Suicidal deaths in females in and around Kurnool district, Andhra Pradesh.

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Abstract: Suicide refers to an act by which person wishes to be dead, intents to die, and weather directly or through the actions of another person, he or she acts to achieve own death. The study is aimed to provide more insight about fatalities resulting from suicides among females in and around Kurnool district, Andhra Pradesh. A Retrospective descriptive study was done over the period of one year at Department of Forensic Medicine, Kurnool Medical College, Kurnool on females suicidal deaths. Cause of Death and Timing of death were reported and recorded in files after completing autopsy on suicidal deaths. Retrospectively data was collected. 50.4% deaths occurred due to were burns, 35.5% deaths were declared as poisoning cases, 11% were due to hanging and 2.8% were drowning cases. Majority of the poisoning deaths at Kurnool district was due to consumption of super vasmol hair dye. Teenagers play an important role in society. Females are more prone for depressive states, need support at home in all situations and awareness should create regarding life.

Keywords: Females, Suicidal deaths

I Introduction

Suicide refers to an act by which person wishes to be dead, intents to die, and weather directly or through the actions of another person, he or she acts to achieve own death. It is well established that the majority of suicides do not end in death. Unsuccessful suicides are called Para suicide or suicide attempt. It refers to any non-fatall, self-injurious behavior with a clear intent to cause bodily harm or death [1]. Worldwide about 8,00,000 people are commit suicide every year, whereas India accounts 1,35,000 and the male to female has been about 2:1[2,3]. Government of India defined suicide involving 3 criteria: one is it is an unnatural death, another one is intent to die originated within the person and another is the reason for the person to end his or her life [4]. Factors influencing suicide are Economic factors such as loss of job or home or retirement, financial stress, lowering of standards and prestige; social factors such as opposition to marry loved ones, inter caste/inter religious marriage, pregnancy before marriage, alcoholism; Family problems such as not having kids, illicit child/pregnancy, substance abuse, disease in family, dowry dispute, unfaithfulness, sexual abuse, loss of loved ones or separation, hopelessness, helplessness and depression. The study is aimed to provide more insight about fatalities resulting from suicides among females in and around Kurnool district, Andhra Pradesh.

II. Materials And Methods

A Retrospective descriptive study was done over the period of one year at Department of Forensic Medicine, Kurnool Medical College, Kurnool on females suicidal deaths. This study is analysed suicides among females reported to Department of Forensic Medicine. Details pertaining to Suicidal deaths are recorded officially at Forensic medicine department. Forensic Expert conducts autopsies on all sudden unnatural, unexpected and traumatic deaths at Forensic Department Kurnool Medical College/General Hospital. All the details pertaining to death were recorded in files including age, sex, occupation, socioeconomic status, marital status, history of psychiatry illness, health problems, any violent event occurred and other relevant histories. Cause of Death and Timing of death were reported after completing autopsy on suicidal deaths. The data for present study was noted from recorded files in to spread excel sheet and the results were tabulated.

III. Results

On analysing cause of suicidal deaths among females, Burns was leading cause followed by poisoning, hanging and drowning. 50.4% deaths occurred due to were burns, 35.5% deaths were declared as poisoning cases, 11% were due to hanging and 2.8% were drowning cases.
Majority of the female suicidal deaths were due to 21-30 years, was 91 (43.7%). 41 (19.7%) members were in the age group of 31-40 years, 40 (19.2%) were 11-20 years, 18 (8.6%) were 41-50 years and >50 years each. Children were also predominantly observed in female suicidal deaths, this will make us to focus more on growing situations of children and their surroundings.

**Table No.1** incidence of different causes of female suicidal deaths

<table>
<thead>
<tr>
<th>Cause of death</th>
<th>No. of patients</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burns</td>
<td>105</td>
<td>50.4%</td>
</tr>
<tr>
<td>Poisoning</td>
<td>74</td>
<td>35.5%</td>
</tr>
<tr>
<td>Hanging</td>
<td>23</td>
<td>11%</td>
</tr>
<tr>
<td>Drowning</td>
<td>6</td>
<td>2.8%</td>
</tr>
<tr>
<td>Total</td>
<td>208</td>
<td>100%</td>
</tr>
</tbody>
</table>

Majority of the female suicidal deaths were due to consumption of super vasmol hair dye. Out of 74 poisoning cases, almost 60 (81%) deaths occurred due to super vasmol poisoning, 11 (14.8%) were due to kerosene consumption and 3 (4%) were due to phenol poisoning.

**Table No.2**: Age Wise distribution of various causes of suicidal deaths among females

<table>
<thead>
<tr>
<th>Cause of Death</th>
<th>11-20 years</th>
<th>21-30 years</th>
<th>31-40 years</th>
<th>41-50 years</th>
<th>&gt;50 years</th>
<th>Total</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burns</td>
<td>16</td>
<td>25</td>
<td>20</td>
<td>8</td>
<td>6</td>
<td>105</td>
<td>50.4%</td>
</tr>
<tr>
<td>Poisoning</td>
<td>16</td>
<td>25</td>
<td>15</td>
<td>10</td>
<td>74</td>
<td>105</td>
<td>35.5%</td>
</tr>
<tr>
<td>Hanging</td>
<td>7</td>
<td>10</td>
<td>4</td>
<td>1</td>
<td>1</td>
<td>23</td>
<td>11%</td>
</tr>
<tr>
<td>Drowning</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>6</td>
<td>23</td>
<td>2.8%</td>
</tr>
<tr>
<td>Total</td>
<td>40</td>
<td>91</td>
<td>41</td>
<td>18</td>
<td>18</td>
<td>208</td>
<td>100%</td>
</tr>
<tr>
<td>Percentage</td>
<td>19.2%</td>
<td>43.7%</td>
<td>19.7%</td>
<td>8.6%</td>
<td>8.6%</td>
<td>100%</td>
<td></td>
</tr>
</tbody>
</table>

Majority of the poisoning deaths at Kurnool district was due to consumption of super vasmol hair dye. Out of 74 poisoning cases, almost 60 (81%) deaths occurred due to super vasmol poisoning, 11 (14.8%) were due to kerosene consumption and 3 (4%) were due to phenol poisoning.

**Fig No.1 Showing the types of poisoning recorded**

Out of 208 female suicidal deaths, 112 (53.8%) were single, 63 (30.2%) were married and 33 (15.8%) were divorced. Majority of the suicidal deaths among females were observed from lower middle class (107), upper lower (54) class followed by upper middle class (39) and very few cases were reported from lower class (8). No case reported from upper class.

**IV. Discussion**

Suicide is one of the major public health problems, which can be avoidable. Male suicidal deaths are predominant when compared to females except in China [5]. Women make more suicide attempts than men, but men are more likely to die in their attempts than women. Few studies reported suicidal attempts as “unsuccessful”, “failed”, or attention-seeking and also documented that on relationship between gender and suicidal behaviour [6,7]. Majority of the female suicidal deaths were due to 21-30 years, was 91 (43.7%). 41 (19.7%) members were in the age group of 31-40 years, 40 (19.2%) were 11-20 years, 18 (8.6%) were 41-50 years and >50 years each as per this study. In 2000, the males rates for specific age category started at 1.4 (5-14 years) and gradually increased to 52.1 (75 years and older). The female rates for the different age groups are: 5–14 years - 0.4, 15–24 years - 4.8, 25–34 years - 6.2, 35–44 years - 7.8, 45–54 years - 9.7, 55–64 years - 10.6, 65–74 years - 12.3 and 75+ years - 15.9 [8]. Patel et al [9] also found that of the total suicides at ages 15 years and older, about 40% of male suicides (45/1000/114,800) and about 56% of female suicides (40 500/72,100) occurred at ages 15–29 years.

In the present study, out of 208 female suicidal deaths, 112 (53.8%) were single, 63 (30.2%) were married and 33 (15.8%) were divorced. In suicidology, one of the most commonly quoted observations is that being single (never married, separated, divorced, or widowed) acts as a risk factor for suicide[10]. Suicidal tendencies may occur from childhood environment itself. From early childhood the depressed subjects show a lack of incentives, activity, avoiding difficulties and personal responsibility. Children, when they are faced with hard realities of life, such as trauma or abuse, fall prey of poor self-esteem, helplessness, depression and may gradually falls prey to shame when encountered with undesirable triggers, commits suicide. Suicide behaviour is known as an effort to solve the problems of living Whether or not an individual actually commits suicide depends largely on the nature of the response by other people to his problems [11]. Suicide rate is higher in India compared to other countries. In India suicide is regarded as crime. Many aspects related to suicides dealt differently like shame to families, funeral rites conducted differently, may be a trouble finding marriage proposals to relatives, mental health problems.
V. Conclusion

Majority of the female suicidal deaths occurred due to burns followed by poisoning. Affected age group was most commonly in teenagers, followed by adults and older children. Majority of the teenagers were committing suicide, reasons may be studies or loss of loved ones or social stress or change in lifestyle. Teenagers play an important role in society. Females are more prone for depressive states, need support at home in all situations and awareness should create regarding life.

References

[7]. GE. Murphy, Why women are less likely than men to commit suicide. Compr Psychiatry, 39, 1998, 165–75.