



Suicides in Maharashtra (India) With Respect To Age, Sex and Social Status

KEYWORDS

Suicides, police, women.

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ABSTRACT *Suicide implies an act of intentionally causing one's own death. About eight lakh people commit suicide worldwide every year, of these 1.35 lakh (17%) are residents of India. Among the various states in India, highest total number of suicidal deaths is in Maharashtra to the extent of 153104, during the period of ten years (2004-2013). Keeping in view the gravity of the situation an attempt has been made to examine the intensity, nature, growth and S.M.R. (Suicidal Mortality Rate) of suicidal deaths with respect to age, sex and social status of Maharashtra state. Mean value, proportion, A.A.C.G.R and S.M.R. are reckoned and results are presented using Histograms and Pie charts. Among the various heads of social status, married men and women figures about 75 percent of total suicidal deaths. In case of age groups, the group of 15-29 years and 30-44 years constitute about 69% of total suicides in Maharashtra.*

Suicide implies an act of intentionally causing one's own death (Williams & Wilkins, 2006). Historically suicide came to be regarded as a sin in Christian Europe in 452 A.D., as the work of the devil. The matter remained unsettled and controversial and Catholic Doctrine was not clear on this subject until the later 17th century. By the 19th century, suicide was considered as a sin but being caused by insanity and was illegal. By the middle of 20th century, suicides became legal in much of the western world. It remains a criminal offence in most Muslim majority nations. In India it used to be illegal but the government decided to repeal the law in 2014 (Section 309 I.P.C.).

The Government of India classifies a death as suicide, if it meets the following criteria:-

- It is an unnatural death.
- The intent to die originated within the person.
- There is a reason for the person to end his or her life. The reason may have been specified in a suicide note or specified.

The various vital factors responsible for suicide are psychiatric disorders, drug misuse, psychological states, culture, genetic, family and social situations (Howton, 2012). Among the common causes of suicides mental illness is the most common cause of suicide and untreated depression leads to suicidal tendencies. People with mental illness live in constant state of despair and numerous times even medications and therapies too do not help. Besides depression, illness is related to mental state can be in form of anxiety, bipolar disorder and schizophrenia.

About eight lakh people commit suicide worldwide every year, of these 1.35 lakh (17%) are residents of India (G.O.I. Report, 2012). Among the various states in India, highest total number of suicidal deaths are in Maharashtra to the extent of 153104, during the period of analysis (2004-2013). In spite of Maharashtra, which is an industrially developed state, with massive business activity, magnitude of suicidal deaths are extremely high. The reason is, the more you develop, the more the expectations and more the disappointments (Vijayakumar, 2013). Another reason could be that this state has a better literacy rate as compare to

other states in India, so that cause better reporting system. Moreover the state has experienced migration from the rural areas to the cities and migration has a big role to play in suicides. Ascending agrarian crisis in the state is a major cause behind escalating suicidal deaths. Farmer reeling under debts, frequent droughts, crop failure, and non-realization of prices for agricultural products are some of the reasons which drive farmers to take the extreme step. Keeping in view the gravity of the situation it becomes imperative

1. To examine the intensity, nature, growth and Suicidal Mortality Rate (S.M.R.) of suicidal deaths in Maharashtra with respect to social status from 2004 to 2013.
2. To analyse the growth and nature of suicides in Maharashtra with respect to different age groups and sex (Male or female) from 2004 to 2013

METHODOLOGY

The data on suicidal deaths, with respect to social status in Maharashtra from 2004 to 2013 is subjected to primary and graphical analysis. To examine nature and intensity of suicides with respect to social status during the period of analysis, it was divided into five groups (Heads) namely, Never married, Married, Widow or Widower, Divorcee and Separated are scrutinized. The heads are further divided into male and female. While examining suicidal deaths with respect to age, again it is divided into five parts (Heads) were taken i.e. Under 14 years, 15 – 29 years, 30 – 44 years, 45 – 59 years and Above 60 years.

Suicide Mortality Rate (SMR) is also computed, which is defined as the number of suicides reported per lakh population of a specific year. This rate is universally taken as a realistic indicator since it balances the effect of growth in population. To ascertain the growth of suicides under various heads of social status, during the period of analysis, average annual compound growth rates were computed using the following formula.

$$Y = a b^t e^u$$

Y = Yearly expenditure on Police
t = Time period

$u =$ Stochastic term
 a and b are constants which were estimated by principle of least square using following formula

$$\log b = \frac{n \sum t \log y - (\sum t) (\log y)}{n \sum t^2 - (\sum t)^2}$$

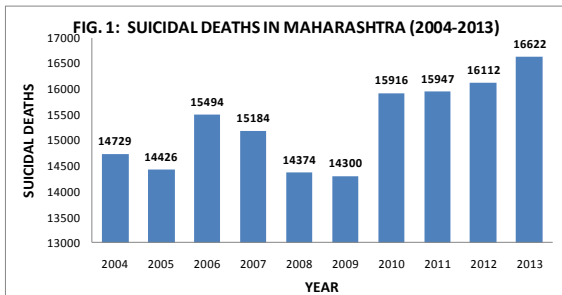
$$\log a = \frac{\sum \log y}{n} - (\log b) \frac{\sum t}{n}$$

Average C.G.R. = $(b - 1) 100$

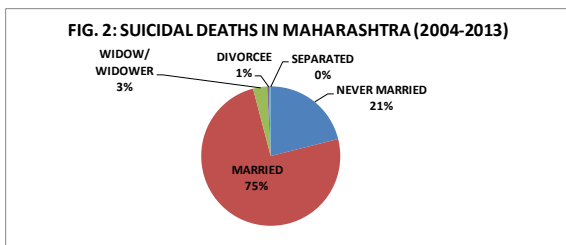
DISCUSSION

Suicides in Maharashtra with respect to social status (2004-2013)

Clearly shown in Fig. 1, that suicidal deaths in Maharashtra have ascended from 14729 in 2004 to 16622 in 2013 at an A.A.C.G.R. of 1.30 %, indicating a rising trend. Suicide Mortality Rate (S.M.R.), as indicated in Table 1 given in Appendix is sufficiently high, which varies between the range of 13.15 to 14.82, highest being S.M.R. which is defined as the number of suicidal deaths reported per lakh of population, which is universally taken as a realistic indicator since it balances the effect of growth in population.



Among the various groups of social status, highest number of suicides during the period of analysis (2004-2013) in India is by married persons collectively constituting 114583 and experiencing an A.A.C.G.R. of 1.19%. As shown in Fig. 2, the group of married persons forms about 75 % of total suicides in India. Among them males (80270) had the more number of suicides than by Females (34353). The trend of suicides is negative for widow/widower, separated and divorcee which has experienced A.A.C.G.R. of -1.97%, -7.60 and -3.40% respectively, where as it is positive to the extent of 2.45%, 1.19%, 2.66% for never married and married respectively.



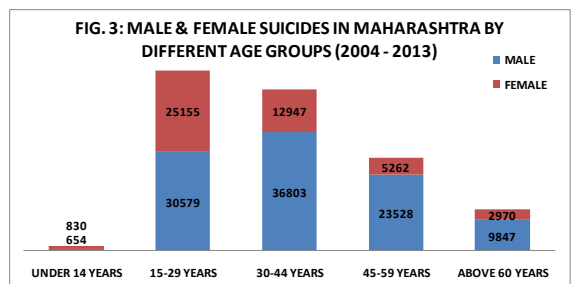
The proportion of males in suicidal deaths (68.62%) during the period of analysis is more than double as compare to females i.e. 31.38%. This trend is followed by all groups except widow/widower and divorcee. In these two groups the causalities are almost in equal proportions. The quantum of male suicidal deaths have experienced A.A.C.G.R. of 1.88% during the decade under analysis, where as it is 0.03 % for female suicidal deaths. Among females highest

magnitude of suicidal deaths from 2004 to 2013 are by married women (34353) followed by never married (10896), widow (2317), divorcee (324) and separated (153). Indian society in general and Maharashtra in particular is plagued by the social evil of Dowry since a long time. The advent of 21st century has opened many new vistas for women in the country but irrespective of educational and financial independence of women, dowry system continues to be the norm across all sections of the society. The gruesome repercussion of the dowry practice is the occurrence of dowry related suicidal deaths. Physical abuse (Rape, Incest etc) is one of the most heinous crimes against women is a malaise to the society. The increase in incidence of such cases in a society signifies subjugation of women through violent and crucial means in Maharashtra.

The role of women police is advocated by various studies as they can empathize with the women victim and the latter may feel more comfortable in reporting the violence in comparison to their male counterparts. (Natarajan, 2006).

Suicides in Maharashtra with respect to age and sex (2004-2013)

Clearly shown in Fig. 3 and indicated in Table 2, that during the period of analysis (2004-2013), highest number of suicidal deaths are in the age group of 15-29 years (55734) followed by 30-44 years (49750), 45-59 years (28790), above 60 years (12827) and under 14 years (1484), constituting 36.40%, 32.49%, 18.80%, 8.38% and 0.97% of total suicidal deaths respectively. Easy availability of narcotic substances due to drug trafficking across the international border, frustration due to unfulfilled high aspirations, peer pressure and negative influence of a family member are primary reasons for rising trend in consumption of drugs in Maharashtra. The alarming situation is going out of control as ready availability of different types of drugs pose a huge threat for the vulnerable youth. Rural youth are particularly susceptible to the influence of this evil.



The police department can play an important role in curbing the worsening scenario. It can launch an awareness drive with N.G.Os. and civil society members and distribute literature highlighting the evils of drug abuse among the rural youth. The drug mafia which is flourishing in the state can be tethered in by effective and ethical policing only. The drug mafia operating since long in North and South Americas is being tackled primarily by police in the forefront. It's a war between the mafia on one hand and police at the other. Discussions on the drug problem in the state always lean towards political bickering and blame games begin. Sprucing up the police force to tackle it is the answer.

The highest AACGR is experienced by age group of above 60 years to the extent of 2.18% followed by 45-59 years (1.96%). Health care system in Maharashtra has to be improved, which is presently having dismal presence in ru-

ral areas. The state faces a growing need to fix its basic health concerns in the areas of HIV, cancer, tuberculosis, and diarrhoea and other prolonged illness. Besides the rural-urban divide, another key driver of India's healthcare landscape is the high out-of-pocket expenditure (roughly 70%). This means that most patients pay for their hospital visits and doctors' appointments with straight up cash after care with no payment arrangements (Jayaraman, 2016). The need for health care is more for aged people. Special facilities should be crafted for patients with psychiatric disorders in the existing infrastructure so as to early diagnose and appropriate cure is done.

CONCLUSION

It is clear from the above discussion that married men and women constitute the group of people who face maximum

hardships and psychiatric disorders to the extent that they resort to suicides. Society in rural areas in Maharashtra is conservative in nature, where break-ups of relationships too cause intense despair, anxiety, guilt and panic leading to psychiatric disorders. Though in state the social institutions of arranged marriage and joint family setup are highly placed but still they are being challenged in the emerging social setup on western lines. Here N.G.Os. can play a crucial role by counselling the effected families.

As per age is concerned the highest number of suicidal deaths is between the age group of 15 years to 45 years. They collectively form about 69 percent of total suicides in Maharashtra. Youth is under immense stress to make their place in society but due to intense competition it becomes very hard and hence faces stress and depression.

APPENDICES

TABLE 1: SUICIDES IN MAHARASHTRA WITH RESPECT TO SOCIAL STATUS (2004-2013)

SOCIAL STATUS / YEAR	NEVER MARRIED			MARRIED			WIDOW OR WIDOWER			DIVORCEE			SEPARATED			TOTAL			SUICIDE MORTALITY RATE
	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	
2004	2000	1054	3054	7525	3454	10979	246	260	506	51	36	87	81	22	103	9903	4826	14723	14.47
2005	1937	1108	3045	7232	3410	10642	346	250	596	36	38	74	52	17	69	9603	4823	14426	13.98
2006	1994	955	2949	8133	3707	11840	293	257	550	35	37	72	55	28	83	10510	4984	15494	14.82
2007	2019	949	2968	8024	3519	11543	295	230	525	33	48	81	49	18	67	10420	4764	15184	14.33
2008	1979	981	2970	7634	3176	10810	211	258	469	28	42	70	37	18	55	9889	4485	14374	13.30
2009	1995	1037	3032	7511	3235	10746	228	212	440	20	20	40	31	11	42	9785	4515	14300	13.15
2010	2372	1271	3643	8138	3538	11636	300	225	525	31	18	49	17	6	23	10858	5058	15916	14.46
2011	2211	1144	3355	8387	3696	12083	229	196	425	35	21	56	25	3	28	10887	5060	15947	14.19
2012	2261	1179	3440	8756	3370	12126	228	220	448	29	26	55	30	13	43	11304	4808	16112	14.05
2013	2538	1218	3756	8930	3248	12178	301	209	510	46	38	84	77	17	94	11892	4730	16622	14.30
TOTAL	21306	10896	32212	80270	34383	114853	2677	2317	4994	344	324	668	484	183	607	105051	48053	153098	14.11
AVERAGE	2130.6	1089.6	3221.2	8027	3438.3	11485.3	267.7	231.7	499.4	34.4	32.4	66.8	48.4	18.3	60.7	10505.1	4805.3	15309.8	---
A.A.C.G.R.	2.60	2.19	2.48	1.87	0.97	1.19	-1.32	-2.68	-1.97	-1.78	-4.33	-2.40	-6.79	-10.96	-7.60	1.88	0.82	1.31	---

Source: Accidental Deaths and Suicides in India, National Crime Record Bureau, Ministry of Home, G.O.I.

TABLE 2: SUICIDES IN MAHARASHTRA WITH RESPECT TO AGE & SEX (2004-2013)

AGE & SEX / YEAR	Under 14 years			15 – 29 years			30 – 44 years			45 – 59 years			Above 60 years			TOTAL		
	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	MALE	FEMALE	TOTAL
2004	87	93	180	3080	2573	5653	3738	1353	5091	2138	536	2674	860	271	1131	9903	4826	14723
2005	75	79	154	2877	2613	5490	3631	1296	4927	2101	549	2650	919	286	1205	9603	4823	14426
2006	68	85	153	3088	2683	5771	4042	1366	5408	2326	525	2851	986	325	1311	10510	4984	15494
2007	42	74	116	3022	2618	5640	3908	1261	5169	2425	515	2940	1023	296	1319	10420	4764	15184
2008	75	80	155	1592	1833	3425	1501	945	2446	2247	458	2705	834	290	1124	9889	4485	14374
2009	48	55	103	2901	2387	5288	3686	1294	4980	2190	503	2693	960	276	1236	9785	4515	14300
2010	49	95	144	3485	2804	6289	3972	1334	5306	2363	524	2887	989	301	1290	10858	5058	15916
2011	46	80	126	3477	2728	6205	3980	1422	5382	2349	534	2883	1055	286	1351	10887	5060	15947
2012	73	83	156	3496	2531	6027	3998	1313	5311	2679	574	3253	1058	307	1365	11304	4808	16112
2013	91	106	197	3561	2385	5946	4367	1363	5730	2710	544	3254	1163	332	1495	11892	4730	16622
TOTAL	654	830	1484	30579	25155	55734	36803	12947	49750	23528	5262	28790	9847	2970	12817	105051	48053	153098
AVERAGE	65.4	83	148.4	3057.9	2515.5	5573.4	3680.3	1294.7	4975	2352.8	526.2	2879	984.7	297	1281.7	10505.1	4805.3	15309.8
A.A.C.G.R.	-1.04	0.97	0.10	2.63	-0.21	1.36	1.78	0.51	1.44	2.32	0.41	1.96	2.50	1.02	2.18	1.88	0.03	1.31

Source: Accidental Deaths and Suicides in India, National Crime Record Bureau, Ministry of Home, G.O.I.

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