

REVIEW ARTICLE

Socio-Economic and Cultural Aspects of Suicide

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The magnitude of the problem:

Everyday thousands of people commit and attempt suicide all over the world. However, actual statistics about suicide is difficult to obtain. Under-reporting, legal issues and improper record keeping are a few important factors why official statistics appear to underestimate the true rates of suicide and attempted suicide of any given society.

Suicide is considered as a major public and mental health problem. In 2000, approximately 8, 15,000 person committed suicide i.e. 14.5 per 100000 populations ¹. On the other hand, approximately 20 million people attempt suicide every year throughout the world ¹. In India, suicide is among the top ten causes of death. The current national suicide rate for India is 10.3 per 100000 populations ². According to the National Crime Records Bureau, West Bengal (13.3%), Maharashtra (13.1%), Andhra Pradesh (11.2%), Tamil Nadu (10.5%) and Karnataka (10.3%) contributed 58.4% of total suicide in India ³. Interestingly, densely populated states like Uttar Pradesh and Bihar contribute relatively less suicides. Under-reporting may be an important cause for this significant difference between different states.

The importance of suicide from the public health point of view is persistently under-recognized even though it is considered as a leading cause of mortality all over the world. Besides biological (including genetic) and psychopathological factors, it has been revealed in

researches that the socio-economic and cultural factors influence the risk of suicidal behavior.

Evolution of concept:

The instinct to survive is a very common human behavior. However, the wish towards self-destruction has been reported since the beginning of the civilization in every part of the globe. This peculiar behavior has been found in the ancient scriptures and historical documents written in different languages. According to Edwin Shneidman suicide is associated with thwarted or unfulfilled needs, feelings of hopelessness and helplessness, ambivalent conflicts between survival and unbearable stress, a narrowing of perceived options, and a need for escape; the person wants to die shows signals of distress ⁴.

Human suicidal behavior has been considered as a dreadful and puzzling behavior. The word 'suicide' originated from Latin '*SU*' (of one self) and '*CAEDES*' (murder). According to the eminent French Sociologist Emile Durkheim ⁵: "suicide is any death that is the direct or indirect result of a positive or act accomplished by the victim himself/herself which, he /she knows or believes will produce this result". The study of suicide and its causes have come a long way since the views of Durkheim. In the present days, it has been revealed in different researches that the personal factors along with the social dynamics play a great role in the causation of suicide.

Suicide is considered as a peculiar behavior because all suicidal people are not death seekers. Before 1950s, not much distinction was made between people killed themselves and who died after such an act. Stengel in 1952 first used the term 'attempted suicide' to

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differentiate between completed suicidal act from attempted one ⁶. It was Kessel and Grossman who changed the concept in 1960, stating the fact that intent was not an essential factor for attempted suicide as most of the attempters did this with the knowledge of their safety ⁷. Later, Kreitman and his colleagues introduced the term 'parasuicide' to refer to the non-fatal act ⁸. Further modification of terminology evolved when Morgan in 1979 coined the term 'deliberate self-harm' to provide a single term covering all non-fatal suicidal attempts ⁹.

Historical background:

Suicidal behavior involves not only the individual concerned; it also affects the community for the socio-emotional dynamics associated with it. Historical analysis of suicidal behavior has shown that it had different meanings in different situations since the birth of mankind. In the ancient world, the voluntary self-killing was honorific and praised by the society. The cause of such act was either personal (for moral value) or collective (species survival value).

Descriptions of suicidal behavior is seen in the ancient Indian epics i.e. in *Ramayana* and *Mahabharata* ¹⁰. In the more modern times, *Sati* and *Jaharbrata* are the two important ritualistic self-killings practised by the females in the Indian society. Some author considers these two are examples of altruistic suicide ¹¹.

Religious background:

Bhagavat Gita is against the self-killing and self-destruction. However, in many Indian mythologies, self-killings were glorified by attaching religious and spiritual values. The self-killing of *Vishma* and *Balarama* (elder brother of Lord Krishna) in *Mahabharata* are the classic examples. In the *Vedic* and *Upanishadic* times, death at the confluences of holy rivers by drowning for achieving 'punnya' (salvation in the next life) was a cultural and religious code prevalent in the society.

Islam clearly mentions that one should wait for his destiny and not to snatch it from the hand of *Allah*.

Similarly, it was seen in Bible that Judas (one who betrayed Lord Jesus) was cried and wept with guilt and remorse before hanging himself. Researches have revealed that suicidal behavior was less commonly seen amongst Islam and Catholic communities than Jewish and Protestants communities.

Cultural background:

Durkheim was the first to highlight the influence of social and cultural factors in suicidal behavior. Cultures include all the aspects of living and thus have a complex influence on human behavior. Researches have shown that cultural value system of gender roles and social expectations influence the nature and rates of self-harm behavior ¹². Influences of media on suicidal behavior in different countries have been depicted in various researches ¹³. In the modern world, more concern for children is seen in most of the nuclear families. At the same time, neglect towards the elderly in the family has been increasing and leads to a feeling of meaninglessness in life, which in turn increases suicidal acts amongst them.

Researches from different parts of the globe have also revealed that suicide by chemical ingestion (e.g. pesticides, insecticides and indigenous poisons like Oleander seeds) may be an attempt to seek help by the individual involved in a specified distressed situation ¹⁴.

Immigrant population is always at greater stress that involves mainly the struggle between old and new culture – with its attendant problems of poverty, poor housing, lack of social support and unmet expectations. All these may lead to suicidal behavior, especially in the younger age groups. This acculturative stress is also evident even within one country where the traditional groups (e.g. tribal population) are fighting hard for their existence by clinging to there traditional ethos in the face of engulfing dominating culture.

Imitative suicide is a mode of cultural communication where an individual or a group exhibits this behavior in extreme distress. This type of suicide is

predominantly seen in adolescent age groups. It spreads through media publicity and gaining much attention in the recent days ¹⁵.

It is a known fact that religion and social cohesion are two cultural determinants that guide the social life in a community. An important study amongst British Columbia's First Nations Women has revealed that how the cultural identity and traditional native spirituality has a healing effect on suicidal ideation and intention ¹⁶.

Socio-economic factors:

Age and sex are two important social determinants identified in different suicide researches. The younger (15-30years) and the elderly (above 65 years) age groups are at increased risk of suicide ¹⁷. The suicide rates in India also peak for both men and women between the age 18 and 29 ¹⁸. In most of the countries more males than females commit suicide¹⁷. However, a few studies from China and India have shown higher female suicides than their male counterparts mainly in the rural areas ^{19,20}.

Studies have shown that the risk of suicidal behavior increases among divorced, widow and single people ^{21,22}. Marriage appears to be protective for males in terms of suicide risk but not so for females.

Certain occupational groups like farmers, dentists and medical practitioners are at a greater risk of suicide ^{23,24}. Easy accessibility to lethal means, extreme work pressure, social isolation and economic constraints may be the causative factors that explain the higher suicidal rates amongst them ²⁵. Unemployment increases poverty, social deprivation, domestic difficulties and hopelessness, which in turn increases the suicidal rates. Suicide of farmers in different states of India in the recent days probably highlights this association ²⁵.

Easy availability of the means of committing suicide and stressful life events are other important social factors in suicidal behavior. A recent study in the remote rural areas of the Sundarban region of West

Bengal, India has revealed that the ready availability and improper storage of pesticides in the households as well as the greater life stresses of women both in the outdoor works and in the domestic front increase the chance of suicide amongst them ²⁶.

Conclusion:

Suicide is a preventable cause of death and the means of prevention is the ultimate goal of the art and science of suicide research. Strengthening the poverty alleviation projects, proper education for children, ensuring job security and to guarantee economic security for farmers are some of the important aspects of primary prevention of suicide. Minimizing migration related stressors and family conflicts as well as expanding family support are also important socio-cultural issues. Identification of high risk groups and establishment of emergency help lines services (involving the NGOs) may be a major step to reduce the morbidity and mortality related to the suicidal deaths.

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