

## 'Attempted Suicides-A Sociological Study' (A Study of Survivors of Suicide Attempts in Kurnool District of Andhra Pradesh)

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### ABSTRACT

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Suicide attempt is an attempt to die by suicide that results in survival. Over one million people commit suicide and 10 to 20 million non fatal attempted suicides are reported every year. Along with immediate causes and certain contributory causes had drove them to desperation to end up their lives. The suicidal attempt has affected their mental frame much that they were found not ready to come back to active life as their mental fragility, was not strengthened by counseling as part or recovery period.

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### Introduction:

Suicide is an ancient as human being themselves. It refers to the act of self-destruction. Society viewed suicide as one extreme of outright condemnation to the other extreme of veneration and incorporation to the social cultural system, though suicide is considered as sin according to all religions of the world

Suicide is one of the three leading causes of death. According to World Health Organization (WHO) estimates, by the year 2020, around 1.53 million people will be committing suicide, and ten to 20 times more people will attempt suicide worldwide. Suicide attempt is an attempt to die by suicide that results in survival. It may or suicide attempt is sometime interpreted as a "cry for help and attention or to express despair and the wish to escape, rather than a genuine intent to die .

According to WHO there are twenty people who have a failed suicide attempt for every one that is successful, at a rate approximately one every three seconds. These estimates represent an average of one death every 20seconds and one attempt every one to two seconds.

Suicide is indeed a personal and an individual act. Modern medicine, views Suicide, as a concern of mental health, intertwined with psychological factors such as the difficulty of coping with depression and pressure and social factors and understood as a multi dimensional, multi factorial malady.

Suicide is an important social issue in the Indian context, perceived as a social maladjustment etc. Ever since "Jean Etienne Dominique Esquirol (1772-1840 ) wrote that "All those who committed suicide are insane". Indoor incidence was almost double of the outdoor incidence. A number of high risk groups can be according to several criteria including age, social class, profession, state of mantel and physical health, alcohol and drug in take. Traumatic experiences can also lead to a person to feel helpless, guilty and ashamed and drive him or her desperate to end up in suicide.

Suicidal behavior has a large number of underlying causes which are complex and interact with one another. Identifying these factors and understanding their role in both

fatal and non-fatal suicidal behavior is central to preventing suicide. Factors such as living in poverty, unemployment, loss of loved ones, arguments with family or friends, a breakdown in relationships and legal or work-related problems are all acknowledged as risk factors when affecting those who are predisposed or otherwise especially vulnerable to self-harm.

A family history of suicide is a recognized risk factor with both social and genetic correlates. Other contributing factors include alcohol, drug abuse, a history of physical or sexual abuse in childhood, and social isolation. Psychiatric problems, such as depression and other mood disorders, schizophrenia and a general sense of hopelessness also play a central role. Physical illness, particular those that are painful or disabling, are also important factors. Having access to means to kill oneself (most typically guns, medicines, and agricultural pesticides) is both an important risk factor in itself and an important determinant of whether an attempt will be successful or not. It has been observed quite often that having made a previous suicide attempt is a powerful predictor of subsequent fatal suicidal behavior, particularly in the first 6 months after the first attempt.

Victims of physical abuse , sexual abuse ,Terminal illness ,Domestic violence, Love failure, having chronic pains, Financial stress, Unemployment loss could include the death of a friend family member or loved one, other triggers may include a break up, loss of romantic relationship, loss of business, house, failure in examinations, Isolation results in significant depression and anxiety leads to suicidal thoughts. People who have suicide ideation thoughts are often so overwhelmed by feeling of sadness and helplessness unwillingness to seek help in these events that a person becomes embarrassed and perceives suicide as a way in which they can escape them their situations, they think they have no other option.

This vital social pathological event, which has growing incidence worldwide and the vulnerable condition of those who had attempted and survived stand the chance of repeating the act, are not been understood in depth so as to stem it to save precious lives. It is going to assume alarming proportion in the coming years. This study is an attempt to understand the survivors of attempted suicides in Kurnool district of A.P.

**Review of Literature:**

Suicide has not been examined in depth by many researchers. Only few exemplary scholars like **Emile Durkheim (1897)**, **Cavan (1928)**, **Schmid C.F (1930)**, **Faris (1955)**, **Henry and Short (1954)**, **Sanisbury (1955)**, **Orbach, Gibbs and Martin (1958)**, **Elwin H Powell (1958)**, **Gibbs and Potterfield (1960)**, **Tabachnick, N (1961)**, **Satyarti (1971)**, **Bonner (1982)**, **Agarwal et. al (1996)**, **Prasad, J et.al (2002)**, **Mikisincer, et al (2003)**, **Agarwal et. al (2013)**, **Sarkar et al (2013)**, **A Gururaj et. al (2014)**, **Gajalakshmi et.al (2007)**, **Orbach et.al (2013)**, **Patel et. al (2012)**, **Gururaj et. al (2014)**, **Shain, B (2016)**, **Armstrong G. Vijaykumar, L (2018)**, **Arya, V et.al (2019)** are some of the few studies made on suicide and Suicide Attempts worldwide.

The present paper seeks to understand the Survivors of Suicide Attempts in Kurnool district to gain an insight into who are the people who attempt suicide? their profile therein and for what reasons to bring more firsthand information from the survivors themselves to gain insight into this problem and to evolve suitable interventions to stem the problem.

**Objectives:**

1. To document the trends in Suicide attempts in Kurnool dist
2. To draw the socio, economic, educational profile of the Survivors of Suicide attempts.
3. To analyze the main causes, contributory causes for suicide attempts.

**Method of Study:**

This paper is based on a study on a Purposive sample of 300 Respondents who had attempted suicides and were hospitalized in Kurnool General Hospital during the years 2013-2016.

**Findings and Discussion**

1. The cases of Suicide attempts treated at the Kurnool General Hospital show that the suicide attempts have not been consistent.
  - a). The year 2013 recorded highest figures which dipped in 2014 and rose in 2015 then dipped to rise in 2017.
  - b). Month wise incidence show that March, April, May and June Months in all the 5 years beginning from 2013-2017, show highest suicide attempts, which were treated at GGH Kurnool. October, November December months in all these 5 years show lowest suicide attempts.
  - c). In all these Five years, the monthly average was 30.68. The highest monthly average of 41.5 was recorded in 2013 followed by 33.67 in 2015, 27.83 in 2017 26.08 in 2016 24.33 in 2014.
2. Among those who attempted Suicides Females predominate 52 per cent while Males were found to be 48 per cent.
3. The age wise distribution of respondents show the average for that 81 per cent of them were in the age group of 25 to 35, which indicates those who attempt to kill themselves are in their best part of their lives. The average age of the victims was 32 years; the

average for females was 30.2 while the Male average was 33.1 years.

4. The data shows that among the victims 73.00 per cent were married and the rest 27.00 per cent were unmarried.
5. Men and Women of all castes attempt Suicide but a large portion of them 55 per cent belonged to Backward Classes, Forward castes 25 per cent, followed by Scheduled Castes 16.30 per cent, Scheduled tribes 3.3 per cent.
6. Educational level of respondents was as follows: people with Primary and Secondary level of education are about 58 per cent; next largest group 23.30 per cent having Intermediate and Graduate level of education. There are also about 15.70 per cent illiterates among them.
7. The majority of the respondents, 66.67 per cent hailed from Rural and Semi-Urban Area. The decadal suicides of the farmer beginning from era of Globalization seemed to have weakened the mental fragility men and women in rural areas.
8. Among the methods adopted for taking away their lives, 66.67 percent who chose Pesticide but either took small doses or were noticed by their rescuers in time to rescue from what would have been a fatal attempt of suicide. The other 33.33 per cent who chose different milder methods like sleeping pills, hanging by ropes, self immolation and drowning, which do not take away lives instantaneously.
9. Health wise it was observed that 77 were healthy and only about 23 per cent of them were always sickly with one ailment or the other.
10. The debt accumulated in agriculture and the loss incurred in business and agriculture for 25.67 per cent of respondents is the major reason for the suicide attempt. The next major cause for is Marital discord for 20.00 per cent. Maladjustment in family life, dowry issues frictions in spousal relationships and the disappointments in marital life caused due to childlessness, husband's extramarital relations, dissatisfaction in marital life and forced marriages were cited by these people. Shame and frustration being stopped from education, defeat in election, failure in exams not getting married and unemployment were the major reasons for attempting suicide by 11.33 per cent of respondents.
11. If we analyze the accentuating factors we can see that Agrarian distress and the debt that it resulted in accounted for 14 per cent while the conflicts in marriage and marital maladjustment has worsely affected 32.34 per cent of respondents. On par with economic distress, the disharmonious conflict ridden family relations accounted for more havoc prompting the youngsters to suicide. Both economic distress or the marital maladjustments produced mental depravity, hopelessness, sense of isolation besides worry and anxiety in 40.34 per cent of these respondents to seek solace in death. The rest had some minor incidents that has hastened their suicide attempts.

12. The reason we can see that these people who are predominantly rural have a very sensitive nature and a fragile mental makeup easily gullible at the face of volatile emotional nature. Any jolt to their day to day relations, they see as the threat and erosion to their prestige and social esteem.
13. It was discovered that 95.70 per cent of the respondents had Anxiety or stress of some sort plaguing their mind exhibiting anxiety, worry so much that the conditions faced by them seemed to be insurmountable, thereby pushing them to end their lives.
14. Almost all of them 99 per cent did experience a feeling of hopelessness at some point of time prior to making the attempt to end their lives.
15. It was revealed that 82 per cent of the respondents said that the idea to commit suicide was quite sudden and with a spur of moment they did what they felt could end up their lives.
16. It was found that 94 per cent of the respondents said there was no such incident as suicidal attempt or suicide taking place in their families. Only in the case of 4.33 per cent of respondents one of the parents had attempted suicide or committed suicide.
17. Among the respondents 82 per cent of the respondents said that the idea to commit suicide was quite sudden and with a spur of moment they did what they felt could end up their lives
18. The responses indicate that 91 per cent of them had given the response as self perceived and self derived based on their knowledge and exposure to various sources of information available in the society.
19. Only one person out of the 300 respondents had left a suicide note, which gives us an indication that those who wanted to die surely would have prepared themselves firmly both physically and mentally would have certainly left a note for their loved ones.
20. About 80.00 per cent of the respondents, who attempted suicide, did not hint others around them about their intention of dying on the day, when they attempted. Only about 20 per cent seemed to have hinted someone about it on the day they attempted suicide.
21. It was alarming to observe that 93.67 per cent of the respondents said they were not counselled at all. Only .67 per cent said they were counselled by their close relatives.

### Conclusion:

This paper draws the conclusion that those who had attempted suicides are more predominantly young women and men from rural and semi-Urban areas of Kurnool district, whose best part of lives were plagued by debt loss and those who had maladjustments in their marital lives. The economic loss and the stressful marital lives had certain factors that acted as accentuators to push them to take away their lives to prove their viewpoints. The methods they adopted were not fatal methods and the timings and place of attempts show that they attempted at homes when someone was around, which indicate that their attempts perhaps were not really to die but to show their loved one their emotional viewpoint with this attempt. However the attempt had affected their mental frame much they were found not ready to come back to active life considering their mental fragility, which was not strengthened by counseling. Though the hospitalization has saved their lives but without important component of Counseling as part of their treatment sounds alarming, as these respondents stand a chance to repeat their attempts given the same emotional situation in future also.

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**Table No. 1**  
**AGE WISE DISTRIBUTION OF SUICIDAL SURVIVORS**

Sl. No	AGE Group	No. of Respondents	Percentage
1.	25-30	165	55.00.
2.	30-35	78	26.00
3.	35-40	30	10.00
4.	40-45	15	5.00
5.	45-50	6	2.00
6.	50>	6	2.00
	Total	300	100.00

**TABLE NO. 2**  
**DISTRIBUTION OF RESPONDENTS BY THEIR CASTES**

Sl. No	Caste	No. of Respondents	Percent
1.	Forward Castes	76	25.30
2	Backward Classes	165	55.00
3	Scheduled Castes	49	16.30
4	Scheduled Tribes	10	3.30
	Total	300	100.00

**TABLE NO 3**  
**LITERACY LEVELS OF THE RESPONDENTS**

Sl. No	Level of Literacy	No. of Respondents	Percent
1	Illiteracy	47	15.70
2	Primary	41	13.70
3	Secondary	133	44.30
4.	Intermediate	24	8.00
5.	Degree	46	15.30
6.	Post Graduation	6	2.00
7.	Professional	3	1.00
	Total	300	100.00

**Table No 4.**  
**DISTRIBUTION OF RESPONDENTS BY THEIR OCCUPATIONS**

	Occupation	No. of Respondents	Percent
1.	Coolie laborers	138	46.00
2.	Govt. Employees	12	4.00
3.	Private Employees	58	19.30
4.	Unemployed	6	2.00
5.	Student s	25	8.34
6.	House wives	61	20.33
	Total	300	100.00

**TABLE NO. 5**  
**PLACE OF BIRTH OF RESPONDENTS**

Sl.No	Place of Birth	No. of Respondents	Percentage
1.	Rural	150	50.00
2.	Semi-Urban	50	16.67
3.	Urban	100	33.33
	Total	300	100.00

**TABLE NO.6**  
**METHOD OF SUICIDE ATTEMPTED BY SURVIVORS**

S. No.	Method of suicide attempt	No. of Respondents	Percent
1	Hanging with rope	33	11.00
2	Consuming Pesticides	200	66.67
3	Self- Immolation	26	8.67
4	Self-harm by injury	9	3.00
5	Sleeping Tablets	20	6.67
6	Drowning	6	2.00
7	Jumping from height	2	0.66
8	Excessive consumption of alcohol	4	1.33
	<b>TOTAL</b>	300	100.00

**TABLE NO.7**  
**PLACE WHERE SUICIDE WAS ATTEMPTED**

Sl. No	Places	No. of Respondents	Percent
1.	Indoor	238	79.33
2.	Out door	62	20.67
	TOTAL	300	100

**TABLE NO 8.**  
**SOURCE OF SUICIDE IDEATION**

Sl. No	Source of Suicidal Ideation	No. of Respondents	Percent
1.	Book	1	.30
2.	Friends	3	1.00
3.	Media	23	7.70
4.	Self Perceived	273	91.00
	Total	300	100.0

**Table No 9.**  
**HOW LONG DID THE RESPONDENTS CONTEMPLATE OF SUICIDE?**

Sl. No	Period of contemplation	No. of Respondents	Percent
1.	1-3 Days	22	7.33
2.	1 week – 10 days	09	3.00
3.	Not certain	23	7.67
4.	Sudden	246	82.00
	<b>Total</b>	300	100.0

**TABLE NO 10**  
**ANY SUICIDAL ATTEMPTS / SUICIDES IN THE FAMILIES OF RESPONDENTS**

Sl. No	Attempts / Suicides in Family	No. of Respondents	Percent
1.	No Suicide Attempts in Family	282	94.00
2.	Brother / Sister attempted	3	1.00
3.	Brother/Sister Committed Suicide	1	.33
4.	Father / Mother attempted Suicide	10	3.33
5.	Father/ Mother Committed Suicide	3	1.00
6.	Grand father Committed Suicide	1	.33
	<b>Total</b>	300	100.00

**Table.11**  
**IMMEDIATE CAUSES FOR RESPONDENTS' SUICIDE ATTEMPTS**

Sl. No	Immediate cause	No. of Respondent No of Respondents	Percentage
1	Death of Loved ones	13	4.33
2	Divorce & Separation	26	8.67
3	Debt & Property Loss	77	25.67
4	Family conflict	13	4.33
5	Marital Dischord	60	20.00
6	Health Problem & Disability	33	11.00
7	Frustration & Disappointment	34	11.33
8	Lack of Parental support	13	4.33
9	Isolation Stress	31	10.33
	<b>Total</b>	300	100.00

**TABLE NO. 12**  
**FACTORS THAT ACCENTUATED SUICIDE ATTEMPTS IN RESPONDENTS**

Sl. No	Factors	No of Respondents	Percentage
1	Agrarian Crisis	12	4.00
2.	Debt & Loss	30	10.00
3.	Gambling & Drinking	03	1.00
4.	Onset of chronic Illness	07	2.33
5.	Inter Spousal Conflicts	41	13.67
6.	Disappointments in Family, Personal life	56	18.67
7	Loss of Status loss	25	8.33
8	Anxiety Guilt & Worry	59	19.67
8.	Hopelessness	32	10.67
9.	Loneliness & Isolation	05	1.67
10.	Separation	06	2.00
11.	Death of Spouse	04	1.33
12.	Family conflict	20	6.67
	<b>Total</b>	300	100.00