

PREVALENCE OF SUICIDES IN CHITTOOR DISTRICT – AN ANALYSIS

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ABSTRACT

Suicide, the deliberate taking of one's own life is the third leading cause of death for adolescents in the age group of 15 to 19 years. India, the largest democratic country having the largest young population in the world, as become the suicide capital of the world. The suicide rate in India is 10.3% and in A.P it's more than 11% (Reddy, 2012). In the last three decades, the suicides rate has increased by 43%. Majority (71%) of suicides in India are by persons below the age of 44 years which imposes a huge social, emotional and economic burden. Suicide can appear to be an impulsive act. But it's a complicated process, and a person may think about it for some time before taking action. It's estimated that 8 out of 10 peoples who attempt suicide or die by suicide hinted about or made some mention of their plans. The present paper is based on analysis of cases of suicides reported in four major circulated Telugu Daily News Papers, over a period of four months (Sep to dec). The content analysis was performed. It was found that majority of the reported cases of suicide were in the age range of 26- 40 years. The method of suicidal attempts reported was mostly by hanging and consumption of poison. The major reason for suicide reported was due to family conflicts and next to it financial problems seemed to be the major cause for suicides. The results are discussed with limitations of under reported data and with an emphasis on need for such analysis over longer periods.

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INTRODUCTION

Adolescence is a time of dramatic change. Adolescent period which is the transition from child hood to adulthood can be complex and challenging. Young people often feel tremendous pressure to succeed at school, at home and in social groups. At the same time, they may lack the life experience that let them know that difficult situations will not last forever. Mental health problems commonly associated with adults such as depression, anxiety, personality and behavioral disorders etc., also affect young people. Young people aged 10 to 24 years equal to 27 per cent of the world's population. Unfortunately in 21st century, mental health problems of youth are considered to be the biggest health problem across the world. Studies with regard to the mental health had indicated that at least one in ten youth suffers with one or other type of mental health problems.

The mental health problems interfere with the way youth think, feel and act in life. If youth do not maintain sound mental health, it leads to other ill health and developmental issues of youth such as lower educational achievements, substance and drug abuse, suicide, poor reproductive sexual health, etc., The young student population always was vulnerable to stressful life conditions especially in pursuit of higher professional education in a highly competitive environment.(WHO, 1994; Saipanis, 2003). *Suicide*, the deliberate taking of one's own life, is the second leading cause of death for adolescents of 15 to 19 years old after motor vehicle accidents. India is the largest democratic country, having the largest youth population in the world, has become the suicide capital of the world. It is an alarming fact that teen suicides are increasing among the Indian youth shaking the very foundations of human existence. Researchers say that out of every three cases of suicide reported every 15 minutes in India one is committed by a youth in the age group of 15 to 29. (The Hindu , Nov 2011).

Reasons for Teen Suicides

Suicide is the act of intentionally causing one's own death. The reason behind a teen's suicide or attempted suicide can be complex. Suicide is often committed out of despair or attributed to some underlying mental disorder, such as depression, bipolar disorder, schizophrenia, alcoholism, or drug abuse. Pressures or misfortunes such as financial difficulties or troubles with interpersonal relationships often play a significant role.

Teen suicides are increasing among the Indians .Education in India is more job-oriented than life. Pressure to perform well to reach higher academic qualifications is one of the major reasons for suicide. Failure in examinations and lack of family support in such situations cause depression in youth. Suicide news filling the news paper columns after the examination results has become common in India. It is growing as a kind of disease rampant among the Indians teens especially in cosmopolitan cities.

Some common reasons that lead to suicide by young people are;

- The family structure
- Closed emotions of teens
- Change in societies
- Relationship failures
- Addiction to internet
- Negative thoughts
- Indian education system

Living out of the home and a history of physical or sexual abuse are additional factors more commonly found in adolescents who exhibit suicidal behaviour. Problems and stresses, such as conflicts with parents, breakup of a relationships, school difficulties or failures, legal difficulties, social isolation, and physical ailments (including hypochondrical pre-occupation), commonly are reported or observed in young people who attempt suicide.

Strong Risk Factors for Suicide:

Although no specific tests are capable of identifying suicidal persons, specific risk factors exist. Adolescents at higher risk commonly have a history of depression, a previous suicide attempt, a family history of psychiatric disorders (especially depression and social behavior), family depression and certain chronic or debilitating physical disorders or psychiatric illness. Alcohol use and alcoholism indicates high risk for suicide. Alcohol use has been associated with 50 per cent of suicides.

Youth, who seem to be at much greater risk from media exposure than adults may imitate suicidal behaviour seen on television. Media coverage of a teenage suicide may lead to cluster suicides, additional deaths from suicides in youths within a 1 to 2 weeks period afterwards.

Suicide can appear to be an impulsive act. But it's a complicated process, and a person may think about it for some time before taking action. It's estimated that 8 out of 10 people who attempt suicide or die by suicide hinted about or made some mention of their plans.

Some of the risk factors associated with suicide are

- Presence of current suicidal plan
- Previous suicide attempt
- History of mental disorder, including substance abuse (depression)
- Availability of lethal means (access to methods)
- History of childhood sexual or physical assault
- Family history of completed suicide
- Family history of psychiatric illness

Methods of suicide

Some of the common methods of committing suicide include;

- Bleeding: wrist cutting
- Drowning
- Suffocation
- Hypothermia
- Electrocutation
- Jumping from a height
- Firearms
- Hanging
- Vehicular impact – rail, traffic, collisions
- Poisoning – Pesticide, drug overdose
- Immolation

According to the WHO national studies on suicide indicated that suicidal behaviour and, in particular the preferred suicide method varies between countries. In India, Mohanty et al colleagues (2008) found that hanging and poisoning constituted the two major modes of suicides (63%)

Fire arm suicide was the most common method in the United States, but it was also prevalent in Argentina, Switzerland and Uruguay, although only men used this method in Switzerland. The use of Firearms accounts for 54 per cent of all suicides in America.

Jumping from a height plays an important role in small, predominantly urban societies such as Hong Kong.

Poisoning with pesticides was a major problem. Poisoning with drugs was common in Canada and the United Kingdom.

Violent and highly lethal methods such as firearms suicide and hanging are more frequent among men; whereas women often choose poisoning or drowning, which are less violent and less lethal.

Three methods – hanging, Pesticide suicide and firearm suicide – dominate country – specific suicide patterns.

Statistics Regarding Prevalence of suicides

. Although suicide is relatively rare among children, the rate of suicides and suicide attempts increases tremendously during adolescence. Suicide is the third leading cause of death for 15 to 24 year old , according to the centers for disease control and prevention (CDC), surpassed only by accidents and homicide.

Studies have shown that over 90 per cent of people who die from suicide have one or more psychiatric disorders at the time of their death. Luckily, there are ways to treat, ban or control these disorders and potentially prevent suicide.

According to the World Health Organization, India has one of the highest suicide rates worldwide. The country's Health Ministry estimates that up to 120,000 people kill themselves every year and almost 40 per cent of them are under the age of 30.

Over one million people die by suicide every year. The World Health Organization estimates that it is the thirteenth leading cause of death worldwide and the National safety council rates it sixth in the United States. It is a leading cause of death among teenagers and adults under 35. The rate of suicide is far higher in men than in women, with males worldwide three to four times more likely to kill themselves than females. There are an estimated 10 to 29 million non – fatal attempted suicides every year worldwide.

Certain mental disorders are often present at the time of suicide. It is estimated that from 87% to 98% of suicides are committed by people with some type of mental disorders. Broken down by type: mood disorders are present in 30% substance abuse in 18%, schizophrenia in 14%, and personality disorders in 13% of suicides. About 5% of people with schizophrenia die of suicide. Majority depression and alcoholism are the specific disorders most strongly correlated with suicide risk. Risk is greatest during the early stages of illness among people with mood disorders, such as major depression or bipolar disorder. (The Country's Health Ministry, 2006).

Indian union health ministry estimates state that 1.2 lakh people commit suicide every year in India. Also over 4 lakh people attempt suicide.

Most people who commit suicide in India (37.8%) are below 30 years of age. The percentage of suicides committed by those below 44 years is 71%. (World Suicide Prevention Day 2008, (WHO, 2008).

According to the WHO, every year, almost 1 million people die from suicide, a global rate of 16 per 100000 or one death every 40 seconds. Suicide is among the three leading causes of death among those aged 14 – 15 years in some countries and the second leading cause of death in the 10 -24 years age group: these figures do not include suicide attempts which are up to 20 times more frequent than completed suicide.

In one study conducted in A.P it was reported that, the fourth largest state in India, is responsible for more than 11% of these. Unfortunately, most suicides are under – reported and there are scant data on attempted suicides. Using patient case records (PCR) forms of all emergencies serviced by 108 (Emergency Ambulance Service), an analysis of all cases was done in one study which found that a total of 1007 cases were recorded as confirmed suicides in the year 2007. Hanging and insecticide poisoning (72%) were the most common methods used.

Males preferred hanging and insecticide poisoning, while females preferred self – immolation and hanging as the common methods. Self – immolation and insecticide poisoning had the highest mortality (41.6%). Estimates of attempted suicides for the year 2008 revealed a mean of 3.2 – 3.8 per 1000 population for males, 3.3 – 3.7 per 1000 population for females and 6.4 – 7.6 per 1000 population combined.

NIMH Statistics (2007)

Suicide was the third leading cause of death for young people ages 15 to 24. Of every 100,000 young people in each age group, the following number died by suicide.

Children ages 10 to 14 - 0.9 per 100,000

Adolescents ages 15 to 19 – 6.9 per 100,000

Young adults ages 20 to 24 – 12.7 per 100,000

While acknowledging that administering a tool to determine suicide risk is the only one aspect of the broader aspect of risk assessment, a number of scales are available.

- Suicide Behaviors Questionnaire – Revised (SBQ -R).
- The Positive and Negative Suicide Ideation Inventory (PANSI).
- Suicidal Behaviors Questionnaire (SBQ).
- Beck Scale for Suicide Ideation (BSS).
- Risk – Rescue Rating (of weisman and warden for suicide assessment).
- Modified SAD PERSONS Scale for assessing the risk of suicide.
- Reasons for Living Scale (long form: 72 items, short form; 48 items).
- The Reasons for Living Inventory for Adolescents (RFL - A).
- The Reasons for Living Inventory for Young Adults (RFL - YA).
- The Suicide Resilience Inventory – 25 (SRI - 25). (NIMH Statistics (2007))

With this back ground an attempt was made to find out the prevalence of suicides by analyzing the reported data in four major Circulated Telugu Daily News Papers over a period of four months (1-09-2011 to 31-12-2011). The following are the objectives of the study.

Objectives

- To know about the prevalence of Suicides reported in major Telugu news papers in Chittoor district.
- To Know the Suicide rates in Chittoor District gender wise and age wise as reported in major Telugu news papers.
- To find out the reasons for suicides as reported in major Telugu news papers.
- To find out the methods employed for suicides as reported in major Telugu news papers.

Methodology

To find out the Prevalence of suicides among Adolescents in Chittoor District, four major Telugu news papers were selected i.e. Eenadu, Sakshi, Vartha and Andhra Jyothi. The suicides reported in the four major Telugu papers were scrutinized over a four months period from September 1st, 2011 to December 31st, 2011 (over four months period) was noted with details of age, gender, method of suicide and reasons of suicide as reported in the news paper. The data was tabulated age wise and gender wise in Table -1.

Table I- shows the number of suicide cases reported in major Telugu news papers age wise, gender wise and the type of paper.

From the table it is evident that within the duration of one month maximum numbers of suicides (21) were reported in Vartha, next to it 18 cases were reported in Eenadu, and 10 suicide cases each in Sakshi and Andhra Jyothi were reported. The age group of persons who committed suicide ranged from 16 years to 55 years.

The suicide rate in India is 10.3. In the last three decades, the suicide rate has increased by 4 per cent but the male and female ratio has been stable at 1.4: 1. Majority (71%) of suicide in India are by persons below the age of 44 years which imposes a huge social, emotional and economic burden.

According to Eenadu majority (32%) were in the age range of 26 -30 years and next to equal number (16%) were in the age range of 16 – 20 and 21 – 25 years. Equal numbers (2%) were in the age ranges of 31 – 35, 36 – 40 and 41 – 45 years. Similar data was reported by Vartha also. Majorities (24%) were in the age range of 26 – 30 years and 31 – 40 years and next to it 14% were in the age range of 16 – 20 and 36 – 40 years.

In Sakshi 20% of the data reported were in the age range of less than 15, 16 – 20 and 31-35 years. In Andhra Jyothi also 20% were in the age range of 21 – 25 years.

A perview of the table I shows that reported suicide rates varied from paper to paper. The data may be overlapping or under reported. The data was collected in September to January months. If it would have been in May or June when results of students are expected the picture may be different. However, the data reported from ministry of state over a year period in India and Andhra Pradesh also showed similar results.

This calls for attention to counselors and psychologists to think about the number of cases and methods to decreasing the suicidal attempts by the people.

However, the present study is very small and similar studies over a larger period may help to get better results. It was reported that India wide total suicidal rate is 1.34 lakh people and in Andhra Pradesh it is 11.81% (18/03/2010, EEnadu Telugu news paper).

Table 2 shows the reasons for suicides as reported in Telugu News Paper

Table 2 shows the reasons for suicides as reported in Telugu News Paper. It divulges from table that family conflicts (44.1 per cent) and financial problems (43 per cent) seem to be major reasons for suicides. The cases were mostly in the age group of 25 to 45 years where a person has to made adjustments with family life and fulfill responsibilities.

Also find similar results that family conflict and financial problems were the major reasons for suicides.

Table 3 Methods used for suicides as reported in Telugu News Paper

From table 3 it is evident that mostly the persons used hanging and positioning methods for committing suicides. Mohanty etal, l(2008) also found that hanging and positioning

constituted two major modes of suicides by people. Next common used method for attempting suicides were found to be fire arms, vehicular impact (mostly trains) and sleeping tablets.

Conclusion:

From the above discussion the following conclusion can be drawn.

1. The age group of persons who committed suicide ranged from 16 years to 55 years.
2. Family conflicts and financial problems seem to be major reasons for suicides.
3. Mostly the persons used hanging and positioning methods for committing suicides.

Teen suicides in India is a serious problem which needs the attention of every one. Facts are alarming to think over. However, it is evident that mostly the suicides were seems to be high among youth and young adults. It is the duty of all persons involved with youth to think seriously about this problem. Establishment of counseling center at schools and colleges help to decrease the suicide rate among youth and young adults.

Table 1: Number of suicides cases reported in Telugu News Paper over four months (1-sep 2011 to 31-Dec). 2011

Age group	EENADU				SAKSHI				ANDHRA JYOTHI				VARTHA			
	Male	Female	Total		Male	Female	Total		Male	Female	Total		Male	Female	Total	
			N	%			N	%			N	%			N	%
<15	-	-	-	-	1	1	2	20	-	-	-	-	-	-	-	-
16-20	1	2	3	16	2	-	2	20	-	1	1	10	-	4	4	19
21-25	2	1	3	16	1	-	1	10	1	1	2	20	-	3	3	14
26-30	2	4	6	32	1	-	1	10	1	-	1	10	4	1	5	24
31-35	1	1	2	12	2	-	2	20	2	2	4	40	3	-	3	14
36-40	1	1	2	12	-	1	1	10	1	-	1	10	4	1	5	24
41-45	1	1	2	12	-	1	1	10	-	-	-	-	-	-	-	-
46-50	-	-	-	-	-	-	-	-	1	-	1	10	-	-	-	-
51-55	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	5
Total	8	10	18	100	7	3	10	100	6	4	10	100	12	9	21	100

Table2: Reasons reported for suicides in Major Telugu Dailies.(1-sep 2011 to 31-Dec 2011)

Reasons	Name of the News Papers															
	Eenadu				Sakshi				Andhra Jyothi				Vartha			
	M	F	Total		M	F	Total		M	F	Total		M	F	Total	
		N	%			N	%			N	%			N	%	
Love failure	2	2	4	22	2	1	3	30	1	1	2	20	1	2	3	14
Family conflicts	3	5	8	44.1	1	2	3	30	2	2	4	40	4	3	7	33
Financial problems	3	2	5	28	2	-	2	20	2	1	3	30	5	4	9	43
Health problems	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Others	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Not reported	-	1	1	6	2	-	2	20	1	-	1	10	2	-	2	10
Total	8	10	18	100	7	3	10	100	6	4	10	100	12	9	21	100

Table 3: Methods used for suicides as reported in Telugu News Paper (1-sep 2011 to 31-Dec 2011)

Methods	Name of the News Papers															
	Eenadu				Sakshi				Andhra Jyothi				Vartha			
	M	F	Total N	%	M	F	Total N	%	M	F	Total N	%	M	F	Total N	%
Fire arms	-	1	1	5.15	-	-	-	-	-	1	1	10	1	-	1	5
Hanging	4	5	9	50	4	1	5	50	2	1	3	30	4	3	7	33
Poisoning	3	4	7	39	2	2	4	40	2	2	4	40	5	4	9	43
Vehicular impact	1	-	1	5.5	1	-	1	10	1	-	1	10	2	-	2	9.5
Sleeping tablets	-	-	-	-	-	-	-	-	1	-	1	10	-	2	2	9.5
Total	8	10	18	100	7	3	10	100	6	4	10	100	12	9	21	100

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