

## THE VULNERABILITY OF INDIAN WOMEN TO SUICIDE A FIELD-STUDY

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### SUMMARY

58 cases of suicide were recorded in one year in a cluster of villages comprising a police-station area. The incidence was 43.4 per lakh. Women outnumbered men. Two-thirds of the victims were aged below 25 years. In women the commonest cause of suicide was quarrel with husband and in men it was quarrel with parents. Poisoning with insecticide was the mode of suicide in an overwhelming majority of cases. The situational, psychological and socio-cultural perspectives have been discussed.

Studies on the national suicide rates and their relation with socio-cultural variables are plagued by the problems of determination of validity of their findings. Explanations of the differences in suicide rates should refer not to the culture as a whole but to particular aspects of living condition for certain categories of the population. Effort in this direction was made in India as early as in 1961. Satyavathy and Mutthi Rao (1961) made a study of suicide in the city of Bangalore. Some of the recent studies on suicide in different urban and rural areas of India have considered its psychosocial and demographic variables (Nandi et al., 1979; Ponnudurai and Jeyakar, 1980 and Hegde, 1980).

The aim of the present communication is to present the rate, sex, age, causes and mode of suicide occurring in one year in a cluster of villages in West Bengal.

### Material and Method

**Sample:**— The sample consisted of all the cases who were recorded as those of suicide in the Deganga Police Station during one year in 1978. The study was conducted in 1979. **Definition of a case**— A case was considered as a case of suicide if it was ascertained as such by the Police authority with the help of post mortem report and other customary investigations of each case. **General description of the area**— This police station area according to the latest Census report has a population of 1,33,510. It is situated in the district of North 24 Parganas (in West Bengal) at a distance of 50 Km from Calcutta. The population is homogeneous in its linguistic, religious and socio-economic status. Most of the people are small farmers.

**Collection of data:**— Rapport was established with the local administrative and police

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officers and the purpose of the study was explained to them. Access to and cooperation of these officers were assured through the introductory letters and personal initiatives of the higher authorities of each of the concerned department.

Data were collected by semi-structured interview conducted by us with the (a) local police authority and (b) members of the affected family. The police record of all the cases were made available to the team. The official Census Report of 1971 was also consulted. *Analysis of data*— Simple statistical methods were used to analyse the data so obtained. Apart from the incidence, the age and sex of the victims, the cause and mode of the act were considered.

#### Results and Discussion:

##### *Incidence:*

The incidence of suicide in one year was 43.4 per 1,00,000 population in this area. The corresponding rate was 15.96 in West Bengal and 7.8 in India (Govt. of India, 1976). Since 1960 the mean death rate from suicide in countries making their statistics available to W.H.O. has remained at about 10 per 1,00,000 population (W.H.O., 1976). These countries are spread over five continents. It is, therefore, evident that the rate of suicide in Deganga is much higher than the state, national and international rates. Nandi *et al.* (1979) surveyed two contiguous police station areas in West Bengal and found that the rate of suicide per one lakh population was 28.6 in one area and 5.1 in the adjoining area. Ganapathi and Venkoba Rao (1966) reported a suicide rate of 45 per one lakh in Madurai, a town in Tamil Nadu. In fact, wide variations in suicide rates in smaller groups may remain concealed in the total national rate. In an Indian study on suicide Hegde (1980) reported a low suicide rate (9.5) in a rural area which consisted of small scattered villages of few houses in each of them. These villages were situated in the dense forest of Northern Karnataka. That

this kind of social ecological factor has a great impact on the incidence of suicide in a given population is substantiated by the studies of Snowdon (1979).

##### **Age and Sex**

Out of 58 who committed suicide there were 46 (79.3%) women (Table I). This female preponderance of suicide is contrary to the trends in West Bengal and other States of India (Govt. of India, 1976). In different States of India the percentages of male suicides vary from 51.7% to 69.8% of the total suicides. In studies on small groups in some parts of India female suicide rates were found to be higher than those of males 56.2% in an urban community (Ponnudurai and Jeyakar, 1980) and 64% in a rural community (Nandi *et al.*, 1979). A tendency of rising rate of suicide among women has been noted in specific population groups across cultures. Jedlick (1977) notes that the suicide rate among the black American, though lower than that of the white, is slowly increasing and the rate among black women is also rising. Meer (1976) made an elaborate statistical analysis of suicide rate in Durban, South Africa, and came to the conclusion, *inter alia*, that African women had a 20 percent higher rate of suicide than African men. The high vulnerability of Japanese women to suicide has been emphasized by Iga *et al.* (1975).

The higher rate of female suicide in the community under survey may be explained from situational, psychological and sociocultural perspectives. The situational problems of economic deprivation, financial insecurity and family discord are the predisposing factor for a psychological conflict. This is accentuated by the low position of the women in the family.

Nandi *et al.* (1979) reported a higher suicide rate in women in West Bengal over the last one hundred years and remarked that the state of absolute dependence of women on men resulted in abject humili-

ation of the ego of women. Tousignant and Mishara (1981) who reviewed the recent literature on suicide across cultures probably echoed the same idea when they said, 'blow to the ego by the immediate environment without the availability of aggressive outlets, especially where economic problems nurture such psychological conflicts, describes a large percentages of suicides world-wide.'

In this sample the largest number of suicide occurred in the 15-24 years age group (Table I). Several field-studies reported from India indicate that the largest/proportion of suicide occur in persons aged below 30 years (Ganapathi and Venkoba Rao, 1966; Nandi et al., 1979; Hegde, 1980). This is corroborated by *The Govt. of India Report, 1976*. The preponderance of suicide in young people is, therefore, a characteristic feature of the suicide proneness of the Indians as a whole.

Table I — Suicide — Age and Sex Distribution

Age (in Years)	Male	Female	Total
Below 15	—	6 (12.9)	6 (10.3)
15 — 24	7 (58.3)	27 (58.7)	34 (58.6)
25 — 34	1 (8.3)	8 (17.4)	9 (15.5)
35 — 44	1 (8.3)	2 (4.4)	3 (5.2)
45 — 54	1 (8.3)	1 (2.2)	2 (3.5)
55 — 64	2 (16.7)	1 (2.2)	3 (5.2)
65 +	—	1 (2.2)	1 (1.7)
Total	12 (100.0)	46 (100.0)	58 (100.0)

Figures in parentheses are percentages.

#### Cause of suicide

Quarrel with spouse is the commonest cause of committing suicide in the whole sample (31%) and also among the women (32.6%) (Table II).

Table II Causes Leading To Suicide

	Male	Female	Total
Quarrel with spouse	3 (25.0)	15 (32.6)	18 (31.0)
Quarrel with in-laws	—	6 (13.1)	6 (10.3)
Quarrel with parents	4 (33.3)	9 (19.5)	13 (22.5)
Chronic illness	2 (6.7)	6 (13.1)	8 (13.7)
Other Causes	3 (25.0)	10 (21.7)	13 (22.5)
Total	12 (100.0)	46 (100.0)	58 (100.0)

Figures in parentheses are percentages.

This is surely contrary to the prevailing impression of many people who consider joint family and parents-in-law as the potent source of conflict in our rural society. In a rural survey, Hegde (1980) found that marital and domestic disharmony led to suicide in 37.3% of cases. Ponnudurai & Jeyakar (1980) mention 15-20 years as the most vulnerable period for women committing suicide and surmise that women are probably exposed to more intense stresses of life during this period in succession from attainment of puberty to marriage and child-birth.

In 17% of the female suicides in the Kyoto survey (Iga et al., 1975), family conflict between parents and the grand parents of the victim were involved. In this sample quarrel with parents was the commonest cause of suicide in males (33.3%).

#### Mode of suicide

In the present survey, out of 58 cases of suicide, hanging was the mode in 4 cases, others poisoned themselves. The poison used was an insecticide (organophosphorus). The almost exclusive use of an insecticide was obviously the function of its easy availability in the locality. For the protection of crops insecticides were freely used

by the farmers and often stored in their homes. These informations do offer clues to preventive measure. Iga *et al.*, (1975) are of the opinion that the Government drug-control law was instrumental in effecting a fall in the rate of suicide by drugs and poisoning in Japan.

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