglect, child in care, family separation) are associated with succeeding increased risk in suicidal behavior in youth age 15 to 24 years. Accordingly structural factors in the family (unemployment, poverty) also play a role together with individual resource deficits.

Since parental unemployment and offspring's unemployment wasn't linked together. Analyses made it possible to disentangle these risk factors. A high level of parental unemployment accounted for 14 percent of suicidal behavior in offspring. In the 1966 birth cohort a similar high level of youth unemployment accounted for 9 percent of youth suicidal behavior. The historic time with changing high or low unemployment seem to influence the risk of suicidal behavior both the thought parental unemployment risk and there offspring's own experiences of youth unemployment.

An increase part of the youth was expose to following risk factors; poverty, being incarcerated having mental illness and substance abuse problems. Considerable part of the increase in suicidal behavior is caused by constrains on the youth girls.

The increase in education (more graduated) and the decrease in exposure to youth unemployment between the two birth cohorts was associated with a decrease in suicidal behavior. These resilient factors could not compensate for the increased disadvantages.

Conclusion:

A social and public health response to suicide is crucial in Sikkim and should complement a mental health response. Mental illness and alcoholism and drug abuse are risk factor for suicide in Sikkim. However additional risk factors are prominent in Sikkim. A social and public health approach acknowledges that suicide is preventable and promotes a framework in integrated system of intervention across multiple levels within society. A key step in such an approach involves decriminalizing suicide i.e. modifying attitudes towards suicide through educational effort. The time has come for mental health professionals to adopt proactive and leadership roles in suicide prevention and save the lives of thousands of young Sikkimese.

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