

RISK FACTORS FOR SUICIDE IN RURAL AREAS AND STRATEGIES FOR PREVENTION

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ABSTRACT

Suicide death rates in India are among the highest reported from any country. Suicide rates are much higher in rural areas, and in the southern states of the country. This is an important public health issue among rural communities. Suicide is a complex human behavior and a number of factors are associated with the risk of suicide. Review of research studies on rural suicide make it clear that various social, economic, psychological, environmental and biological factors lead to suicides.

Recent reports in newspapers and magazines reveal that suicide is no more an individual or a group problem but assumes to be a national problem. A nation with a higher percentage of suicide cannot be considered healthy. At present, suicide has acquired a status of social phenomenon as the suicide rate has been on increase during the past few decades. A higher suicide rate poses an urgent necessity to study and assess the magnitude of the problem. The present paper offers an account of various risk factors of suicide in rural society and important strategies for suicide prevention. The information given in this paper is based on the related literature available from various sources like Research Journals, Newspapers and published books.

Key words: Suicide, risk factors, rural society, prevention strategies

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According to the National Crime Records Bureau (NCRB) report, in 2011 at least 16 people committed suicide every hour in our country and the total number of suicides in 2011 is 135,585. Every four minutes, one person takes his own life in India and one in every five suicides is committed by a housewife (Times of India, 2012). As many as 14,004 farmers committed suicide in 2011 countrywide, the latest report of the National Crime Records Bureau has noted.

The Medical Journal, 'The Lancet' has published an article that brings attention to a little known human tragedy which is being played out across our country. The research is based on the first national survey of the causes of death, conducted in 2001-03, by the Registrar General of India. Many people die at home in India, especially in rural areas, and without medical attention. As a result their deaths, like many in the developing world, have no certifiable cause and are invisible to the public health system and society at large (Lancet 2012; 379: 2343-51).

Suicide is an important public health issue among rural communities. About 74% of India's population lives in villages. The incidence of poverty is much higher in villages- roughly 39% of the rural population (Times of India, 2012). India is an agrarian country and agriculture is a source of livelihood for 70 percent of the population but agriculture accounts for less than 40 percent of the national income. One of the reasons for this is the unequal distribution of land and agriculture in India is exclusively dependent on monsoons (AhujaRam, 1997). The failure of these monsoons lead to series of droughts, less produce, lack of better prices, exploitation by middlemen leading to series of suicides committed by farmers across the country. The country has seen over a quarter of a million farmers' suicides between 1995 and 2010 (Sainath, 2010).

A study from National Institute of Mental Health and Neuro Sciences (NIMHANS) indicated that having lower levels of education, being unskilled workers and belonging to poorer households were seen in nearly 80% of the suicide cases. People who are unable to cope up with adverse situations go into a state of mental disequilibrium which ultimately results in any of the psychiatric emergencies like suicide. Suicide may be considered as the final common pathway and outcome of a progressive failure of adaptation, with isolation and alienation from the usual network of human relations that support us all and give meaning to our lives.

RISK FACTORS LEADING TO SUICIDE IN RURAL SOCIETY

Suicide is a complex human behavior and it is difficult to locate a single causative factor. A number of factors are associated with the risk of suicide and the major causes include the stress

factors like mental illness, substance abuse, inner conflicts, interpersonal crisis, failure and socio-economic factors like family discord, debt and certain illnesses have been found to be associated with an increase in the incidence of suicide. In rural India, prolonged droughts, less rainfall, poor harvests and debt also lead to suicides among the desperate rural poor.

Review of research studies on rural suicide make it clear that various social, economic, psychological, environmental and biological factors lead to suicides (Pritchard Colin, 1995; vijayakumar, 2003; Ramachandra& Girish, 2012).

Social factors:

Emile Durkheim (1897) proclaimed that social forces were of paramount importance in affecting suicidal behavior. Although suicide is a deeply personal and an individual act, suicidal behavior is determined by a number of individual and social factors. Durkheim proposed that suicide was an outcome of social / societal situations and individual's vulnerability to social stressors. Durkheim based his theory on evidence collected over two centuries, leaving little doubt as to the deep social and cultural roots underpinning suicide.

According to the NCRB report (National Crimes Record Bureau, 2011) family problems accounted for almost one-fourth of suicides. Interestingly, suicides due to divorce and illegitimate pregnancy saw a rise of 54% and 20% respectively in 2011. The report showed that 70% of victims were married and Rajasthan recorded maximum mass family suicides in the country. Statistics and trends compiled by the Board showed that social and economic causes led most men to commit suicide whereas emotional and personal causes mainly drove women to take the extreme step.

A significant percentage of suicides have their origin in social and domestic issues like maladjustment, quarrels between members of the family, ill treatment by husband and in-laws, pregnancy through illicit relationship and disappointment in love (Mohanty et al., 2007).

Lack of social support, stressful negative environmental events, a deficit in feelings of belongingness and isolation were crucial predictors of a suicide attempt (Chatterjee, 2009). Breakdown of joint family system in rural community and the non existence of formal or informal social support mechanisms caused many poor peasants to break under social stress and to commit suicide.

A history of suicide in a family carries with it a greater risk. Other factors like being widowed, divorced or separated, living alone and being socially isolated are associated with an increased

risk of suicide (Vijayakumar, 2003). Rapid urbanization, industrialization and emerging family systems are resulting in social upheaval and distress. The diminishing traditional support systems leave people vulnerable.

Economic Factors:

People living in poverty have higher than average suicide rates in most studies. Factors such as unemployment, poverty, homelessness and discrimination may trigger suicidal thoughts. Poverty may not be a direct cause but it can increase the risk of suicide, as it is a major cause for depression. Research by various investigators identified a variety of causes. India was transforming rapidly into an urban, industrial society with industry as its main source of income. The government and society had begun to be unconcerned about the condition of the country side. Certain technological changes, misuse of agricultural chemicals in the absence of any guidance, change in seed and pesticide products, claims of genetically modified seeds etc created problems in cultivation. Rising cost of production, low income and falling prices of the products, crop failure due to floods and pest attack brings unbearable debt burden to the farmers (Vaidyanathan, 2006).

The economic hardship and poor financial conditions led to economic distress causing suicide. Due to absence of responsible counseling either from government or society there are many farmers who do not know how to survive in the changing economy. Increase in farmer suicides is due to a combination of various factors like debt, difficulty of farming semi – arid regions, poor agricultural income, absence of alternative income opportunities and absence of suitable counseling services.

Psychological Factors:

The French Nobel laureate Albert Camus said ‘The act of suicide is prepared within the silence of the heart as is the great work of art.’ Suicide is also an ambivalent phenomenon. It is a final expression of self-contempt which turns into active self – hatred. The individual directs his aggressive impulses against himself, and they may take the form of excessive anxiety, feelings of guilt and other neurotic and psychotic manifestations.

Low self-esteem can be an important feature, as can ideas of unworthiness and a sense of hopelessness (Beck et al., 1993) which often undermines people’s sense of morale and leave them feeling out of control of their own lives. Post- bereavement stress can be an important

factor leading to suicide. Feeling of rejection and high degree of impulsivity lead some people to commit suicide (Pritchard Colin, 1995).

Some people feel that that their life has become so burdensome that it is not worth living. The most rational man under certain circumstances ends his own life. Esquirol, the French Psychiatrist, said “man needs an authority which directs his passions and govern his action. Left to his own weakness he falls into indifference, then into doubt. Nothing sustains his courage he is disarmed against the sufferings of life and miseries of the heart”. Absence of proper counseling services in the rural areas lead to higher rate of suicides.

Biological factors:

Genetics has an effect on suicide risk. Much of this relationship acts through the heritability of mental illness. There is also evidence to suggest that if a parent has committed suicide, it is a strong predictor of suicide attempts among the offspring. Biological factors have usually been subsumed under the heading of the “medical model” of suicide, with a focus upon psychiatric illness and its association with suicide (Goldney, 2003).

Mental illness and personality disorders:

Among the earliest views concerning suicide was that of Jean-Etienne Esquirol (1838), who proclaimed that “all those who commit suicide are mentally ill”. Majority of researchers investigating suicide deaths through psychological autopsies found that in about 90% of these cases a diagnosis of a mental disorder preexisted at the time of suicide. Risk of suicide among psychiatric patients has been seen as being at least 10 times more than that among the general population. Almost one third to half of cases of committed suicides have been found to be suffering from personality disorders like schizophrenia, depression, bipolar disorders etc. (Hoven et al.,2010).

Depression:

Depression, one of the most commonly diagnosed psychiatric disorders is often a precipitating factor in suicide (Kumar et al., 2006). Depression occurs because of an imbalance of chemicals in the brain. It is an illness and it is highly treatable. Unfortunately, rural people do not receive treatment for depression and thus are at risk for suicide. Undiagnosed and untreated depression along with catastrophic social circumstances may lead to suicide.

Alcoholism and substance – abuse:

Alcoholism and drug abuse are common risk factors in suicides. More than 50 percent of suicides are related to alcohol and drug abuse. Up to 25 percent of suicides are committed by alcoholics and drug addicts (Stark et al., 2011). People with alcohol dependence develop impulsivity and aggression which are implicated in suicidal behavior. Acute alcohol use lead to mood disorder which is a powerful risk factor in suicide. Many wives are driven to suicide by their alcoholic husbands.

Physical illness:

The presence of physical illness, particularly of a long-term chronic type, has been associated with suicide (Hawton & Heeringen , 2009). Majority of rural people are unable to meet the huge expenses of medical treatment due to their poor economic conditions. Thus they feel life burdensome and painful. Individuals with medical illness are at increased risk for suicide.

STRATEGIES FOR SUICIDE PREVENTION

Suicide is typically seen as the fatal outcome of a long-term process shaped by a number of interacting social, economic, psychological and biological factors. Suicide is preventable by control of these factors.

The incidence of suicide reflects upon the quality of life in a society, if one has to strive to improve this quality and provide a psychologically safe environment, suicide prevention is clearly a priority. In rural areas, suicide prevention programmes should aim at providing a conducive environment for the promotion of mental health. This requires the intervention of experts and specialists in this field (Stark et al., 2011).

Educate the rural community:

Intervention prior to the suicide act is likely to postpone or avoid it in many cases. There is a need to educate the rural community at large on the preventability of suicide with special emphasis on the community's role in detecting early causes of mental illness and having them treated. The community has to be sensitized to the 'warning signs' of suicide (Nagarajaiah et al., 2012). Encourage people to take more interest in individuals who are in distress and do the needful through emotional support and sympathetic understanding.

Family Life Education:

There is a need to impart Family Life Education through various programmes, group discussions, Audio- visual aids, recreational activities and make people see the positive aspects of family life, create awareness regarding different developmental tasks at various stages, awareness about the needs and problems of old age, about social issues like dowry, unemployment and communal violence. Enhance good family relationships and tap the cultural bonds that exist in the rural areas.

Self- help and supportive groups:

In a rural setting, various self-help and supportive groups can be formed. Individuals in these groups can have interactions, thereby enrich their support system. They can rely on the groups for crisis, instrumental and psychological support. . Develop community feeling and strong bond among people.

Improve medical facilities and referral services:

Ensure proper functioning of Primary Health Centers by training the medical personnel and strengthening the services provided at the grass root level. Ensure there are effective local educational programmes for primary care physicians regarding detection and treatment of people with mental disorders. Field staffs who work in the villages should identify the risk cases for suicide and refer them to the hospital. They can do follow-up services and make sure that these people get proper treatment.

Provide psychiatric care and counseling services:

The mental health services are inadequate for the needs of the country. For a population of almost a billion, there are only about 3,500 psychiatrists and 75% of them are located in urban areas (Chatterjee P, 2009). There is a very strong link between suicide and mental illness. Every patient suffering from depression is a potential suicide risk. The diminishing traditional support systems leave rural people vulnerable. Hence, there is an emerging need for external emotional support which can be rendered through counseling centers in rural areas.

Suicide prevention centers and befriending agencies:

Many people who attempt suicide talk about it before making the attempt. Often the ability to talk to a sympathetic, non-judgmental person is enough to prevent the person from attempting suicide. “Never ignore a suicide threat or an attempted suicide”. Suicide prevention centers need to be started in rural areas to prevent rural people from committing suicide by providing support

by befriending them. For a country of our size there are only a handful of suicide prevention centers (Vijayakumar, 2007).

Reducing the availability of means for suicide:

Reducing the availability of the means to commit suicide is an important suicide prevention strategy. The majority of suicides in India is committed by poisoning and so reduces access to this method of suicide by restricting sale of drugs, insecticides, pesticides and other poisonous substances (Patel et al., 2012). When a person is suicidal and an easy access to the method is denied, more time is available for the impulse to recede and for timely intervention.

Sensitizing the media:

Reports of suicide in the media can lead to an increase in suicidal behavior, particularly if those reports are given prominence, repeated or describe in detail the method of suicide. Better media reporting can help in preventing suicides (WHO, 2000). Media can provide information about crisis lines and encourage suicidal people to seek help when required. Media can create awareness among people regarding the risk factors and warning signs for suicide.

Create more employment opportunities:

Research studies revealed that suicide rate is more among unemployed people (Mohanty et al., 2006). So provide more employment opportunities to the rural people and raise the literacy level. Government should formulate policies to reduce the burden of farmers by providing loans at low interest, subsidies, high quality seeds, pesticides and thereby improve their economic conditions.

Role of Non Governmental Organizations:

NGOs can play a vital role in suicide prevention by empowering the rural communities through community development programs. NGOs can provide support to the suicidal individuals by befriending them. De-addiction centers can be started in rural areas to reduce the ill effects of alcoholism and drug addiction. NGOs can work towards increasing public awareness about suicide, reduce stigma associated with suicide and increase skills of all personnel who deal with suicidal people.

CONCLUSION

Suicide is the result of the interaction between more basic causal factors that renders the individual susceptible to commit suicide. It is to be noted that there is no one single factor, event or incident that drives a person to commit suicide. It is a multi- dimensional problem and it is

highly preventable. Identification and treatment of mental health problems like depression is very essential in rural areas. Provide emergency crisis intervention services to high risk groups through suicide prevention centers to reduce the number of suicides among rural people. Restrict the availability of harmful drugs, insecticides and pesticides which are the means to commit suicide in rural areas. There is a need to develop community feeling and strong bond among people to enhance the support systems. The need to be loved, cared for and understood is universal. Suicide is a personal decision and only the person can reverse the decision. However, another human being, whether a friend, family, volunteer or professional can help prevent suicide. Suicide prevention is everyone's responsibility.

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