



SUICIDAL DEATHS IN MAHARASHTRA

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ABSTRACT

Suicide implies an act of intentionally causing one's own death. 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 in the states of Maharashtra 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 and Pie chart. 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. S.M.R. is sufficiently high varies between the range of 13.15 to 14.82. Among the variety of causes family disputes and illness figures about 64 percent of total suicidal deaths in Maharashtra. Bankruptcy, sudden change in economic status, poverty and unemployment are only nine percent of total suicidal deaths during the period of analysis.

Key words: Suicides, Deaths, Illness, Average Annual Compound Growth Rate, Drugs, Society, Women, Police.

Introduction

Suicide implies an act of intentionally causing one's own death (Williams & Wilkins, 2006). The various vital factors responsible for suicide are psychiatric disorders, drug misuse, psychological states, culture, genetic, family and social situations (Howlon, 2012). 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 to examine the intensity, nature, growth and S.M.R. (Suicidal Mortality Rate) of suicides in Maharashtra from 2004 to 2013.

METHODOLOGY

The data on suicides, with respect to causes in Maharashtra from 2004 to 2013 is subjected to primary and graphical analysis. To examine nature and intensity of suicides during the period of analysis, the different causes of suicide are scrutinized. The cause of illness is further divided into five parts i.e. AIDS, Cancer, and Paralysis, Insanity / Mental illness and other prolonged illness. 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 causes and in different states during the period of analysis, average annual compound growth rates were computed.

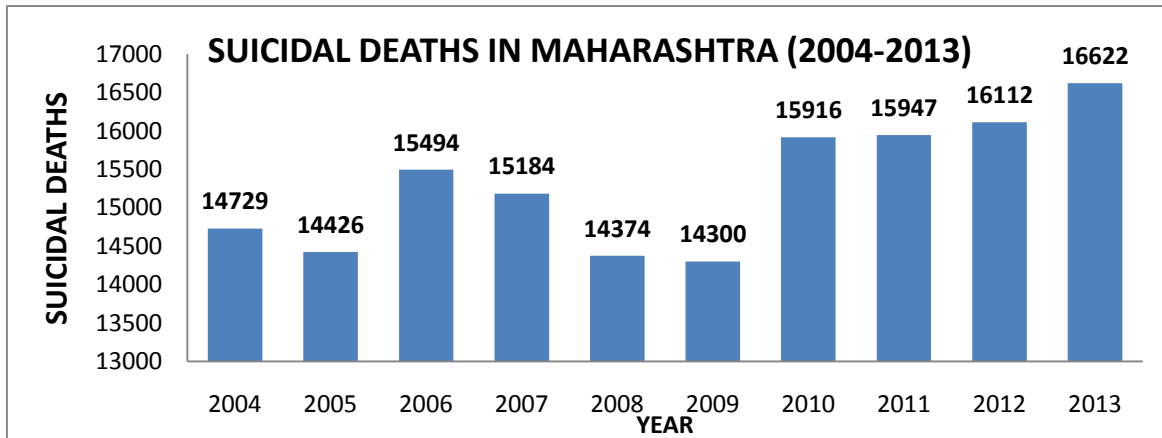
Limitations of the study

1. Classification of suicides in India with respect to causes is made strictly according to the availability and pattern adopted by National Crime Record Bureau, G.O.I.
2. Due to unavailability of data, gaps in data are filled by the average of previous year and next year.

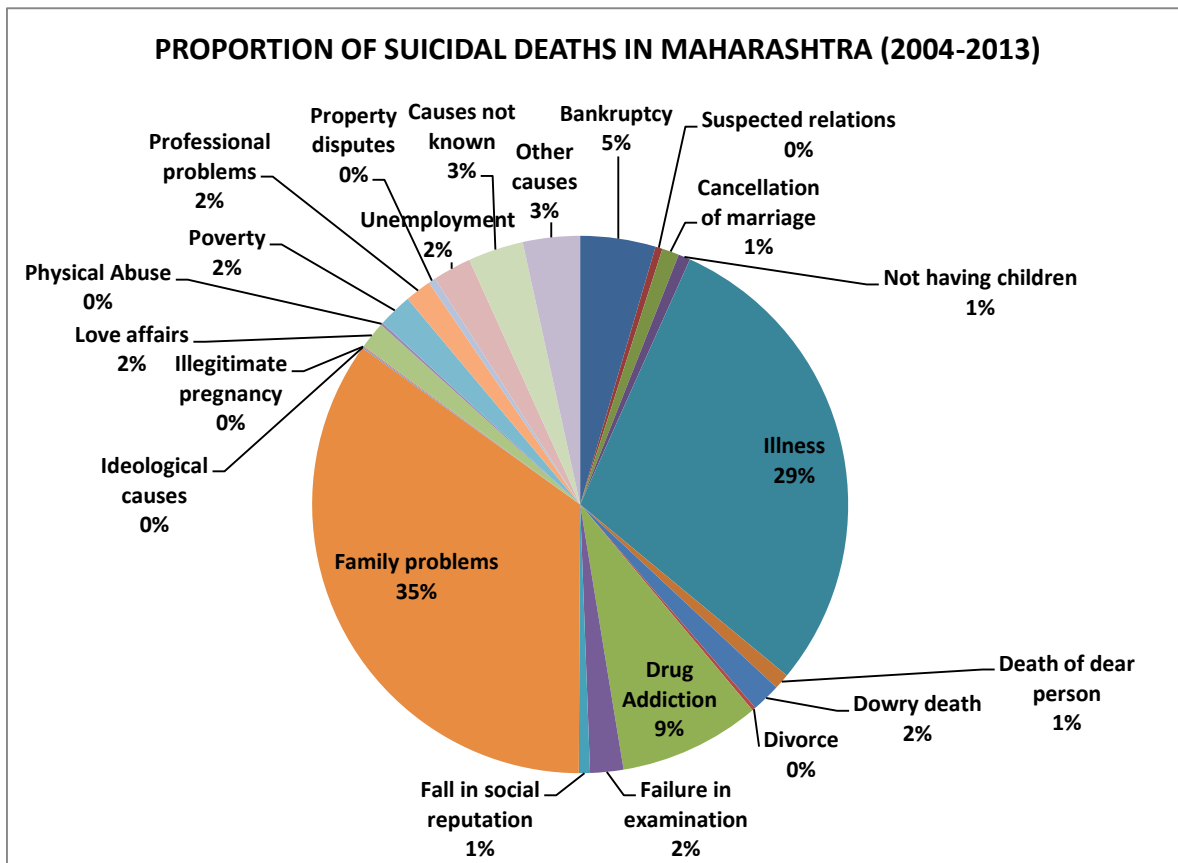
DISCUSSION

Suicides in Maharashtra with respect to different causes (2004-2013)

Clearly shown in table 1 given in appendix 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.) 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 causes of suicidal deaths in Maharashtra during the period of analysis, family problems accounts for the highest number i.e. 51333 followed by illness (43139), with an A.A.C.G.R. of 29.93% and -2.72% respectively. Among the causes of illness, other prolonged illness (27693) and insanity (12441) contributes maximum. Though in Maharashtra 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.



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. The studies have suggested that greater use of dispute resolution by women police in dealing with domestic disputes could reduce domestic violence. Police officers need to be recognized for their meritorious work in handling domestic dispute cases and greater allowance needs to be made for the large number of hours taken by such police officers in dealing with domestic matters. Women police officers who have good interviewing and interpersonal skills need to be permanently allocated to handling petitions relating to domestic violence. (Mangai Natarajan, 2006).

The state of Maharashtra has been hit by the menace of drug abuse in the last decade which can be judged from the extent of suicidal deaths due to drug addiction (12572) and growing at a very high A.A.C.G.R. of 7.45%. 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 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 India always lean towards political bickering and blame games begin. Sprucing up the police force to tackle it is the answer.

It is surprising that 4924 suicidal deaths figure under the head Causes not known, which puts light on the inefficiency on the part of police department to investigate the reasons for such deaths. The need of the hour is to modify police training, sensitize them regarding the emerging social issues and overhaul of police system. The selection of police officers for such training needs attention. Officers with positive attitudes and an aptitude for learning need to be identified and selected. (Mangai Natarajan, 2006).

Health care system in Maharashtra has to be improved, which is presently having dismal presence in rural 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 Indian patients pay for their hospital visits and doctors' appointments with straight up cash after care with no payment arrangements (Jayaraman, 2016). Special facilities should be crafted for patients with psychiatric disorders in the existing infrastructure so as to early diagnose and appropriate cure is done.

Bankruptcy/ sudden change in economic status (6694), poverty (3036) and unemployment (3431) is usually projected by media and among political circles as a major cause of suicidal deaths accounts for only 2.38%, 2.16% and 1.76% respectively of total suicidal deaths during the period of analysis.

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 be the norm across sections of the society. The

gruesome repercussion of the dowry practice is the occurrence of dowry related suicidal deaths to the extent of 2562 during a period of ten years (2004-2013). 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 India.

The society in rural areas of Maharashtra is conservative in nature, where break-ups of relationships too cause intense despair, anxiety, guilt and panic leading to psychiatric disorders. Cancellation of marriage (1517), divorce (326), illegitimate pregnancy (94), not having children (Barrenness / Impotency) (1064), failure in examination (2951), fall in social reputation (991) and love affairs (23933) lead to intense stress and Borderline Personality Disorder, which contributed heavily to suicidal deaths.

CONCLUSION

It is concluded from the study that among the various causes family disputes, illness and drug addiction figures about 74 percent of total suicidal deaths in India. Effective healthcare setup, medical insurance, modified police training, sensitizes police officers regarding the emerging social issues, role of N.G.Os. and civil society can contribute profoundly in reducing magnitude of suicidal deaths. Bankruptcy, sudden change in economic status, poverty and unemployment are only nine percent of total suicidal deaths during the period of analysis.

The state of Maharashtra has experienced huge toll of suicidal deaths in the period under analysis. The problem of farmer suicides has become more severe across large swathes of the state, and calls for immediate and well planned policy interventions. 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. Public institutions must step in to provide appropriate cushion to effected farmers, thereby helping them to step out of the vicious circle of poverty. Women police officers who have good interviewing and interpersonal skills need to be permanently allocated to handling petitions relating to domestic violence. The drug mafia which is flourishing in the state, can be tethered in by effective and ethical policing. Special facilities should be crafted for patients with psychiatric disorders in the existing infrastructure so as to early diagnose and appropriate cure is done.

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APPENDIX

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

CAUSE \ YEAR	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	TOTAL	AVERAGE	A.A.C.G.R.
Bankruptcy / Sudden change in	443	432	815	883	808	765	661	736	532	619	6694	669.4	1.86
Suspected / Illicit relations	82	69	52	67	62	67	51	53	53	72	628	62.8	-2.19
Cancellation / Non settlement of	126	154	154	136	151	137	154	180	154	171	1517	151.7	2.33
Not having children (Barrenness /	150	120	108	73	111	95	98	104	102	103	1064	106.4	-2.38
Illness (Total)											0		
AIDS	101	86	126	225	92	112	100	102	73	104	1121	112.1	-2.50
Cancer	103	77	81	114	84	139	103	94	75	82	952	95.2	-0.78
Paralysis	121	160	89	104	42	131	78	68	57	82	932	93.2	-6.90
Insanity / Mental illness	1303	1335	1324	1406	1263	1149	1275	1185	1096	1105	12441	1244.1	-2.28
Other prolonged illness	3320	2891	3054	2582	2512	2554	2739	2639	2698	2704	27693	2769.3	-1.72
Death of dear person	132	139	148	147	115	134	139	132	162	142	1390	139	0.69
Dowry death	336	300	243	342	254	211	241	217	227	191	2562	256.2	-5.21
Divorce	43	30	46	27	19	26	36	38	26	35	326	32.6	-1.58
Drug abuse / Addiction	972	1021	974	1074	1032	1199	1400	1417	1689	1794	12572	1257.2	7.45
Failure in examination	301	285	281	230	236	227	388	308	346	349	2951	295.1	2.87
Fall in social reputation	4	125	118	181	97	44	195	88	58	81	991	99.1	12.66
Family problems	76	4826	5380	5207	5292	5279	6057	6367	6496	6353	51333	5133.3	29.93
Ideological causes / Hero	20	11	13	4	0	11	4	15	2	25	105	10.5	0.058
Illegitimate pregnancy	6	12	18	10	5	8	15	9	6	5	94	9.4	-4.89
Love affairs	210	241	225	222	205	203	252	281	297	257	2393	239.3	2.92
Physical Abuse (Rape, Incest etc.)	30	33	17	19	28	28	20	18	13	24	230	23	-4.78
Poverty	404	47	502	452	375	304	305	160	245	242	3036	303.6	-0.09
Professional / Career problems	308	38	351	324	251	288	181	183	176	240	2340	234	2.22
Property disputes	68	67	78	82	71	57	47	52	53	59	634	63.4	-4.05
Unemployment	458	533	413	372	251	313	271	250	258	312	3431	343.1	-6.88
Causes not known	408	417	346	379	452	345	551	597	607	822	4924	492.4	7.88

Other causes	186	448	538	485	466	474	565	654	611	649	5076	507.6	9.43
TOTAL	14729	14426	15494	15184	14374	14300	15916	15947	16112	16622	153104	15310.4	1.30
MIDYEAR POPULATION (in lakhs)*	1017.5	1031.6	1045.7	1059.7	1073.5	1087.0	1100.5	1123.7	1146.97	1162.1	10848.27	1084.827	1.48
SUICIDE MORTALITY RATE	14.47	13.98	14.82	14.33	13.39	13.15	14.46	14.19	14.05	14.30	14.11	---	---

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

*Registrar General of India, MHA (Adjusted Mid-year projected population for the years 2005 to 2014.)