

# Self Choice to quit from Life against Nature: Tendency of Suicide in India

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## Abstract

Suicide is a serious and universal problem which is a barrier to the sustainable development of society at the local, national and global level and depends upon a number of factors which may be auto-generated in the space and time. This unexpected decision of suicide by someone not only ends own life but also leave the extensive and shocking footprints for the remaining family members. The present study tries to examine the choro-chronological incidences of suicide in the nation and to know about those factors which command over this premature death. The work reveals that the occurrences of suicide vary along the lines of space, time and other socio-cultural aspects and significantly lethal means and methods are equally responsible for suicide variant. It is important to know that so-called developed states of the nation are facing this misfortune more as compared to others. It means that mental peace and satisfaction are more necessary for human being rather than the availability of materialistic things. Here social consistency may be a radiance of hope for prevention of such untimely and unnatural departure of an individual from the way of life.

**Keywords:** *Suicide, Shocking footprints, Lethal means, Social consistency and Radiance of hope.*

## Introduction

The word Suicide is taken from the words SUI (of oneself) and CAEDES (murder) which means the practice of putting oneself to death. Though literary shreds of evidence reveal that English novelist, Sir Thomas Browne used this word first time in his dissertation "Religio Medici" in 1642<sup>(1)</sup> yet it has a long history. As long as there are shreds of proof of birth or initiation of civilization on the earth, as far as we come to across with the facts of varying nature of suicide. It seems that the collective pressure of varying socio-cultural, psychosomatic and biological aspect across the world makes it more problematic and a puzzling mystery<sup>(2)</sup>. The great Indian epics of *Mahabharata* and *Ramayana* provide wide and significant information about suicide or so-called 'dignified passing' or 'Moksha'. During the period of *Vedic* and *Upanishadic*, whether it is dropping oneself at the confluence of spiritual rivers to get 'Punya', or self-destruction for untreatable ailments during the last years of life (*mahaprasthan*) or suicide by starvation (*sallekhana*) are found approved as well as celebrated ways of suicide in the society. Afterwards, "Suteepratha" a philanthropic suicide became a common practice in Indian culture. The

ethics of Buddhist, Confucian and Shintoist accepted suicide in case of inoperable infirmity<sup>(3)</sup>. The episode of ascetic Dadhichi to save the humanity is well glorified in Indian prose as he sacrificed his life willingly so that Gods may utilize his skeleton as a weapon in fighting against the demons. In Indian scriptures, self-killing is also represented as a means to evade from dishonour and humiliation or to prove allegiance or holiness. Why our devotion does not accept that the moment of truth performed by the great character of *Sita* in *Ramayana* was somewhat like an attempt to suicide for proving her purity? Whether it was *Sati Pratha* (burning of widow with pyre of her husband) or *Johar* (to burn own self in hearth by *Rajput* women to save their dignity from Muslim invaders) both are examples of suicide to avoid mortification and these incidences have been worshipped and celebrated later with setting as a parameter of sanctity in literature<sup>(4,5,6)</sup> and this general approval of society as well as such superstitious views are main hindrances in complete eradication of these evils in present world also<sup>(7)</sup>. There is another aspect also where the holy books of *Bhagavad Gita* and *Upanishads* also consider that a person who ends own life for selfish reasons has no right of *Shraddha* and will congregate

with infinite darkness after death<sup>(1)</sup>. Apart from past, our society has not a much broad opinion about suicide in present time also because it is seen as weak and disloyal decision to chicken out from the existence<sup>(6)</sup>. Though in our constitution suicide is not a crime but attempt or failure in suicide is a punishable act under section 309 of Indian Penal Code<sup>(8)</sup>. Paradoxically, these descriptions reveal that purpose of suicide will decide whether the manuscripts lionize it for coming generation or it will be called as a sin in future.

### Universal and National Scenario of Suicide

At the universal level, suicide has been hyped, romanticized and criticized unstably since tragic Greek heroes Aegeus, Lycurgus, Cato or the Roman figures Brutus, Cassius, Mark Anthony or the Egyptian princess, Cleopatra; or Samson to the suicidal attackers of the present world. Moreover, through the periods the pervasiveness of suicide is more above from religious conviction and mores<sup>(9)</sup>. It is a global phenomenon and a major dilemma of society in developed countries, ranking amid the top ten causes of death for individuals of all age groups. According to a study with an extensive ratio of 30 per cent of China and India, Asian countries contribute to 60 per cent of global suicides. Furthermore, it is very shocking to know that only in China suicide incidences are thirty per cent more than the suicide totality of European countries<sup>(10,11)</sup>. In addition to this, suicide mortality has increased dramatically in third world countries as a consequence of numerous socio-fiscal aspects<sup>(12)</sup>. A report shows that annually approx eight lakhs people in the world pass away due to suicide or within forty seconds, one person lost own life<sup>(13)</sup>.

In India alone, more than one lakh people put themselves to death every year. In fact, the whole Indian subcontinent has higher numbers of suicide as compared to others but this reality lacks documentation<sup>(14)</sup>. It is estimated that with a significant proportion of twenty per cent Indians, every year more than a million people commit suicide<sup>(15)</sup>. A fact reveals that every year more than 12000 thousand farmers commit suicide in India which is 10 per cent of the total<sup>(16)</sup>. After leaving some exception of particular age group, the male suicide is also in excess in comparison to its opposite sex in India. In rural parts of the country, more people put own self to death as compared to urban and pesticide intake (which is rarely adopted a way of suicide in developed countries) is a widely prevalent method<sup>(17,18)</sup>. It indicates

that occurrence, means and manners of suicide also vary according to gender, region and economy. Above all since a long time, it remains a mysterious question why and how a life loving person is grabbed by fingers of self-destruction.

Though various communal, cultural, ethnic, spiritual, economic and medical divergences support to suicide<sup>(19)</sup> yet in most of the cases it is a result of emotional hysteria<sup>(20)</sup>. The en masse suicide in the capital city of India is one example of this mental disorder when the green corridor was made for last rituals of bodies. In this case, everyone was standstill with the throbbing nighttime incidence of 30th June 2018 when eleven members of the Bhatia family ostensibly committed suicide at their house in *Burari*, New Delhi. It was shocking as well as ironical that the cause behind these preplanned suicides was the Preparations for Heaven. The pieces of evidence have revealed that preceding their death, every member of the household has behaved a specifically assigned responsibility for haven rituals<sup>(21)</sup>. The incident strongly confirms the statement that permitted the method of *Moksha* (deliverance from the sequence of birth and death) in *Vedas* is still prevalent in the society<sup>(22)</sup>. The above depictions show that suicide is a sombre public health hazard which not only ends the life of the individual but disturbs the social cohesion also.

### Objectives

The study tries to seek the following objectives:

1. To scrutinize the state level pattern and trends of suicide in India.
2. To analysis the means and method of suicide and try to identify the responsible factors for suicides.

### Study Area

The natural winsomeness of India provides it with a unique recognition in south-central Asia. The cincture presence of lofty mountain range of Himalaya, Arabian Sea, Bay of Bengal and the Indian Ocean not only presents a panoramic look of the nation but also gives the assurance of the resource richness. These physical blessings confirm a strapping and significant strategic place of the nations in terms of its neighbourhoods. On one side, the tag of the seventh largest nation of the world validates its large landmass while on another

side the population possessions of 29 states and 7 union territories contribute in its second place worldwide.

**Material and Method**

The present research work assesses the rates, trends, and spatial distribution of suicide at the state level in India. The study is basically based on the secondary data composed from National Crime Records Bureau,<sup>(23,24,25,26)</sup> Ministry of Home Affairs under Government of India. Various other sources like reports, newspapers and editorial have been also accessed for supporting the facts and statistics. The Constitution of India in Section 309 of Indian Penal Code (IPC) clearly states that committing suicide is not unlawful but suicide effort or collapse is a punishable crime.

**Results and Discussion**

**Trends and Rate of Suicide in India, 1991-2015**

Undoubtedly, each suicide is an individual calamity and tragedy which prematurely affect the livelihood of families, friends and communities. It is estimated that every year approximately eight lakhs people commit suicide in the world<sup>(27)</sup> in which more than 135000 people (17 per cent) are the citizens of India<sup>(28)</sup>. According to statistics, 78450 cases of suicides were reported in India in 1991 with a suicide rate of 9.2 which reached to 108506 in 2001 and rate was observed 10.6 per lakh population. In this way, 30056 incidences were added in suicide profile from 1991 to 2001. As compared to 2001, with a suicide rate of 11.2, there were 27079 more people in 2011 (135585 persons) who put themselves to death. The increase in numbers of suicides was reported each year till 2011 thereafter some dilapidated trend has appeared in this regard.

**Table: 1 Trends and rate of Suicides in India**

Sr. No.	Census Year	Total Number of Suicide	Mid-Year Projected Population (in Lakh)	Rate of Suicides
1	1991	78450	8496	9.2
2	1992	80149	8677	9.2
3	1993	84244	8838	9.5
4	1994	89195	8999	9.9
5	1995	89178	9160	9.7
6	1996	88241	9319	9.5
7	1997	95829	9552	10.0

**Cont... Table: 1 Trends and rate of Suicides in India**

8	1998	104713	9709	10.8
9	1999	110587	9866	11.2
10	2000	108593	10021	10.8
11	2001	108506	10270	10.6
12	2002	110417	10506	10.5
13	2003	110851	10682	10.4
14	2004	113697	10856	10.5
15	2005	113914	11028	10.3
16	2006	118112	11198	10.5
17	2007	122637	11366	10.8
18	2008	125017	11531	10.8
19	2009	127151	11694	10.9
20	2010	134599	11858	11.4
21	2011	135585	12102	11.2
22	2012	135445	12134	11.2
23	2013	134799	12288	11.0
24	2014	131666	12440	10.6
25	2015	133623	12591	10.6

**Source:** National Crime Records Bureau, Ministry of Home Affairs under Government of India.

**Note:** Mid-year Projected Population as on 1st July

\* Rate of Suicides = Incidence of suicides per one lakh of population.

As statistics of 2012, 2013, 2014 and 2015 have documented that there were 135445, 134799, 131666 and 133623 reported cases of suicide respectively whereas the rate was 11.2, 11.0, 10.6 and 10.6 in that order (Table 1). The rate of suicides is screening a sundry tendency during the decade of 2001 to 2011; on the other hand, it is going to decline after 2010.

In some social studies, this type of chronological variation of suicide is blamed to more media exposure and urbanization because it is considered that intemperance of press and urban way has played an important role in modifications of social milieu as well as loss of cultural values and ethical fortitude<sup>(29)</sup>.

**Inter-state Prototype of Suicides in India**

Table 2 shows the regional pattern of suicide in India. The data reveals that during the year 2011, there are 135585 incidences of suicides in all over India out of which 132975 (98.1 per cent) are related to States

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and rest 2610 (1.9 per cent) are reported from Union Territories of the nation. The state West Bengal is on the first position with the highest share of 12.2 per cent in total suicides of the country. The sequence is followed by Tamil Nadu (11.8 per cent), Maharashtra (11.8 per cent), Andhra Pradesh (11.1 per cent) and Karnataka (9.3 per cent). There is no reporting of any case from two states namely Manipur and Nagaland during the same year. In the case of Madhya Pradesh, Kerala, Chhattisgarh and Gujarat the proportion of suicide is found 6.8, 6.2, 5.0 and 4.7 per cent respectively. It is very shocking that out of twenty-nine states of the country, only five (West Bengal, Tamil Nadu, Maharashtra, Andhra Pradesh and Karnataka), constitute more than half (56.2 per cent) of total self-homicide incidences. It has been observed that ratio of suicide in Union Territories (UTs) is either nil or less than one per cent and only in capital city Delhi where more than one per cent (1.3 per cent) people committed suicide in the same time.

The year 2015 gives the information of 133623 incidences of suicide with a decreasing rate of 10.6 as

compared to 11.2 of the previously selected the year of 2011. The significant variation has been observed in states and UTs where 97.8 per cent sharing of suicide is from state and only 2.2 per cent belongs to UTs. In 2015, the figure says that the five states specifically Maharashtra, Tamil Nadu, West Bengal, Karnataka and Madhya Pradesh together are responsible for more than fifty per cent (51.2 per cent) of the total suicides reported in the country. The maximum cases of suicides are reported from state Maharashtra (16970) followed by Tamil Nadu (15777) and West Bengal (14602), with a sharing of 12.7 per cent, 11.8 per cent and 10.9 per cent in the suicidal chart of the country in that order. As usual 2011, except Andhra Pradesh, these states are witnesses of a large number of suicides in the nation with a little variation of their positions. A significant decline of 4.7 per cent is observed in state Andhra Pradesh in 2015 as compared to 2011. State Karnataka (10786) and Madhya Pradesh (10293) accounts for 8.1 per cent and 7.7 per cent of the country's suicides correspondingly.

**Table: 2 State wise incidence of Suicides in India- 2011 and 2015**

Sr. No.	State/UTs	Number of Suicides 2011			% Share in Total Suicides	Rate of Suicides	Number of Suicides 2015			Total	% Share in Total Suicides	Rate of Suicides
		Male	Female	Total			Male	Female	Transgender			
1	Andhara Pradesh	10120	4957	15077	11.1	17.8	4307	1919	0	6226	4.7	12.1
2	Arunachal Pradesh	99	35	134	0.1	9.7	89	46	0	135	0.1	10.4
3	Assam	1826	900	2726	2.0	8.7	2364	867	0	3231	2.4	10.0
4	Bihar	446	349	795	0.6	0.8	290	226	0	516	0.4	0.5
5	Chhattisgarh	4527	2229	6756	5.0	26.5	4974	2143	1	7118	5.3	27.7
6	Goa	195	98	293	0.2	20.1	220	82	0	302	0.2	15.4
7	Gujrat	3912	2470	6382	4.7	10.6	4704	2542	0	7246	5.4	11.6
8	Haryana	2464	781	3245	2.4	12.8	2804	741	0	3545	2.7	13.0
9	Himachal Pradesh	269	174	443	0.3	6.5	347	196	0	543	0.4	7.7
10	Jammu & Kashmir	144	143	287	0.2	2.3	202	170	0	372	0.3	3.0
11	Jharkhand	825	387	1212	0.9	3.7	567	268	0	835	0.6	2.5
12	Kamataka	8472	4150	12622	9.3	20.6	7454	3332	0	10786	8.1	17.4
13	Kerala	6212	2219	8431	6.2	25.3	5828	1864	0	7692	5.8	21.6
14	Madhya Pradesh	5240	4019	9259	6.8	12.8	6294	3999	0	10293	7.7	13.3
15	Maharashtra	10887	5060	15947	11.8	14.2	12654	4314	2	16970	12.7	14.2
16	Manipur	18	15	33	0.0	1.2	21	16	0	37	0.0	1.4
17	Meghalaya	111	42	153	0.1	5.2	131	41	0	172	0.1	6.2
18	Mizoram	77	13	90	0.1	8.2	101	22	0	123	0.1	11.7
19	Nagaland	25	8	33	0.0	1.7	16	5	0	21	0.0	0.9
20	Odisha	3060	2181	5241	3.9	12.5	2375	1712	0	4087	3.1	9.7
21	Punjab	755	211	966	0.7	3.5	816	233	0	1049	0.8	3.6
22	Rajasthan	3016	1332	4348	3.2	6.3	2537	920	0	3457	2.6	4.8
23	Sikkim	107	77	184	0.1	30.3	170	71	0	241	0.2	37.5
24	Tamilnadu	10282	5681	15963	11.8	22.1	10734	5041	2	15777	11.8	22.8
25	Telangana	DNA	DNA	DNA	DNA	DNA	7309	2829	2	10140	7.6	27.7

Cont... Table: 2 State wise incidence of Suicides in India- 2011 and 2015

26	Tripura	447	256	703	0.5	19.2	475	271	0	746	0.6	19.6
27	Uttar Pradesh	2713	2130	4843	3.6	2.4	2289	1613	0	3902	2.9	1.8
28	Uttarakhand	192	125	317	0.2	3.1	346	129	0	475	0.4	4.5
29	West Bengal	9624	6868	16492	12.2	18.1	9065	5537	0	14602	10.9	15.7
	<b>Total (States)</b>	<b>86065</b>	<b>46910</b>	<b>132975</b>	<b>98.1</b>	<b>11.2</b>	<b>89483</b>	<b>41149</b>	<b>7</b>	<b>130639</b>	<b>97.8</b>	<b>10.6</b>
30	A & N Islands	94	42	136	0.1	35.8	108	50	0	158	0.1	28.9
31	Chandigarh	57	48	105	0.1	10.0	74	47	0	121	0.1	6.9
32	D & N Haveli	41	22	63	0.0	18.4	74	32	0	106	0.1	25.4
33	Daman & Diu	18	15	33	0.0	13.6	25	13	0	38	0.0	11.8
34	Delhi (UT)	1168	548	1716	1.3	10.2	1197	648	0	1845	1.4	8.8
35	Lakshadweep	0	0	0	0.0	0.0	4	1	0	5	0.0	6.3
36	Puducherry	396	161	557	0.4	44.8	563	148	0	711	0.5	43.2
	<b>Total (UTs)</b>	<b>1774</b>	<b>836</b>	<b>2610</b>	<b>1.9</b>	<b>13.0</b>	<b>2045</b>	<b>939</b>	<b>0</b>	<b>2984</b>	<b>2.2</b>	<b>11.6</b>
	<b>Total (All-India)</b>	<b>87839</b>	<b>47746</b>	<b>135585</b>	<b>100</b>	<b>11.2</b>	<b>91528</b>	<b>42088</b>	<b>7</b>	<b>133623</b>	<b>100</b>	<b>10.6</b>

**Source:** Compiled from NCRB, Ministry of Home Affairs under Government of India.

Rate of Suicides = Incidence of suicides per one lakh of population

The remaining 48.8 per cent suicides take place in the remaining twenty-four states and seven union territories. The most populous state of India, Uttar Pradesh (17.1 per cent share of the country population) has reported a comparatively lower percentage (2.9 per cent) of suicidal deaths. The states namely Madhya Pradesh (9259), Kerala (8431), Chhattisgarh (6756), Gujarat (6382), Odisha (5241) Uttar Pradesh (4843) and Rajasthan (4348) contribute between 3 to 8 per cent each of all India suicides. Apart from above, 12 mentioned states, rest India along with union territories conform less than 3 per cent of total suicides separately. The proportion of suicide is found either nil or negligible in states (zero in Nagaland and Manipur, 0.1 per cent in Meghalaya, Arunachal Pradesh and Mizoram discretely and 0.6 per cent in Tripura) of eastern India except for Assam (2.4 per cent). It has been detected that out of 29 states, nine are giving a contribution of more than 5 per cent in suicide profile of India whereas the proportion of UTs are almost constant except Delhi. In Delhi, the reporting of suicide numbers is highest (1845), followed by Puducherry (711), Andaman and Nicobar (158), Chandigarh (121), Dadar and Nagar Haveli (106), Daman and Diu (38) and Lakshadweep (5). All union territories of the nation together constitute 2.2 per cent of total suicides of the country (Table 2). The rate of suicides i.e. the number of own killing per one lakh population has been widely accepted as

a standard gauge for comparison. The suicides rate of India is traced 10.6 during the year 2015. The higher rate of suicide has been observed in southern states (Sikkim (30.3), Telangana and Chhattisgarh (27.7), Kerala (25.3), Tamil Nadu (22.1), Goa (20.1) along with union territories of Puducherry (44.8), Andaman and Nicobar (35.8) and D&N Haveli (25.4). In 2011, out of total 135585 suicides of the country, big numbers of 87839 are of males while the other counter sex numbers are 47746 whereas in 2015 this data is 91528 and 42088 respectively. The highest 10887 male suicides are reported from Maharashtra against 5060 of females in 2011. The same state has maintained its rank in 2015 with a number of 12654 males and 4314 females' suicide. In UT Delhi, 1197 males and 648 females put oneself to death in 2015.

Though practically, suicide finishing occurrence is more in males than females yet the engagement frequency in suicide attempts is significantly higher in females which is called gender paradox<sup>(30)</sup>. It is related to this fact that chances of survival during suicide are higher in females because of the use of less perilous means for suicide by them<sup>(31)</sup>. Generally, the marital issues like, dowry, mental abuse, sexual brutality, marriage against girls will and choice, divorce, domestic violence and blackmailing are major responsible factors in female suicidal incidences whereas in male particularly of young age, family problem, financial reasons, poverty, drug addiction, incurable diseases, tensions of relations, love affairs, unlawful threats from spouse and bankruptcy increase the occurrence of suicide in any society.

**Adopted Approaches or Mode for Suicide**

The regional differences in types or mode of suicides are mainly the result of heterogeneous socio-economic milieu, convenience to noxious means and weapons legislation instead of behavioural differentiation. In

all over the world, commonly the shoot out own with a gun or any lethal arms, vehicle exhaust asphyxiation and venom consumption are dominating means of committing suicide in developed societies while in emerging nations, execution, poisoning and put into fire own are leading the profile of suicide<sup>(1)</sup>.

**Table: 3 Method Adopted for Suicide 1991-2015**

Sr. No.	Means Adopted for Committing Suicides	Number of Suicides 1991	% Share of each Means 1991	Number of Suicides 2001	% Share of each Means 2001	Number of Suicides 2011	% Share of each Means 2011	Number of Suicides 2015	% Share of each Means 2015
1	Over Alcoholism	DNA	DNA	1291	1.19	1389	1.02	DNA	DNA
2	Drowning	9322	11.88	8253	7.61	8060	5.94	7267	5.44
3	Fire/self immolation	7722	9.84	10822	9.97	11866	8.75	9558	7.15
4	Fire-arms	571	0.73	395	0.36	402	0.30	469	0.35
5	Hanging	17819	22.71	29757	27.42	45015	33.20	60952	45.61
6	<b>Poison:</b>	25557	32.58	41592	38.33	43365	31.98	37232	27.86
	(i) Consuming insecticides			21530	19.84	21804	16.08		
	(ii) Consuming Other Poison			20062	18.49	21561	15.90		
7	Self infliction of injury	359	0.46	520	0.48	481	0.35	572	0.43
8	<b>Jumping From:</b>	659	0.84	1348	1.24	1304	0.96	2382	1.78
	(i) Building			620	0.57	686	0.51		0.00
	(ii) Other sites			728	0.67	618	0.46		0.00
9	Jumping off moving vehicles/trains	2754	3.51	671	0.62	650	0.48	3338	2.50
10	Machine	316	0.40	217	0.20	132	0.10	DNA	DNA
11	Overdose of sleeping pills	325	0.41	1088	1.00	568	0.42	645	0.48
12	Electrocution	436	0.56	1033	0.95	742	0.55	954	0.71
13	Jumping under running vehicles/trains	DNA	DNA	3548	3.27	4846	3.57		0.00
14	Other means	12610	16.07	7971	7.35	16765	12.36	10254	7.67
	<b>Total</b>	<b>78450</b>	<b>100</b>	<b>108506</b>	<b>100</b>	<b>135585</b>	<b>100</b>	<b>133623</b>	<b>100</b>

**Source:** Compiled from National Crime Records Bureau, Ministry of Home Affairs under Government of India.  
DNA: Data Not Available

The particulars of 1991 demonstrate that because of easy accessibility, poison (32.58 per cent) is found as the most widely used mean for suicides accompanied by hanging (22.71 per cent), drowning (11.88 per cent) and burning by fire (9.84 per cent). These four methods of suicide are exercised for the loss of life by the maximum number of 60420 (77 per cent) out of total 78450 suicidal cases. In 2001, the same four modes are perceived as

prominent means of committing suicides in all over India and espoused by 83.33 per cent soul-killers with a varying proportion of poison (38.33 percent), hanging (27.42 percent), self immolation/burning by fire (9.97 percent) and drowning (7.61 per cent). In 2011, hanging (33.20 per cent) method is adopted by highest self-murders chased by poisoning (31.98 per cent), self-immolation (8.75 per cent) and drowning (5.94 per

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cent).

The share of poisoning, drowning and jumping (from buildings & other sites) as a means of suicide is decreased in 2011 compared to 2001. In 2015, the hanging cases have been registered from 60952 own-killers which constitute 45.61 per cent of total suicide incidences whereas the consumption of poison, self-immolation and drowning are practised by 27.86, 7.15 and 5.44 per cent people correspondingly. On one side in 2015, as a mode of suicide, the ratio of drowning (from 5.94 percent in 2011 to 5.44 percent in 2015) fire/self immolation (from 8.75 percent in 2011 to 7.15 percent in 2015), is declined while on another side, the hanging proportion received a big boost and reported 45.61 per cent from 33.20 per cent in 2011. Following the same trend, jumping from building and other sites (from 0.96 percent in 2011 to 1.78 percent in 2015), overdose of sleeping pills (from 0.42 percent in 2011 to 0.48 percent in 2015) and by touching electric wire (from 0.55 percent in 2011 to 0.71 percent in 2015) have also increased in latest enumerated year (Table 3). In most of the cases, more use of a particular method or mean confirms the easy availability and more reliability of suicide.

### Conclusion

Undoubtedly, suicide is a complicated dilemma for the society and the preceding discussion strongly supports this with a fact that numbers of suicide in the country is declined in recent studied period yet it is not significant. It is shocking that more than half of suicide in India take place only in five states like Maharashtra, Tamil Nadu, West Bengal, Karnataka and Madhya Pradesh. The suicide history of seven sisters' states giving some comfort with negligible figures of such unnatural death. The adopted means for suicide is also another considerable fact and it is observed that the hanging and consumption of poison are widespread methods of ending own life. The summery also presents the piece of evidence about massive gender discrepancy in suicide record of the country. In every state and UTs, almost double numbers of male put an end to one's life as compared to females. Definitely, this problem is multidimensional as well as serious and to overcome this unnatural desire of death, social coordination, awareness and dedication are more realistic than formulation and implementation of policies. The additional study about reasons and actuality of suicide may be a milestone for

the prevention of this dilemma.

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