

## SUICIDE IN RURAL COMMUNITY

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### SUMMARY

51 suicides in a rural community of Northern Karnataka were studied for incidence, age and sex distribution, methods adopted for suicides, and causes of suicides. Suicides in rural area did not show any difference from urban suicide pattern.

Many studies on suicides and suicidal attempts have been conducted in different parts of India. (Satyavath and Murthi Rao, 1961 ; Ganapathi and Vankoba Rao, 1966 ; Venkoba Rao and Paul, 1974 ; Badrinarayana, 1977 ; Bagadia *et al.*, 1979 ; Nandi *et al.*, 1978, 1979 ; Ponnudurai and Jayakar, 1980).

These works stressed on incidence, differences in sex, age group, and methods adopted for suicides. Majority of these studies were done on the urban and mixed population. The present study is confined to suicides in a rural community. This work has been taken up due to the paucity of studies on suicides in an Indian rural community. The aim of this paper is to study :

- (1) Incidence of suicides in a rural area.
- (2) Age and sex distribution.
- (3) Methods adopted for suicides.
- (4) Causes of suicides.

*Methodology* : Siddapur taluk in North Kanara district of Karnataka State was selected for the study as the author hails from that area. The population of the area of the study as per 1961 census was 61561. The taluk consists of 201 small scattered villages of few houses in each. The villages are situated in dense forests of northern Karnataka.

Police records along with post-mortem reports formed the source of the present study. After looking into the police records the relatives of the deceased were contacted in person by the author to elicit various

informations pertaining to the study.

In all there were 51 suicides ; males 34, females 17, during a period of nine years from 1962 to 1970.

### RESULTS AND DISCUSSIONS

*Incidence* :

TABLE-I—Showing Yearwise Suicides

Year	Males	Females	Total
1962	5	2	7
1963	3	2	5
1964	2	2	4
1965	3	4	7
1966	7	2	9
1967	5	1	6
1968	1	2	3
1969	2	0	2
1970	6	2	8
Total	34	17	51

Table-I shows number of suicides from 1962 to 1970. The total suicides for a period of nine years were 51. In 1966 there were nine suicides and in 1969 there were only two suicides. On an average the number of suicides per year was 5.7. The incidence of suicides for Siddapur taking census of 1961 as 61561 worked out to be 9.3 per 100,000. The incidence of suicides in Bangalore as reported by Satyavathi and Murti Rao (1961) was 8.8 per 100,000 population. Ganapathi and Venkoba Rao (1966) from South India reported the incidence of suicides for Madurai as 43 per

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100,000 population which is very much higher as compared to the present study. The incidence in the present study is slightly higher compared to 5.13 of Nandi *et al.*, (1979) for rural West-Bengal.

TABLE II—Showing Comparative Incidence of Suicides

Author	Place of Study	Incidence per 100,000
Satyavathi <i>et al.</i> (1961)	Bangalore	8.8
Ganapathi and Venkoba Rao (1966)	Madurai	43.0
Nandi <i>et al.</i> (1979)	Daspur Chandrakona	28.57 5.13
Present study	Siddapur, N.K.	9.3

Age and Sex Distribution :

TABLE-III—Showing Age and Sex Distribution

Age in years	Male	Female	Total
10-19	4	10	14
20-29	12	2	14
30-39	6	3	9
40-49	4	1	5
50-59	4	0	4
60-69	0	0	0
70+	4	1	5
<b>Total</b>	<b>34 (67%)</b>	<b>17 (33%)</b>	<b>51</b>

The majority of suicides were in the age group of 10 to 29 years. This age distribution does not differ from the urban suicide pattern.

When the sex is considered separately, of the 51 suicides males form 67 per cent. and females 33 per cent. Nandi *et al.*, (1978) comparing suicidal pattern during a century, report female preponderance during earlier decades, but male preponderance at the present time. The present study showing male preponderance over

females agrees with sex distribution of suicides.

Methods adopted for suicides :

TABLE-IV—Showing Methods Adopted for Suicides

Methods	Male	Female	Total	%
Drowning	9	11	20	39.21
Poisoning	12	5	17	33.33
Hanging	12	1	13	25.5
Other	1	0	1	1.96
<b>Total</b>	<b>34</b>	<b>17</b>	<b>51</b>	<b>100</b>

Drowning, poisoning and hanging form a common mode of suicide in various parts of India. Ganapathi and Venkoba Rao (1966) and Ponnudurai (1980) report almost the same pattern from south India. Nandi *et al.* (1978) reporting suicide deaths in rural population observe similar methods adopted by the suicides. The modes adopted by the suicides in the present study do not in any way show peculiarity.

Causes of Suicide :

TABLE V—Showing Various Causes of Suicides

Causes	Male	Female	Total	%
Marital & Domestic problems	10	9	19	37.25
Incurable diseases	11	4	15	29.41
Financial problems	4	1	5	9.81
Other	9	3	12	23.53
<b>Total</b>	<b>34</b>	<b>17</b>	<b>51</b>	<b>100.0</b>

Above Table shows that marital disorders and domestic problems rank highest in both sexes. Nandi *et al.* (1979) report quarrels with spouses as the commonest causes of suicides in the rural population. In the present study quarrels between spouses and in-laws have been important reasons for suicides. Disappointment in love, marital infidelity have also contri-

buted to the act of suicide.

Incurable diseases contributed 29.41 % of the total suicides in the present study. Many earlier studies have reported physical disorders as one of the causes of suicides both in urban and rural communities.

And in rural suicides financial worries *per se* do not appear to form a major contributing factor.

#### ACKNOWLEDGEMENT

My sincere thanks are due to the Director of Health and F. W. Services in Karnataka, Bangalore for kind permission to publish this paper. I am grateful to the former S. P. North Kanara, Sri S. Krishna Murthy for his kind permission to see police records. I am also thankful\* to Sri P. J. Bogilthaya, the then Deputy Commissioner of Police (Crime), Bangalore who helped the author to obtain permission to see police records.

I wish to express my gratitude for the police officials of Siddapur (N. K.) for their kind co-operation and to Dr. A. Badrinarayana for his valuable suggestions.

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