

SUICIDE IN MADRAS

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SUMMARY

Eighty seven cases of suicides were investigated in the present study. Of the 87 cases 44% were males and 56.2% were females. 7% of the females were below 30 years and most of them were married. The chosen choice for the fatal self destruction in both sexes was hanging and the selected fateful hour in a considerable proportion of cases was between 6.00 P.M. and 12.00 midnight. Some of the notable causes are discussed.

A suicidal act is any deliberate act of self-damage by which the person committing the act can not be sure to survive. Suicide ranks among the first ten causes of death in the industrialised world (W.H.O. 1967). Experts have judged that, depending on the country, the number of actual suicides is any where two to five times the number officially reported. The present study was undertaken since there is a paucity of information on this subject from this part of the state, which happens to be the capital of Tamil Nadu State.

MATERIAL AND METHOD

The present study was carried out by visiting some of the Police Stations in the City of Madras. All the cases of consummated suicides reported during the year 1978, within their respective jurisdictions were selected for the study. Their case records kept at these Police Stations were perused systematically with the help of the investigating Police Officials. Besides the report of the Police Officer and the Post mortem report, the verdict of suicide was passed by the "Panchayatdars" and the neighbours of the deceased. In cases of sceptical informations, the authors made personal inquiries from the relatives and neighbours.

Eighty seven cases of successful suicides were thus studied and the data were recorded

in the proforma designed for the study. The results are tabulated and discussed.

RESULTS AND DISCUSSION

Age and Sex Distribution :

Of the 87 cases 44.8% were males and 56.2% were females. (Table I). However, a few studies on attempted suicide from South India (Venkoba Rao, 1965 ; Sathyavathy, 1971) pointed out a male preponderance over females. One of the reasons for disagreement in the same culture could be due to the different category of suicides studied. Our findings are in line with Nandi, *et al.* (1979), who had noted the female preponderance of suicide in Daspur

TABLE I

Age	Male-39 (44.8)	Female-48 (56.2)
<14	1 (2.6)	1 (2.1)
15-20	5 (12.8)	15 (31.3)
21-25	6 (15.4)	9 (18.8)
26-30	8 (20.5)	10 (20.8)
31-35	3 (7.6)	5 (10.4)
36-40	5 (12.8)	1 (2.1)
41-45	4 (10.3)	3 (6.9)
46-50	5 (12.8)	—
>51	2 (5.1)	4 (8.3)

Figures in parenthesis indicate percentage.

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and Chandrakona contrary to the trends in West Bengal and other states of India (Govt. of India report, 1976). Corresponding to the Indian report, in Western countries too males have a suicide rate higher than females though the difference between the two is gradually narrowing (Stengel, 1964).

In the females, younger age was found to favour the fatal suicidal acts. 73% of them were below 30 years, the most vulnerable period being 15-20 years. Probably the females are exposed to different stresses and experiences of life more during this period of life in succession, from attainment of menarche to childbirth. The age wise distribution of the males was not contributory to any pattern, nevertheless the maximum concentration was between 26-30 years, with a decline after the age of 50 years. Most of the suicides are in the younger age group in the study by Nandi *et al.* (1979). The studies on attempted suicides also show the peak figures in the younger age groups in both sexes (Venkoba Rao, 1965 ; Sathyavathi, 1971). In the Western countries, attempted suicides are more in the early age group (Stengel, 1971) but most of the fatal suicides are in the elderly (Stengel, 1964) which is quite contrary to our report.

Marital Status :

In the present study, married women particularly below 30 years are conspicuously found to be predisposed to fatal suicidal behaviour, whereas in the males marriage does not seem to tilt the balance (Table II).

TABLE II

	Male-39 (44.8)	Female-48 (56.2)
Married	19 (48.7)	30 (62.5)
Unmarried	17 (43.6)	16 (33.3)
Widows	—	2 (4.2)
Not known	3 (7.7)	—

Figures in parenthesis indicate percentage.

Mode of suicide :

The chosen choice for the self-destruction in both the sexes was hanging. Various factors like feasibility, accessibility, credibility and rapidity of its action could be behind such a choice. The next favourite choice was organophosphorous compound in the males and drowning in the females. Drowning and burning formed the third method employed by males and females respectively.

TABLE III

Mode	Male-39 (44.8)	Female-48 (56.2)
Organo phosphorous compounds	7 (17.9)	2 (4.2)
Burning	2 (5.1)	8 (16.7)
Hanging	18 (46.2)	15 (31.3)
Drowning	5 (12.8)	13 (27.1)
Oleander seeds	3 (7.7)	6 (12.5)
Miscellaneous	4 (10.3)	4 (8.3)

Figures in paranthesis indicate percentage.

Studies on attempted suicide however, show a different picture. Most of such studies reveal that the organophosphorous compounds are the fascinating agents. (Venkoba Rao, 1965 ; Badrinarayana, 1977).

Time :

The fateful hour in a considerable proportion of cases falls between 6.00 p.m. and 12.00 midnight in both the sexes. The next choice for the males was from 12.00 noon to 6.00 p.m., whereas for the females, it ranges uniformly from 6.00 a.m. to 6.00 p.m. This high incidence during the evening and night hours gives room for the speculation whether there is any association between suicidal behaviour, diurnal variation of the depressive mood and abnormal plasma cortisol levels in the evening and night hours as reported in many depressed patients (Carroll, 1972, Carroll and Mendels, 1976).

TABLE IV

Time	Male-39 (44.8)	Female-48 (56.2)
0-6.00 A.M.	3 (7.7)	7 (14.6)
6.01A.M.-12.00 Noon	5 (12.9)	11 (22.9)
12.01P.M.-6.00 P.M.	14 (35.9)	10 (20.8)
6.01P.M.-12.00 midnight	17 (43.6)	17 (35.4)
Not known	—	3 (6.3)

Figures in parenthesis indicate percentage.

The authors could not get at the exact causes in some of the cases. However, among the known and reliable causes the notable are Mental illnesses which formed 7.6% in the males and 12.5% in the females. About 12.5% of females had resorted to self destruction as a result of maladjustment with husbands who are alcoholics and drug addicts. Among the males 10.3% had committed suicide while they were under the influence of alcohol. 6.3% of the females had ended their lives following the self destruction of their loved ones whereas such an imitation could not be detected among the males.

ACKNOWLEDGEMENT

The authors record their appreciation for the Government of Tamil Nadu and the

Dean, Madras Medical College, for their cooperation and help.

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