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THE ANALYSIS OF SUICIDE CASES IN INDIA AND KARNATAKA: A GENDERED SPECIFIC EXPLORATION

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Abstract: Suicide is a deliberate attempt to take one's own life. Many types of mental disorders such as depression, bipolar disorder, schizophrenia, personality disorder, anxiety disorder, etc. are responsible for the suicide of most people. Apart from this, many people also commit suicide due to various reasons such as family disorganization, unemployment and maladjustment. Uncontrollable emotions of a person are responsible behind some suicide cases. World Suicide Prevention Day is on 10 September. According to WHO data, there has been a significant jump in the suicide rate of women and men in India. 16.4 women per 1 lakh women are committing suicide in India. While 25.8 out of 1 lakh males commit suicide. The present article has made an effort to understand the tendency of suicide cases in India and especially in the state of Karnataka with a gendered specific perspective.

Keywords: Gendered, India, Karnataka, Suicide, Tendency.

Introduction

Suicide is the act of intentionally causing one's own death. Suicide is often committed out of despair, which is attributed to mental disorders such as depression, bipolar disorder, psychosis, alcoholism or drug use. Stress factors such as financial difficulties or even interpersonal relationships Often there is a role. Efforts to prevent suicide include limiting access to firearms, treating mental illness and drug use, and improving economic development (Hawton and Heering, 2009).

Suicide is a major public health problem on a global scale. Each year, 703 000 individuals worldwide commit suicide. Suicide is one of the top causes of mortality globally, accounting for more fatalities than malaria, HIV/AIDS, breast cancer, war, and murder combined. In 2019, suicide accounted for more than one in every 100 fatalities (1.3 percent).

Suicide is one of the top three fatalities of adolescents worldwide. According to the WHO, over one million people die each year from suicide, while twenty times as many attempts; this results in a global mortality rate of 16 per 100,000, or one death every 40 seconds and one attempt every three seconds on average. In 1998, suicide was estimated to account for 1.8 percent of the worldwide burden of disease; by 2020, this proportion is forecast to climb to 2.4 percent in market- and former socialist-economy countries (WHO,2022)

Suicide must be distinguished from putting one's life in danger for a compelling reason, as may be the case with military personnel, police officers, firefighters, and physicians, among others whose vocation requires them to risk their lives in the service of others. However, even in these instances, appropriate measures should be taken. In many circumstances, the individual is not seeking his own demise but is willing to jeopardize it for the larger good.

There is no circumstance that justifies suicide, however emotional circumstances may exist in which self-inflicted death may rescue a woman's honor, save one's friends, safeguard national security, or free the individual from torture or a life of agony. Suicide is not justifiable in any of these cases, nor is it justifiable in any other. On the other hand, in many cases of suicide, the individual may be mentally disturbed and hence not be responsible for his actions.

Suicide in India Context

Suicide in India requires an appreciation for the subcontinent's literary, religious, and cultural ethos, as tradition has rarely pervaded people's lives for as long as it has in India. Ancient Indian scriptures contain heroic tales that extol the virtues of suicide as a means of evading embarrassment and humiliation. The Ramayana and Mahabharata epics contain references to suicide. When Lord Sri Ram died, his homeland, Ayodhya, was struck by a suicide epidemic. Dadhichi, a sage, sacrificed his life so that the Gods may utilize his bones to fight demons. The Bhagavad Gita is opposed to suicide for selfish reasons and says that such a death cannot be preceded by "shraddha," the necessary funeral rites. Suicidal individuals, according to Brahmanical tradition, must fast for a specific period of time. Suicide is prohibited in the Upanishads, or Holy Scriptures, which state that 'he who commits suicide will enter impenetrable darkness after death' (Radhakrishnan & Andrade, 2012).

Each suicide is a personal tragedy that prematurely ends an individual's life and has a long-lasting ripple effect on family, friends, and communities. Each year, around 100,000 people commit suicide in our country. Suicides are precipitated by a range of



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circumstances, including professional/career difficulties, feelings of isolation, abuse, violence, family difficulties, mental illnesses, alcoholism, financial loss, and chronic pain. The NCRB compiles suicide data from police reports. In 2020, the country reported 1,53,052 suicides, an increase of 10.0 percent over 2019, while the suicide rate increased by 8.7 percent over 2019 (National Crime Records Bureau, 2021).

Gender variances in Suicide

While gender differences in suicidal ideation, suicidal behaviour, and suicide death have been widely documented, the current study gives little insight into gender differences in suicidal thought communication across the course of a young suicide victim's life. This is a missed opportunity, since understanding gender patterns in suicide-related communication may help us better understand the needs of suicidal boys and girls, which is crucial for maximizing suicide prevention efforts (Morkan, 2020).

Men continue to suffer silently from mental illness at a higher rate than women in the national capital, as suicide data reveals a significant disparity in the number of deaths between the sexes. Psychiatrists assert that social stigma is a significant factor in men concealing their mental illness. "While women worldwide have a greater proclivity for suicide attempts, men outnumber women when it comes to taking the final step. Males are assumed to be the family's head, the only breadwinner, and hence are saddled with home responsibilities (New Indian Express).

In the Western world, men are three to four times more likely to die by means of suicide than women, although women make four times more suicide attempts than men. This difference is greater among those over 65, at this time the difference is up to 10 times greater. China has the highest female suicide rate and it is the only country with a higher suicide rate for women than men (0.9 rate). Suicide rates in the eastern Mediterranean are roughly the same for men and women. Suicide rates for women the highest was 22 per 100,000 in South Korea, with rates generally higher in Southeast Asia and the western Mediterranean (Värnik, 2012).

About 0.5% to 1.4% of people end their lives by suicide. Suicide is the tenth leading cause of death globally in 2008/2009 thus accounting for approximately 800,000 to ten. Millions of people contributing 11.6 per 100,000 people to the annual death rate. The suicide rate has increased by about 60% from 1960 to 2012, these increases were primarily attributed to the developing world. About 650,000 people attempt suicide annually, Lithuania, Japan, and Hungary have the highest rates. China and India are the countries with the highest number of suicide deaths, Suicide is the fifth leading cause of death in China (Värnik, 2012).

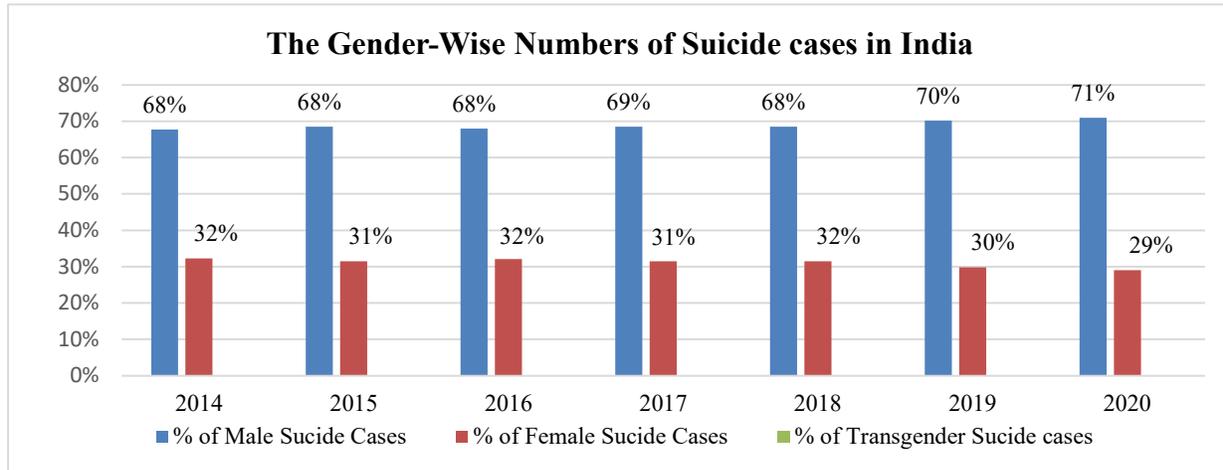
Objective of the Paper: The Purpose of this article is to Understand the suicide tendency in India and to understand the suicide tendency in a gendered perspective.

Data Sources: the data for the present article has been derived from the official website of the National Crime Bureau of India, the data compiled and combined according to the need of the article.

Table No 01: The Gender-Wise Numbers of Suicide cases in India

Year	Male	Female	Transgender	Total	% Of Male Suicide Cases	% of Female Suicide Cases	% of Transgender Suicide cases
2014	89129	42521	16	131666	67.69%	32.29%	0.01%
2015	89483	41149	7	130639	68.50%	31.50%	0.01%
2016	88997	41997	14	131008	67.93%	32.06%	0.01%
2017	89019	40852	16	129887	68.54%	31.45%	0.01%
2018	92114	42391	11	134516	68.48%	31.51%	0.01%
2019	97613	41493	17	139123	70.16%	29.82%	0.01%
2020	105495	43220	22	148737	70.93%	29.06%	0.01%

Sources: <https://ncrb.gov.in>

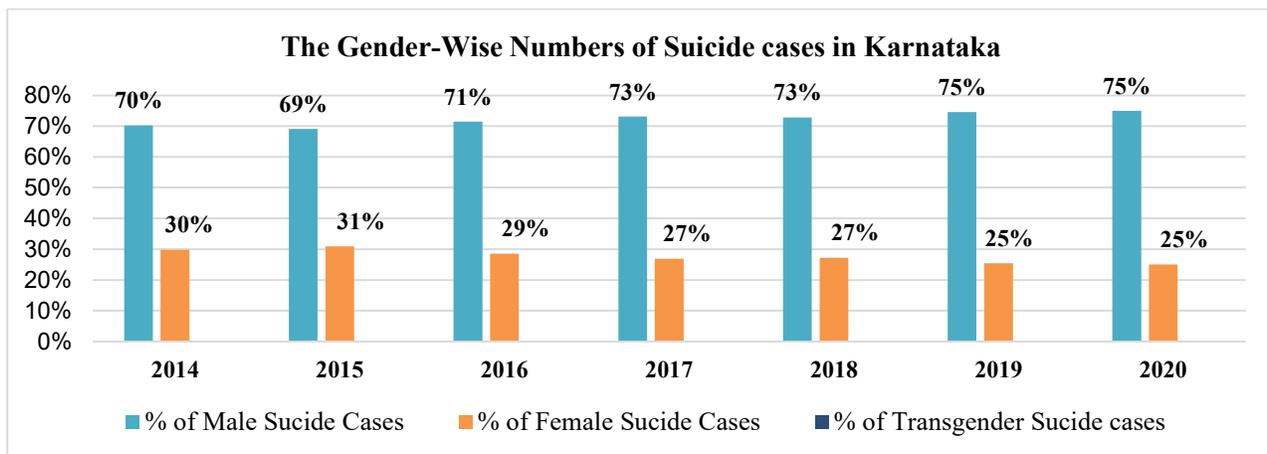


As aforementioned data depicts the gendered percentages of suicide incidents in India. According to the data presented above, male suicide rates are significantly higher than female suicide rates. In India, the years 2014, 2018, 2019, and 2020 were the years with the highest number of suicides reported. Also notable is the fact that the number of suicide cases in India has consistently surpassed one lakh thirty thousand since 2014. The male-to-female variation was also higher than the female variation at more than 60%. The number of suicide cases in India demonstrates unequivocally that males are more likely than females to commit suicide on a national average. According to the National Crime Record Bureau, the majority of suicides in India have occurred as a result of family problems, sicknesses, mental illness, and other long-term health issues.

Table No 02: The Gender-Wise Numbers of Suicide cases in Karnataka

Year	Male	Female	Transgender	Total	% Of Male Suicide Cases	% of Female Suicide Cases	% of Transgender Suicide cases	% of Suicide Cases to National Numbers
2014	7684	3259	2	10945	70.21%	29.78%	0.02%	8.31%
2015	7454	3332	0	10786	69.11%	30.89%	0.00%	8.26%
2016	7637	3050	0	10687	71.46%	28.54%	0.00%	8.16%
2017	8562	3153	1	11716	73.08%	26.91%	0.01%	9.02%
2018	8415	3143	3	11561	72.79%	27.19%	0.03%	8.59%
2019	8413	2873	2	11288	74.53%	25.45%	0.02%	8.11%
2020	9191	3067	1	12259	74.97%	25.02%	0.01%	8.24%

Sources: <https://ncrb.gov.in>





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The statistics in the table above is an attempt to shed light on the high rate of suicide in Karnataka. Suicide rates in Karnataka are 9 percent higher than the national average. At the state level, Karnataka has the remarkable number of suicide cases. In Karnataka, the ratio of suicide cases varies by gender; male suicide rates are higher than female suicide rates, and the ratio is similar to the national average of male suicide cases. In the year 2020, more than 12,000 occurrences of suicide have been recorded in Karnataka. The worldwide epidemic began in the year 2020, and it is the primary cause of an increase in suicide cases in India and the state of Karnataka.

Conclusion: The purpose of this article is to explore the suicidal tendency in India, specifically in the state of Karnataka, and to provide some recommendations. It is important to consider the distinctions between men and women in this regard, since the male to female suicide case ratio is consistently greater than the female suicide case ratio. The exact reasons why men are more likely than women to commit suicide are yet unknown. Men who commit suicide may be motivated by a variety of factors, including work stress, a lack of adequate career options, family responsibilities, emotional frailty, and other problems. It is important to explore the causes of suicidal attempts and suicide cases from a holistic perspective, in order to understand why men, commit suicide in greater numbers than females.

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