



Understanding Suicide Cases in Gujarat: A Comprehensive Analysis

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Abstract:

Suicide is a complex and pressing public health issue that demands a thorough examination of its underlying causes and contributing factors within specific regions. This abstract outlines a study aimed at comprehensively analysing suicide cases in the state of Gujarat, India, with the goal of shedding light on the unique sociodemographic, economic, cultural, and psychological aspects influencing this alarming trend. Gujarat, a state known for its diverse culture, economic growth, and dynamic social fabric, has witnessed a concerning rise in suicide cases in recent years. To address this crisis, our research employs a multi-faceted approach, combining quantitative and qualitative methods to gain a holistic understanding of the problem.

Our study encompasses an extensive review of suicide data collected over the past decade, including factors such as age, gender, marital status, occupation, and method used. We also delve into the socio-economic conditions prevalent in various regions of Gujarat, examining the influence of economic disparities and access to healthcare on suicidal tendencies.

Furthermore, we engage in in-depth interviews and surveys with survivors, families, and mental health professionals to explore the cultural and psychological dimensions of suicide. This qualitative component allows us to uncover the stigmatization of mental health issues, the role of societal pressure, and the effectiveness of available support systems. The findings of this research aim to provide valuable insights into the unique challenges faced by the people of Gujarat regarding suicide prevention. By identifying the key risk factors and barriers to seeking help, we can inform targeted interventions, policies, and awareness campaigns to address this pressing issue effectively. Ultimately, our study aspires to contribute to a reduction in suicide rates and an improvement in the mental well-being of the people of Gujarat.

Keywords: Family, Health, Society, Culture, Students, Economic and awareness

1. Introduction

Globally, close to 800 000 people die by suicide every year; that's one person every 40 seconds. For each suicide, there are more than 20 suicide attempts. While the link between suicide and mental disorders (in particular, depression and alcohol use disorders) is well established, many suicides happen impulsively in moments of crisis. Risk factors include experience of loss, loneliness, discrimination, a relationship break-up, financial problems, chronic pain and illness, violence, abuse, and conflict or other humanitarian emergencies. The strongest risk factor for suicide is a previous suicide attempt.

Suicide is an emerging and serious public health issue in India. However, it is preventable with timely, evidence-based and often low-cost interventions. The suicide mortality rate per 100 000 population in 2016 was 16.5, while the global average was 10.5 per 100 000. The most vulnerable are the 15–29-year old's, the elderly, and persons with special needs. The Mental Healthcare Act, 2017 decriminalizes suicide, assuring adequate medical relief to those attempting it. This is a landmark development ensuring dignity and a humane perspective to the issue. The National Mental Health Programme and

Health and Wellness Centres under the Ayushman Bharat Program are efforts to provide quality care at the primary health care level. Deaddiction centres and rehabilitation services are also available. A strengthened system for quality data on suicides (attempted and deaths) from vital registration, hospital-based systems and other surveys for formulating policies and subsequent monitoring are effective suicide prevention initiatives. Strengthening life-skill trainings and counselling in educational institutions, workplace etc. further supplement prevention policies.

In India, pesticides, firearms, self-hanging, jumping off bridges and in front of trains are the major means by which suicide is attempted. Policies limiting access to pesticides, firearms and putting barriers on bridges and railway platforms could be some of the preventive options. In addition, counselling services and creating destigmatized platforms for discussion around these taboo subjects could be considered. A comprehensive suicide prevention strategy within the framework of the National Mental Health Policy of India 2014, with effective multisectoral collaboration is imperative.

2. What is suicide

Suicide is the intentional act of taking one's own life. It is a complex and deeply troubling phenomenon that occurs when individuals experience overwhelming emotional or psychological distress and believe that ending their own life is the only solution to their problems. This act can manifest in various forms, including self-inflicted harm, poisoning, hanging, drowning, or the use of firearms, among others. Suicide is a global public health concern, and it is typically associated with a range of factors, including but not limited to:

- A. Mental Health Issues: Many individuals who die by suicide have underlying mental health conditions such as depression, anxiety disorders, bipolar disorder, schizophrenia, or substance abuse problems. These conditions can contribute to feelings of hopelessness and despair.
- B. Environmental Factors: Environmental factors, such as access to lethal means (e.g., firearms), exposure to suicide of friends or family members, or being in a stressful or abusive environment, can increase the risk of suicide.
- C. Social Isolation: Feelings of loneliness and social isolation can be significant risk factors for suicide. Lack of support from friends, family, or community can exacerbate emotional distress.
- D. Economic and Sociodemographic Factors: Economic hardship, unemployment, poverty, and issues related to gender, age, or cultural identity can influence suicide risk.
- E. Previous Suicide Attempts: Individuals who have previously attempted suicide are at a higher risk of making another attempt.
- F. Substance Abuse: Misuse of drugs or alcohol can impair judgment and exacerbate emotional issues, increasing the risk of suicide.
- G. Access to Mental Health Care: Limited access to mental health services or stigma associated with seeking help can prevent individuals from getting the treatment they need.

Preventing suicide involves a multifaceted approach that includes mental health support, crisis intervention, community education, and addressing the underlying risk factors. Recognizing warning signs and providing support to individuals in distress is crucial in preventing suicide. If you or someone you know is struggling with thoughts of suicide, it's essential to seek help from a mental health professional, counsellor, or a crisis hotline immediately. In many countries, there are helplines and organizations dedicated to providing support and resources for individuals in crisis.

3. Major reasons of suicide in Gujarat and Rajasthan

Suicide is a complex issue influenced by a variety of factors, and the specific reasons for suicide can vary from person to person. However, there are some common themes and factors that have been associated with suicide in the Indian states of Gujarat and Rajasthan. It's important to note that suicide is a multifaceted problem, and addressing it requires a comprehensive approach that takes into account sociocultural, economic, and mental health factors. Here are some major reasons for suicide in these states:

1. **Economic Distress:** Economic difficulties, including unemployment, debt, and poverty, can be significant triggers for suicide in both Gujarat and Rajasthan. Economic challenges can lead to feelings of hopelessness and despair, driving individuals to contemplate suicide as a way out.
2. **Agricultural Distress:** In rural areas of both states, agriculture is a significant source of livelihood. Crop failure, debt related to farming, and lack of access to irrigation facilities can contribute to distress among farmers, leading to a higher incidence of suicide in the agricultural community.
3. **Mental Health Issues:** Undiagnosed, untreated, or stigmatized mental health conditions, such as depression and anxiety, can be underlying factors in many suicide cases. In both states, there may be a lack of awareness about mental health issues and limited access to mental health services.
4. **Family and Relationship Issues:** Conflicts within families, marital problems, and interpersonal issues can be precipitating factors for suicide. Sociocultural pressures related to family honor and expectations can exacerbate these issues.
5. **Social and Cultural Factors:** Stigma surrounding mental health, shame associated with financial difficulties, and societal pressures to conform to traditional roles and norms can contribute to feelings of isolation and desperation.
6. **Access to Lethal Means:** Availability of easy and lethal means to commit suicide, such as pesticides or firearms, can increase the likelihood of impulsive suicides.
7. **Lack of Awareness and Education:** Limited awareness about mental health issues, suicide prevention, and available support services can hinder individuals from seeking help.
8. **Gender-Related Factors:** Gender-related issues, including dowry-related stress, gender-based violence, and societal expectations, can disproportionately affect women and contribute to higher suicide rates among females in these states.
9. **Regional Disparities:** Disparities in infrastructure, healthcare access, and economic opportunities can lead to varying suicide rates in different regions within Gujarat and Rajasthan.

It's important to address these factors through a combination of mental health awareness campaigns, economic and agricultural reforms, improved access to healthcare and mental health services, and community-based interventions. Suicide prevention efforts should take into account the unique sociocultural contexts and challenges of these states to be effective in reducing suicide rates.

4. Increasing suicide day by day and preventig law for the same

The rising incidence of suicide is a complex and multifaceted challenge that requires a comprehensive approach involving various stakeholders, including government bodies, healthcare organizations, mental health professionals, and the community. While there may not be a specific "preventing law" for suicide, there are several strategies and measures that can be implemented to address this serious public health issue:

- a. **Mental Health Awareness and Education:** Promote awareness and education about mental health issues to reduce stigma and increase understanding of the signs and risk factors associated with suicide. Encourage open discussions about mental health within families, schools, workplaces, and communities.
- b. **Access to Mental Health Services:** Improve access to mental health services, including counseling, therapy, and psychiatric care, especially in underserved areas. This involves increasing the number of mental health professionals and establishing crisis helplines.
- c. **Early Intervention:** Develop and implement programs for early identification of individuals at risk of suicide, especially among youth. Training teachers, healthcare providers, and community leaders to recognize warning signs can be crucial.
- d. **Crisis Helplines and Support Services:** Establish and promote crisis helplines and support services where individuals in crisis can seek immediate help and assistance. These services can be crucial in preventing suicides.
- e. **Reducing Access to Lethal Means:** Implement measures to reduce access to lethal means of suicide, such as restricting access to firearms, pesticides, or other potentially dangerous items.

f. Community-Based Interventions: Engage communities in suicide prevention efforts by organizing awareness campaigns, support groups, and community events that promote mental well-being.

g. School and Workplace Programs: Implement mental health programs in schools and workplaces to support the mental health of students and employees. These programs can include stress management, coping skills, and access to counseling services.

h. Legislation and Policy: Advocate for policies that promote mental health and suicide prevention, including adequate funding for mental health services, research, and the implementation of best practices in suicide prevention.

i. Research and Data Collection: Conduct research to better understand the underlying factors contributing to suicide rates in specific regions. Data-driven insights can inform targeted interventions.

j. Collaboration: Foster collaboration between government agencies, healthcare providers, non-governmental organizations, and community groups to coordinate efforts in suicide prevention.

It's important to recognize that addressing suicide is not solely the responsibility of the law but requires a multi-pronged approach involving multiple sectors of society. Laws can play a role in supporting and funding prevention efforts, but effective prevention involves a combination of education, awareness, access to care, and support for those at risk of suicide.

5. Law related to suicide cases

In India, suicide was decriminalized by the Mental Healthcare Act, 2017. This law decriminalized suicide attempts and emphasizes providing mental health care and support to individuals who attempt suicide rather than subjecting them to criminal penalties. Here are the key points regarding the legal status of suicide in India under this act:

1. Decriminalization: The Mental Healthcare Act, 2017, explicitly states that attempting suicide is not a criminal offense. Individuals who attempt suicide cannot be prosecuted, punished, or imprisoned for their actions.

2. Mental Health Care: The law focuses on the need to provide mental health care and support to individuals who attempt suicide. It recognizes that individuals who attempt suicide often require medical and psychological intervention.

3. Rights of Persons with Mental Illness: The act also outlines the rights of persons with mental illness, including the right to access mental health care and treatment. It aims to reduce stigma associated with mental health issues and promote the dignity and autonomy of individuals with mental health conditions.

4. Advance Directives: The law allows individuals to create advance directives, which are legal documents that specify their preferences for mental health care and treatment in case they become incapable of making decisions in the future due to their mental health condition.

5. Mental Health Review Boards: The act establishes Mental Health Review Boards to safeguard the rights of individuals with mental illness and oversee certain aspects of their care and treatment.

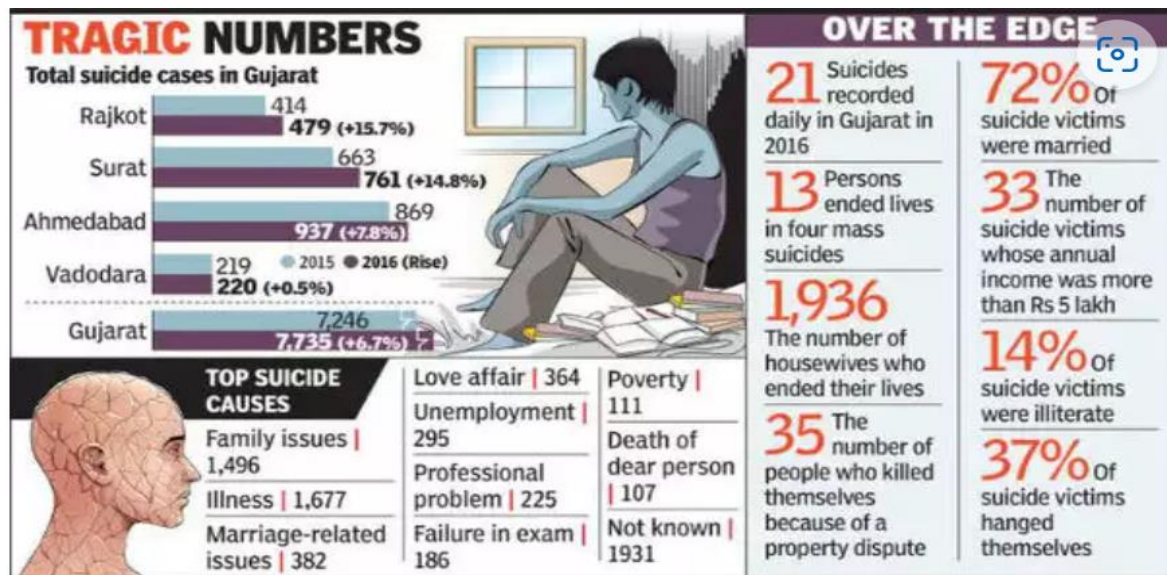
It's important to keep in mind that legal frameworks can change, and it's advisable to consult the most recent legal documents or seek legal advice from a qualified professional if you need information on the current status of suicide-related laws in India or any specific region within India.

6. Cases in Gujarat

As many as 3,002 students killed themselves between 2017 and 2021 in , revealed data from the National Crime Records Bureau (NCRB) and the Accidental Deaths and Suicides in India (ADSI) report. The highest number of deaths, 638, was reported in 2017, followed by 622 in 2021, the data showed. The data compiled by the Gujarat Pradesh Congress Committee (GPCC) showed that 56,013 students, including 30,488 boys and 25,525 girls, committed suicide during this period in India. In a statement, GPCC said seven medical students killed themselves in Gujarat in 2022. The party claimed the deaths resulted from the bad educational policy in the state and country, as well as increasing levels of anxiety and depression among students due to decreasing employment opportunities. The party said three students from premier institutes ended their lives in 2020, 2021, and 2023. Party spokesperson

Manish Doshi said that the state should adequately counsel students and take measures to control anxiety and other psychological disorders in students by monitoring their mental health regularly.

There has been a marked increase in the number of suicides in Gujarat in 2021, compared to the previous year. Data provided by the Union government in the Rajya Sabha on Wednesday said that while 8,050 cases of suicide were reported in Gujarat in 2020, the number to 8,789 in 2021, a 9.1% increase. Rajya Sabha member Jose Mani had asked for details on the number of suicides in the country in the last five years in each state. He also asked whether the government has commissioned a report on the high rate of suicides in the country and steps taken to prevent suicides. In his written reply, Union minister of state for home Nityanand Rai said that according to the findings of the National Mental Health Survey 2015-16, the risk of suicide was highest in the 40-49 years age group.



7. Cases in Rajasthan and other states

Over the last five and a half years, at least 25 students have died by suicide after they were subjected to ragging, the University Grants Commission (UGC) has revealed. In reply to a Right To Information (RTI) query filed by RTI activist Chandrashekhar Gaur, the UGC said that these complaints were registered with the central body between January 1, 2018 to August 1, 2023. Maharashtra and Tamil Nadu have reported four deaths each followed by Odisha with three deaths. Andhra Pradesh, Rajasthan, Uttar Pradesh, and Telangana have reported two deaths each. One death has been reported from Chhattisgarh, Himachal Pradesh, Gujarat, Madhya Pradesh, West Bengal and Punjab. Of the four cases of suicide in T.N., three were reported from Chennai — two from the Indian Institute of Technology-Madras and one from Jayagovind Harigopal Agarwal Agarsen College. The fourth suicide was reported from the Government Medical College in Thoothukudi district. In Maharashtra, there were two incidents from IIT-Bombay and two each from Topiwala National Medical College and MGM Medical College. Of the 25 cases, eight were reported in 2018, two in 2019, two in 2020, four in 2022 and nine in 2023. UGC Chairman Mamidala Jagadesh Kumar told The Hindu that UGC maintains a dedicated 24x7 anti-ragging helpline for students. “The UGC anti-ragging cell serves as a bridge between the students and educational authorities. Reports and complaints received through the helpline are escalated to appropriate authorities for timely action,” Mr. Kumar said.

Mr. Kumar said that UGC gets information from the helpline on the type of assistance requested by students, such as those related to distress calls. Mr. Kumar refrained from specifying the number but said, “We do get a large number of calls from across the country.” He further said the UGC takes up cases when they are reported by the media or when it receives complaints.

Mr. Kumar said that it is very unfortunate that most cases are reported from engineering or medical colleges. “Universities must create avenues for students to talk freely about their feelings. Such students need support and understanding and should be encouraged to seek professional help at the university’s counselling centre,” he said. “The issue of student suicides is a complex and multifaceted challenge. UGC regulations on curbing the menace of ragging in higher educational institutions provide clear guidelines and mandates all institutions to prevent ragging and help students avoid taking extreme steps,” he said. Students, teachers, and parents must be educated about mental health, stress management, and identifying signs of distress. “We should de-stigmatise and encourage students to seek mental health support,” he added.

8. Conclusion and recommendations

The situation with suicide is complex and can change over time, influenced by various factors such as socioeconomic conditions, mental health awareness, and access to mental health services. However, some general observations and recommendations:

- i. Addressing Mental Health: Mental health issues are often a significant contributor to suicide. Improving access to mental health services, reducing stigma, and promoting mental health awareness can play a vital role in preventing suicides.
- ii. Economic Factors: Economic distress, unemployment, and financial difficulties can contribute to suicidal ideation. Economic development programs and support for those facing financial hardships can help mitigate this.
- iii. Agricultural Distress: In rural areas, agricultural distress and farmer suicides have been a concern. Implementing measures to support farmers, such as debt relief programs and improved access to irrigation and agricultural technology, can be essential.
- iv. Community Involvement: Engaging communities in suicide prevention efforts, including awareness campaigns and support groups, can be effective in reducing suicide rates.
- v. Access to Lethal Means: Reducing access to lethal means of suicide, such as pesticides and firearms, can save lives.
- vi. Data Collection and Research: Continuously collecting and analyzing data on suicide cases can help policymakers make informed decisions and target interventions more effectively.
- vii. Collaboration: Collaboration among government agencies, healthcare providers, non-governmental organizations, and community groups is crucial for a comprehensive approach to suicide prevention.
- viii. Education and Training: Providing training to healthcare professionals, teachers, and first responders to recognize and respond to individuals at risk of suicide is essential.
- ix. Crisis Helplines: Establishing crisis helplines and support services can provide immediate assistance to individuals in crisis.
- x. Legislation: Ensuring that legislation supports mental health and suicide prevention efforts, including funding for programs and research, is important.

Suicide prevention is a critical public health concern, and efforts should be ongoing to reduce suicide rates and support those at risk.

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