

Study of Suicide among Adolescent and Adults in Varanasi (U. P.)

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Abstract: *Suicide rates are commonly highest among middle aged males; rates among young people have been increasing. Young adults are a particularly vulnerable group, Risk factors related to the family include parenting style, family history of mental illness and suicide, and physical and sexual abuse in childhood. The present study entitled "Study of suicide among adolescents and adults in Varanasi (U. P.)" is carried out with the help of cases brought for Post-mortem examination in the Department of Forensic Medicine, I.M.S., B.H.U., Varanasi, where autopsy was conducted, over a span of 1st January 2016 to 31st July 2017. Analysis of socio-demographic observations of the victims (e.g. age, sex, residential status, social status, occupation etc.) along with important observations with regards to medico-legal aspects of these cases have been included. Highest number of deaths were in 20 to 30 years age group followed by 31 to 45 years age group then <20 years age group. In our study we found different trend as the reason might be Varanasi is religious tourist spot and an education hub in the region.*

Keywords: suicide, young age, hanging, motive

1. Introduction

Life is not that easy as people think, challenges comes in life, and overcoming them successfully gives us happiness and failure gives temporary unhappiness but if we see it gives us experience what is part of life. Suicide rates were commonly highest among middle aged males; rates among young people have been increasing. Young adults are a particularly vulnerable group and currently show the highest rates of suicide in the world¹. The adolescents grew up in a rapidly changing social environment which is not like as was earlier. Other suicide triggers include physical illness, bankruptcy, illicit relationships, and drug intoxication etc. An interesting finding, rarely seen in the West, is the high rate of suicide associated with sexual abuse and illegitimate pregnancy. The relationship of suicide to negative life events, stress, loss of job, loss of loved ones etc., and negative interaction needs to be understood in the framework of a model of vulnerability, support, coping, and problem-solving. People who are well integrated with their families and community have a good support system during crisis, protecting them against suicide.

2. Material & Methods

The present study entitled "Study of suicide among adolescents and adults in Varanasi (U. P.)" is a prospective study carried out on the cases brought for Post-mortem examination in the Department of Forensic Medicine, I.M.S., B.H.U., Varanasi, over a span of 1st January 2016 to 31st July 2017. 129 cases were taken in this study which included suspected suicide. Collection of data includes questionnaires schedule recorded and interview sessions at the time of autopsy with the concerned investigating officer, parents of the victim, other family members and relatives of the victim, neighbor's and other persons accompanying the deceased. Data also collected from police inquest, interview of the accompanying person, hospital memos in hospitalized

cases, death certificate if hospital death is there, suicide notes/other relevant reports etc.

3. Observation & Results

Analysis of socio-demographic observations of the victims (e.g. age, sex, residential status, social status, occupation etc.) along with important observations with regards to medico-legal aspects of these cases have been included. These cases of suicide suspects were analyzed on various parameters in depth. Table 1 showing when age and gender both are taken in to consideration then highest number is 31 to 45 years males 34 (26.36%) which is followed by 20 to 30 years Females 33(25.6%), then 20 to 30 years males 29(22.5%), then 31 to 45 years females 14(10.85%), then <20 years males 11(8.52%), followed by <20 years females 08(6.2%). Table 2 showing habitat wise distributions, as Maximum number of victims were from Urban and Rural 47(36.43%) each, while people from semi urban 35(27.13%). Table 3 showing Maximum number of the victims were House wives 38(29.4%) followed by Students 35(23.33%), followed by Business 17(13.17%). 13(10%) victims were Un-employed, followed by victims doing services in government and private sector both combined 12(9.3%), followed by laborers 10(7.75%), followed by Farmers 4(3.10%). Table 4 showing Marital status of the victims Maximum were Married 67(51.94%), followed by Un-married 59(45.73%), followed by widow/widower 02(1.5%), lastly Divorced and separated 01(0.77%). Table 5 showing Victims were more from nuclear family 70(54.26%) than joint family 59(45.73%). Table 6 showing Maximum number of Victims chose Hanging 54(41.86%), followed by Suspected Poisoning 27(20.93%), followed by burning them self or self-emolition 19(14.73%), followed by Drowning 12(9.3%), followed by Railway tract injury 11(8.5%), followed by Fire arm injury and Fall from Height 03(2.3%) each. Table 7 showing Motive of Victims, Maximum victims were having Family problems 39, followed by unknown 31, followed by love affair or

extramarital related 16, followed by having Financial loss or property related disputes 13, followed by Dowry related 11, followed by Failure in exams 09, followed by victims suffering from chronic illness and loss of job/unemployed 03 in both group, followed by grieving and frustrated from life 02, followed by sexually abused and drug addiction problem 01. Table 8 showing Single victim were 123, and double 3 pairs.

Table 1: Age and Gender wise Distribution of Victims

Age Group	Male	Percentage	Female	Percentage	Total
<20 years	11	8.52%	08	6.2%	19
20 to 30 years	29	22.5%	33	25.6%	62
31 to 45 years	34	26.36%	14	10.85%	48
Total Cases Taken	74		55		129

Table 2: Habitat of victims

Habitat	No. of Deceased	Percentage	Male	Female
Urban	47	36.43%	22	25
Semi Urban	35	27.13%	25	10
Rural	47	36.43%	27	20
Total	129		74	55

Table 3: Occupation of the victims

Occupation	No. of Deceased	Percentage
Un-employed	13	10%
Student	35	27.13%
House-wife	38	29.4%
Laborer	10	7.75%
Service	12	9.3%
Farmer	4	3.10%
Business	17	13.17%
Total	129	

Table 4: Marital status of the victims

Marital status	No. of Deceased	%	Males	Females
Un-married	59	45.73%	43	16
Married	67	51.94%	31	36
Widow /Widower	02	1.5%	00	02
Divorced/separated	01	0.77%	00	01
Total	129	100%	74	55

Table 5: Type of family

Family Type	No. of Deceased	%
Joint	59	45.73%
Nuclear	70	54.26%
Total	129	100%

Table 6: Manner of suicide of the victims

Manner of suicide	No. of victims	%	Males	Females
Hanging	54	41.86%	29	25
Suspected Poisoning	27	20.93%	19	08
Burn/Self emollition	19	14.73%	02	17
Drowning	12	09.3%	10	02
Fall from Height	03	2.3%	03	00
Fire arm injury	03	2.3%	03	00
RTA/Railway tract injury	11	8.5%	08	03
Total	129	100%	74	55

Table 7: Motive of suicide of Victims

Motive of suicide	Male	Female	Total
Family issues	23	16	39
Chronic illness & Psychiatric illness	00	03	03
Sexually Abused	01	00	01
Dowry related	00	11	11
Drug Addiction problem	01	00	01
Failure in Exams	06	03	09
Love affair & Extramarital	13	03	16
Frustrated from life	02	00	02
Financial loss / Property Related	12	01	13
Loss of Job/ Unemployed	03	00	03
Unknown	22	09	31

Table 8: Pact suicide (Dyadic suicide)

Pact suicide (Dyadic suicide)	No. of Deceased
Single	123
Double/Group	06

4. Discussion

Highest number of deaths were in 20 to 30 years age group followed by 31 to 45 years age group then <20 years age group. When age and sex both are taken in to consideration then highest number is 31 to 45 years males followed by 20 to 30 years females followed by 31 to 45 years males group, we had similarities with most of the studies viz. Behera A. et al, Lalwani S. et al, Santhosh. C.S. et al, Baruah A.M. et al, Pawale D.A. et al^[5,9,10,11,12]. One study showed a different trend from ours and rest others viz. Subedi N. et al². Urban and rural areas have more victims followed by semi urban. As the group semi urban is also included in our study so there is variation in our study compared to rest other studies viz. Mohanty Setal, Chavan BS. et al, Santhosh. C.S. et al, Baruah A.M. et al, Pawale D.A. et al, Patel V et al.^[4,6,10,11,12,15]. Maximum number of the victims were House wives, followed by Student, followed by Business owners, then were Un-employed, followed by victims doing services in government and private sector both combined, followed by laborers, followed by Farmers. The studies showed different trends from these studies as follows: Behera A. et al, Chavan BS. et al, Pawale D.A. et al, Patel V et al.^[5,6,12,15].

In our study we found different trend as the reason might be increasing problems in marriage life, Varanasi is an education hub in the region so may be the reason for increased number of students. Maximum victims were married followed by un-married followed by widow/widower followed by divorced 01. Our findings shows correlation to these studies: viz. Rastogi P., Behera A. et al, Lalwani S. et al, Santhosh. C.S. et al, Baruah A.M. et al, Pawale D.A. et al,^[3,5,9,10,11,12]. A study with which our findings viz: Chavan BS. et al^[6]. As we see correlation to the marital status shows that in Varanasi also there similar trend. Victims were more from Nuclear family than Joint Family. A study matching with findings viz: Sharma R. et al^[7]. We found nuclear family victims were more but also many victims were who were living away from joint family which also shows somewhat of the loneliness of the victims. Maximum number of Victims chose Hanging followed by Suspected Poisoning. The studies with which our study shows similarity are as following Subedi N. et al, Mohanty Setal, Chavan BS. et al, Soman CR. Et al, Lalwani S. et al,

Baruah A.M. et al^[2,4,6,8,9,11], the studies with which our study showed slight variation are as follows Rastogi P., Behera A. et al, Santhosh. C.S. et al, Pawale D.A. et al, Kumar S., Pradhan A. et al, Patel V et al.^[3,5,10,12,13,14,15].

According to N.C.R.B Report 2015 'Family Problems' and 'Illness' were the major causes of suicide of total suicides during 2015^[1]. Maximum victims were having Family problems, followed by undetermined, followed by love affair or extramarital related, followed by having Financial loss or property related disputes, followed by Dowry related, followed by Failure in exams, followed by victims suffering from chronic illness and loss of job/unemployed, followed by grieving and frustrated from life, followed by sex abuse and drug addiction problem. Few of the studies showed some resemblance and similar motives viz: Rastogi P., Mohanty S et al, Behera A. et al, Chavan BS. et al, Baruah A.M. et al, Pawale D.A. et al, Pradhan A. et al,^[3,4,5,6,11,12,14]. The pact suicide was found in the victims as they were frustrated from the life, as in one An unmarried young boy and girl who were in love but there family was against it as they were of same village and of different cast so they ended their life by lying on Railway tract near their village and the train ran over. One other case was also of train accident similar. In another case the young couple jumped from the bridge in river Ganga which is said to be a suicide point by the locals.

5. Conclusion

The age group 20-30 years have highest victims followed by 31-45 years age group, Number of male victims is more than female victims. Highest numbers of cases were in 31-45 years males and 20-30 years females which were just one less. Incidence was higher in married victims and in nuclear families, which shows that there are increasing family problems and coping with stressful situations, this capacity is decreasing in nuclear families which were more in joint families prevalent earlier in our society.

6. Acknowledgement

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7. Ethical Clearance

The present study was approved by "Institutional Ethical Committee" of Institute of Medical Sciences, Banaras Hindu University, Varanasi. All the information has been taken under consideration of medical ethical committee.

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