

International Research Journal of Human Resources and Social Sciences

ISSN(O): (2349-4085) ISSN(P): (2394-4218)

Impact Factor- 5.414, Volume 5, Issue 02, February 2018

Website- www.aarf.asia, Email: editor@aarf.asia, editoraarf@gmail.com

SUICIDES WITH RESPECT TO AGE AND SEX IN INDIA

Dr. Simranjeet Singh Bains

Associate. Prof. in Economics, Lyallpur Khalsa College, Jalandhar. Postal Address: 339, Guru Tegh Bahadur Nagar, Jalandhar (Punjab) PIN: 144003

ABSTRACT

Vital factors responsible for suicide are psychiatric disorders, drug misuse, psychological states, culture, genetic, economic, family and social situations. About eight lakh people commit suicide worldwide every year, of these 1.35 lakh (17%) are residents of India (G.O.I. Report, 2012). 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 and sex in India from 2004 to 2013.

Mean value, proportion, Average Annual Compound Growth Rates of suicidal deaths and S.M.R. are reckoned and results are presented using Histogram. The age group of 15-29 years and 30-44 years constitute about 69% of total suicides in India, though A.A.C.G.R. is highest among people above 60 years during the period of analysis.

Key words: Suicidal deaths, married, police, psychiatric disorders, women.

INRODUCTION

Historically suicide came to be regarded as a sin way back in Christian Europe in 452 A.D., as the work of the devil. Among the common causes of suicides mental illness is the most common cause of suicide and untreated depression leads to suicidal tendencies. About eight

© Associated Asia Research Foundation (AARF)

A Monthly Double-Blind Peer Reviewed Refereed Open Access International e-Journal - Included in the International Serial Directories.

lakh people commit suicide worldwide every year, of these 1.35 lakh (17%) are residents of India (G.O.I. Report, 2012). Keeping in view the gravity of the situation it becomes imperative to analyse the growth and nature of suicides in India with respect to different age groups and sex (Male or female) from 2004 to 2013.

METHODOLOGY

The data on suicidal deaths, with respect age and sex in India from 2004 to 2013 is subjected to primary and graphical analysis. Suicidal deaths with respect to age is divided into five parts (Heads) i.e. Under 14 years, 15 - 29 years, 30 - 44 years, 45 - 59 years and Above 60 years. The heads are further divided into male and female.

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.

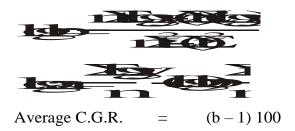
$$Y = a b^t e^u$$

$$Y = Yearly expenditure on Police$$

$$t = Time period$$

$$u = Stochastic term$$

a and b are constants which were estimated by principle of least square using following formula

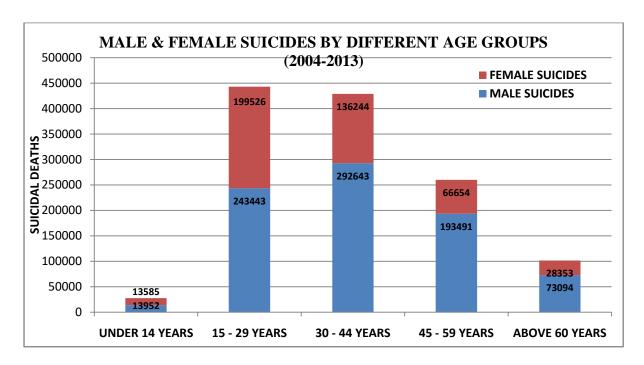


DISCUSSION

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

Clearly indicated in table 1 that during the period of analysis (2004-2013), highest number of suicidal deaths are in the age group of 15-29 years (442960) followed by 30-44 years (428887), 45-59 years (260145), above 60 years (101427) and under 14 years (27537),

constituting 35.12%, 34.01%, 20.63%, 8.04% and 2.18% 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 India. 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 country 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 India 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 2.92% followed by 45-59 years (2.57%). Health care system in India has to be improved, which is presently having dismal presence in rural areas. India 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

© Associated Asia Research Foundation (AARF)

A Monthly Double-Blind Peer Reviewed Refereed Open Access International e-Journal - Included in the International Serial Directories.

the high out-of-pocket expenditure (roughly 70%). This means that most Indian 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

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 India. 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.

REFERENCES

Jajaraman, Vijay Ramnath (2016), "5 things to know about India's Health Care System" Forbes India, 31 January.

Report, G.O.I. (2012), "Suicides in India" Registrar General of India.

TABLE 1: SUICIDES IN INDIA 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 | | | | | | | | | | | | | | | | | | |
| | 1467 | 1446 | 2913 | 21617 | 18519 | 40136 | 25850 | 12446 | 38296 | 17065 | 6074 | 23139 | 6672 | 2561 | 9213 | 72651 | 41046 | 113697 |
| 2005 | 1328 | 1227 | 2555 | 21832 | 18411 | 40234 | 25932 | 12251 | 38183 | 17236 | 6389 | 23625 | 6597 | 2720 | 9317 | 72916 | 40998 | 113914 |
| 2006 | 1194 | 1270 | 2464 | 22757 | 19459 | 42216 | 27809 | 12890 | 40699 | 17345 | 6261 | 23606 | 6597 | 2530 | 9127 | 75702 | 42410 | 118112 |
| 2007 | 1184 | 1295 | 2479 | 23446 | 19714 | 43160 | 28551 | 13281 | 41832 | 19113 | 6458 | 25571 | 7001 | 2594 | 9595 | 79295 | 43342 | 122637 |
| 2008 | 1165 | 1216 | 2381 | 24396 | 20256 | 44652 | 29519 | 14043 | 43562 | 18819 | 6373 | 25192 | 6645 | 2585 | 9230 | 80544 | 44473 | 125017 |
| 2009 | 1501 | 1450 | 2951 | 23746 | 20174 | 43920 | 29335 | 14153 | 43488 | 19596 | 7007 | 26603 | 7293 | 2896 | 10189 | 81471 | 45680 | 127151 |
| 2010 | 1640 | 1490 | 3130 | 26387 | 21238 | 47625 | 30444 | 14402 | 44846 | 20768 | 7121 | 27889 | 7941 | 3168 | 11109 | 87180 | 47419 | 134599 |
| 2011 | 1574 | 1461 | 3035 | 26604 | 21410 | 48014 | 31400 | 14815 | 46215 | 20507 | 7029 | 27536 | 7754 | 3031 | 10785 | 87839 | 47746 | 135585 |
| 2012 | 1353 | 1385 | 2738 | 25942 | 20693 | 46635 | 31704 | 14456 | 46160 | 21217 | 7282 | 28499 | 8237 | 3176 | 11413 | 88453 | 46992 | 135445 |
| 2013 | 1546 | 1345 | 2891 | 26716 | 19652 | 46368 | 32099 | 13507 | 45606 | 21825 | 6660 | 28485 | 8357 | 3092 | 11449 | 90543 | 44256 | 134799 |
| TOTAL | 13952 | 13585 | 27537 | 243443 | 19032 | 442960 | 292643 | 136244 | 428887 | 193491 | 66654 | 260145 | 73094 | 28353 | 101427 | 816594 | 444362 | 1260956 |
| PROPOR TION (%) | | | 2.18 | | | 35.12 | | | 34.01 | | | 20.63 | | | 8.04 | 64.76 | 35.24 | 100.00 |
| A.A.C.G.R | 1.97 | 0.91 | 1.45 | 2.59 | 1.25 | 1.99 | 2.55 | 1.74 | 2.29 | 2.95 | 1.64 | 2.57 | 2.98 | 2.70 | 2.92 | 2.68 | 1.54 | 2.29 |

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

© Associated Asia Research Foundation (AARF)

A Monthly Double-Blind Peer Reviewed Refereed Open Access International e-Journal - Included in the International Serial Directories.