

SUICIDE: AN IMPORTANT EXIT OF LIFE

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ABSTRACT: The “Medico-legal study of suicidal death” was undertaken in the Department of Forensic Medicine and Toxicology at Govt. Medical College, Aurangabad for a period of 6 months. Two hundred cases are included. These cases were studied and analyzed on the basis of age, sex, marital status, methods and cause of suicide. Male outnumbered the female with majority in age group of 19-32 years, married and commonest cause was insanity in males and dowry in females.

Key words: Sex, Adolescent, Marriage, Insanity, Dowry.

INTRODUCTION

Suicidal deaths are attracting increasingly more attention from medical profession and public health agencies. Suicide is defined by Beck “A wilful self inflicted life threatening act, which has resulted in the death.”¹ Regardless to any real or suspected trends, suicide is a public health problem by virtue of its present incidence.

Methods of suicide in India are generally poisoning, burns, hanging, drowning. Previously drowning used to occupy first position of all the modes of committing suicide reported by Franklin (1982)². Suicide is growing due to increasing pressure in social and personal lives. The common reasons are poverty, indebtedness, dowry demand, family demand, family conflicts and sometimes failure to realize an ambition or to pass an examination. The judiciary often awards exemplary punishment to certain offenders to dissuade others from committing the same offence, in this case that is not practicable. Suicide is the only crime and attempt at commission of which is punishable but commission is not.

The present study is an attempt made to review the unknown suicide with reference to age, sex, marital status, methods and causes of suicide. The study will also be helpful to recognize the high risk individuals and prevent deaths by suicide.

MATERIAL AND METHODS

The “Medico-legal study of suicidal death” was undertaken in the Department of Forensic Medicine and Toxicology at Govt. Medical College, Aurangabad for a period of 6 months. Two hundred cases are included. As all cases are medico-legal cases, details of the cases are recorded. For noting the findings separate pretested proforma was prepared and used.

The preliminary data related to name, age, sex, address, brought by whom, time of admission, treatment given and time of death was noted. The inquest report was carefully read before starting post-mortem examination, detailed history on various aspects was obtained from medico-legal documents and interrogating the relatives. These cases were studied and analysed on the basis of age, sex, marital status, methods and cause of suicide. Urban and rural individuals were also included as per the occupation and dwelling. The pre designed proforma was used knowing the various common causes of suicide like dowry, chronic illness, mental illness, illicit relationship, bankruptcy, sad demise, failure in examination, failure in love, unknown.

Methods of suicide were also noted like hanging, drowning, burns, poisoning, injury, electrocution.

OBSERVATIONS

The present medico-legal study of suicidal death was undertaken in January 1998 to June 1998. 200 Cases were included. Following the individual examination of cases as per proforma and the date has been systematically recorded and various observations were made and tabulated in tables.

Table No. 1 : Sex wise distribution of cases

Sr. No.	Sex	No. of Cases	Percentage
1	Male	126	63.00
2	Female	74	37.00
Total		200	100

Out of 200 cases, 126 (63%) were males and 74 (37%) were females. Male female ratio was 1.7: 1, showing male preponderance.

Table No. 2 : Age-wise distribution of cases

Sr. No.	Age Group (Yrs)	No. of Cases	Percentage
1	14-18	8	04.00
2	19-25	97	48.50
3	26-32	58	29.00
4	33-39	26	13.00
5	40-46	7	03.50
6	47-53	1	00.50
7	54-60	1	00.50
8	Above 60	2	01.00

Table No. 2 shows the highest number of suicidal deaths (48.5%) seen in 19-25 years age group. The remaining age group i.e. 14-18, 26-32, 33-39, 40-46, 47-53, 54-60 and above 60 years constituted 4%, 29%, 13%, 3.5%, 0.5%, 0.5% and 1% cases respectively.

Table No. 3 : Marital Status-wise distribution of cases

Sr. No.	Marital Status	No. of Cases	Percentage
1	Married	160	80.00
2	Unmarried	40	20.00
Total		200	100.00

The above table clearly shows that majority of the suicidal cases of 80% are among the married as compared to unmarried i.e. 20%.

Table No. 4 : Sex and marital status wise distribution of cases

Married				Unmarried			
Male		Female		Male		Female	
No.	%	No.	%	No.	%	No.	%
96	48.00	64	32.00	30	15.00	10	05.00

From the above table it is also observed that male married suicides were 48.00% and female married cases were 32.00%. Among the unmarried, males were 15.00% and females were only 5.00%.

Table No. 5 : Age and marital status of victims of suicide

Age group	Married				Unmarried			
	Male		Female		Male		Female	
	NO	%	No	%	No	%	No	%
14-18	0	0	0	0	5	3.0	3	1.5
19-25	43	21.5	30	15.0	18	9.0	6	3.0
26-32	33	16.5	19	9.5	5	2.5	1	0.5
33-39	13	6.5	11	5.5	2	1.0	0	0
40-46	5	2.5	2	1.0	0	0	0	0
47-53	1	0.5	0	0	0	0	0	0
54-60	0	0	1	0.5	0	0	0	0
>60	1	0.5	1	0.5	0	0	0	0
total	96	48.0	64	32.0	30	15.0	10	5.0

Table no. 5 depicts that among the married males, 21.5% were in the age group of 19-24years, 16.5% were in 26-32 years of the age group, 6.5 were in 33-39years of age ,2.5%in 40-46 years of age . Among the married females of the victims, 15 .00% were in the 19-25 years age group, 5.5% in 33-39 years of age group 1% in 40-46 years of age group and 0.5%each in 54-60 years and above 60 years age group.

In unmarried males most (9.0%) of the suicidal deaths occurred in 19-25 years of age group followed by 3.0%in between 14-18 years of age group, 2.5% in 26-32 years, 1.0% in 33-39 years of age. In unmarried females, most of suicidal deaths were observed in 19-25 years of age group followed 1.5% in 14-18 years age group, 0.5% in 26-32 years age group.

Irrespective of marital status most of suicidal deaths occurred in the age group of 19-25 years age group and it is quite evident that ad age advances rate of suicide declined.

Table No. 6 : Causes of suicide as per marital status

Causes	Married				Unmarried				Total	
	Male		Female		Male		Female			
	No	%	No	%	No	%	No	%	No	%
Failure in Exam.	0	0	0	0	12	6	4	2	16	8
Failure in love	2	1	0	0	2	1	0	0	4	2
Dowry	0	0	35	17.5	0	0	0	0	35	17.5
Chronic illness	35	17.5	5	2.5	0	0	0	0	40	20
Insanity	27	13.5	17	8.5	5	2.5	1	0.5	50	25
Illicit relation	5	2.5	2	1	0	0	3	1.5	10	5
Sad demise	8	4	3	1.5	4	2	1	0.5	16	8
Debt	9	4.5	0	0	0	0	0	0	9	4.5
Unknown	10	5	2	1	7	3.5	1	0.5	20	10
Total	96	48	64	32	30	15	10	5	200	100

Cause of suicidal deaths, as per marital status reveals that insanity 25% was the most common cause of suicide in all the victims. In married males, the most common cause of suicide was chronic illness (17.5%), followed by insanity (13.5%), unknown (5.0%), debt (4.5%) and sad demise (4%), illicit relationship (2.5%), failure in love (1.0%). While in married females victims, dowry (17.5%) was the most common cause of suicide followed by insanity (8.5%), chronic illness (2.5%), sad demise (1.5%), illicit relationship and unknown (1%) each.

In most of unmarried males and females, cause of suicide was failure in examination (8.0%). Insanity (2.5%), sad demise (2%), failure in love (1.0%) were the other causes of suicide in unmarried males. While in unmarried females the other causes of suicide were illicit relationship (1.5%), sad demise (0.5%) and insanity (0.5%).

DISCUSSION

The present medico-legal study of suicidal deaths was carried out in the Department of Forensic Medicine of Govt. Medical College & Hospital, Aurangabad. 200 Cases were studied. Out of 200,126 (63.00%) cases were males and 74 (37.00%) were females and sex ratio is 1.7:1 which showed the male preponderance. Ganapati & Venkobarao (1966)^{3,4} in their study reported the higher incidence in males. Gerald. T. Gowittand Rendy.L. Hanzlick (1986)⁵ also pointed out the preponderance of males in suicidal deaths. Hau.K.T. (1993)⁶ in his study of suicide gave sex ratio of male: female 1.3: 1.

In the present study highest number of suicidal deaths (48.5%) was seen in 19-25 years of age group. If border age of 19-32 is considered, then percentage of suicidal deaths in this age group comes to be 77.50%. The remaining age group 14-18 years, 26-32 years, 33-39 years, 40-46 years, 47-53 years, 54-60 years and above 60 years constitute 4%, 29%, 13%, 3.5%, 0.5%, 0.5% and 1% cases respectively. Venkobarao and Rawlin Chillian (1972)⁷ and Venkobarao (1971)⁸ included in their study that adolescent and adult comprises the bulk of suicide in India while in developed countries aged ones predominate.

Suicide is the fifth leading cause of death in adolescence in 15-19 years of age group in USA (Jacob 1971)⁹. That the association between age and suicide is an effect of an 'identifiable social process' has been advanced. However, in Japan there is double peaking of suicide curve one occurring between 20-24 years age group and second among aged.

Sudak H.S., Ford A.B., Resforth N.B. (1984)¹⁰ in their study concluded that, increasing incidence of suicide was in the age group of 15-24 years, while declined rate has been reported for older persons.

In the present study married male of all victims 21.5% were in the age group of 19-25 years. 19-25 years age group is active period of life and one has to face to social and economical stresses, this might be the reason for committing the suicide in this period of life. The potential consequences of economic stress most frequently cited in the literature of medical sociology, is the increase in the rate of suicide, it is probably being the most valid and reliable indicator of collective mental health. Percentage of other age group was as follows 26-32 years were 16.5%, 33-39 years were 6.5%, 40-46 years were 2.5% and 0.5% each were in 47-53 years and above 60 years.

The highest number of married female suicide in the age group of 19-25 years (15%) i.e. first seven years of marriage. Findings of the present study are in accordance with findings of Nagesh G. Rao (1997)¹¹. Investigations of such cases are very difficult mainly because of complex situation such as false counter allegations from complainants and accused parties. Such cases need thorough investigations for launching prosecution. Therefore, it is imperative to study prevalence of suicidal death of a married female for assessing the impact of stringent law pertaining to "dowry death" in India. Table no.5 clearly shows that, in all victims the commonest cause of suicide was insanity (25%). These findings are in correlation with the findings are in correlation with the findings of Retterst I.N. et al (1993)¹² and Hawton. K. et al (1995)¹³. As regards to the married males chronic illness (17.5%) was the commonest cause of committing suicide. The remaining causes of suicide of married male are failure in love (1%), insanity (13.5%), illicit relationship (2.5%), sad demise (4%) and unknown cause (5%).

Amongst married females major cause for committing suicide was demand for dowry (17.5%). The other causes of suicide in married females are chronic illness (2.5%), insanity (8.5%), illicit relationship (1%), sad demise (1.5%) and unknown (1%). In most of the unmarried males and females, cause of suicide was failure in examinations (8%). Insanity (2.5%), sad demise (2%), failure in love (1%) are the other causes of suicide in unmarried males. While in unmarried females, the other causes of suicide are illicit relationship (1.5%), sad demise (0.5%) and insanity.

SUMMARY AND CONCLUSION

The present medico-legal study of suicidal deaths was carried out in the Department of Forensic Medicine and Toxicology, Government Medical College and Hospital, Aurangabad, during the period from Jan-1998 to June-1998. 200 Cases are included in the study.

1. In the present study male suicides outnumbered the females and the ratio of male to female was 1.7:1.
2. Highest number of suicidal deaths (65%) was seen in the age group of 19-32 years.
3. Majority of cases of suicides were among married (80%) as compared to that of unmarried.
4. Of all the victims, maximum number was of married males, 21.5% were in the age group of 19 to 25 years. Among the married female maximum number of victims; 15% were seen in the age group of 19 to 25 years.
5. Of all the victims, commonest cause of suicide was insanity. The married males committed suicide due to chronic illness. Among the married female the commonest cause of suicide was dowry. Failure in examination was found as main cause of suicide in most of the unmarried males and females less than 18 years of age.

The study serves to illustrate that analysis of local suicide data may show trends, which are similar to large scale trends in some respect, while differing substantially in order respect. This study will be helpful to recognize high-risk individuals and to prevent deaths by suicide.

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