ABSTRACT

Suicide is the second commonest manner of unnatural death flanked by accident and homicide. Unlike suicide which terminates the human life forever, its counterpart, ‘Para suicide’ paralyses the human life either temporarily or permanently. Para suicide could not be taken as a lighter entity in the modern times, for it may prove as equally dangerous as suicide itself and sometimes perhaps more than that.

The present study is an analysis of the spectrum of Para suicide in the terms of various sociodemographic / epidemiological features. The study presents the profile of suicide attempters, who reported / were brought to the Kasturba Hospital, Manipal, Coastal Karnataka, South India, over a span of twelve months with an alleged history of attempted suicide.

The study sample comprised of 52 subjects who survived the attempt of suicide. Men (56%) considered as more vulnerable than women. Urbanites (80%) outnumbered the rural dwellers (20%). Thirty six percent of the attempters were in their third decade of life. Fifty six percent of the victims had had their education up to the Secondary School. Manual laborers (23%) were most vulnerable when compared to the skilled laborers and professionals (4% each). Ninety four percent of the subjects were the followers of Hindu religion. Married individuals (52%) and those from lower middle class sector (70%) attempted suicide more often. Presentation is concluded by the suggestion of probable preventive measures.

KEY WORDS: Para suicide, sociodemographic features, suicide, unnatural death.

INTRODUCTION

It is a time proven fact that all the living organisms on this earth fight for survival and existence. What then makes the man to risk his own life? The tragedy of self-inflicted death has always attracted the attention of the medical as well as the legal fraternity. Although it is quite obvious that one has to ‘attempt’ suicide in order to ‘commit’ it, it could be held that the event of attempting suicide need not always have death as its objective.

Para suicide is thus defined as a ‘conscious and voluntary act which the individual has undertaken in order to injure himself, and which the individual could not have entirely be certain of surviving, but where the injury has not led to death’. The term ‘Para suicide’ is used synonymously with ‘attempted suicide’ to express the fact that it is a phenomenon which is close to or similar to suicide but nevertheless different.[1] Parasuicide is the problem of major concern in today’s society, which sometime or the other affects the lives of a significant proportion of the population. The incidence of parasuicide is greatly influenced by the differences in age, sex, race, religion, culture, marital status, habitat, climate and social systems. [2]

MATERIAL AND METHODS

The study was conducted in Kasturba Hospital, Manipal, Coastal Karnataka, South India, over a span of twelve months, from 1st February 2001 to 31st January 2002. The said hospital is situated on the rocky hillocks of Manipal, catering to the needs of Coastal Karnataka and the adjoining districts of Karnataka, and also to the neighboring States of Kerala and Goa. During this period, 82 cases of suicide and parasuicide were reported. Of this, 52 survived the attempt, which constituted
the material for present study. These subjects were referred to / brought to the departments of Casualty, Medicine, Psychiatry, Surgery, and Orthopedics. The subjects were given ordinary in-patient ward care and / or intensive care as per the need of the circumstance. After they were stabilized, an interview was conducted by providing a preset questionnaire to them personally in their respective wards of admission. Relevant information was also gathered from their relatives, friends and caretakers. The information so obtained was tabulated and analyzed.

Exclusion Criteria: Those who subsequently died following complications of the act were excluded from the study.

RESULTS

During the twelve-month span of the study period, 82 cases of suicide and parasuicide were reported to Kasturba Hospital, Manipal. Sixty four percent of the subjects have survived the attempt of suicide. Men (56%) surpassed women (44%). Majority of the victims (39%) were in their third decade of life. (Table 1) Eighty-one percent of the study sample was urban dwellers. Fifty six percent had had their education up to Secondary School. (Figure1) Manual laborers (23%) topped the list followed by students (21%) and housewives (20%). (Table 2) Subjects from lower middle class attempted suicide more often (70%). (Figure 2) Ninety four percent were the followers of Hindu religion. Married people (52%) had outnumbered the unmarried ones (48%). 85% of the victims lived in nuclear families. Only 6% of the victims lived alone at the time of attempting suicide.

DISCUSSION

Of the total 82 cases reported, 64% survived the attempt of suicide and 36% succumbed to it. Men (56%) outnumbered women. This is consistent with the studies of Osama A & Lonquist, 2001, Eferakeya 1984 & Howtan et al. 1998. [3-5]. But this is in contrast with the observations of Bhatia et al. 2000, Tuzun et al. 2000, Blumenthal, 1990, Platt et al. 1988, Wunderlich et al. 2001, 6-10 where women have outnumbered men in non-fatal unsuccessful attempts. Majority of the victims were in their second decade of life (38.46%) followed by those in third decade (32.7%). The young people are much more prone to get shattered by the turbulence of life easily. They opt for deliberate self-harm over trivial issues and make non-fatal suicidal attempts, where the intention to kill may be lacking. [1,11-13]
Eighty one percent of the study samples were urban dwellers. The more demanding urban life styles may be the instrumental factor for this. Those who have had education up to Secondary School constituted the major bulk of the study population (56%), followed by university graduates (33%). Low education is considered as an important risk factor. [8,14]. Like our observation, Tuzun et al, 2000, report 23.4% of victims as University graduates. [7]. Manual laborers topped the list (23%) followed by students (21%), housewives (20%) Skilled laborers and professionals occupied the last position (4% each). This could be explained on the grounds that, manual laborers, due to illiteracy, ignorance and poverty, attempt suicide more often than the other sectors of the society. Our findings are consistent with those of Bhatia et al and Singh et al. [6,15] But Tan 1986, has shown that skilled and administrative professionals are at a higher risk of attempting suicide [16]. Subjects from lower middle class attempted suicide more often (70%), followed by the upper middle class (21%). People from the upper class constituted the least bulk (4%). People of lower middle class, who by virtue of their hand-to-mouth existence, fail to nurture their dreams may attempt suicide more often.

Ninety four percent were the followers of Hindu religion followed by Christians (4%) and Muslims (2%). This reflects the prevailing population in this part of the country. Irrespective of the religion, the entire study population admitted that they strongly believed in their respective religion / God. This reflects the custom and tradition, which is confided in them. Married people have outnumbered (52%) the unmarried ones (48%). This is in contrast with most of the Western studies where highest incidence of parasuicide was observed among unmarried and lonely individuals. [17-20]. But our findings are consistent with Indian literature. [6,15]. Our study shows that, in Indian set up, different psychological factors related to marital or family life might be operating for parasuicide. Eighty five percent of the victims lived in nuclear families against 15% who lived in extended nuclear families. The more demanding nature of nuclear families, coupled with stress, strains and adding fuel to the fire, there is no one to shoulder their agony, may drive these people to attempt suicide more often than their counterparts who are somewhat ‘secured’ in the larger families.

Ninety four percent of the victims were living with the family at the time of attempting suicide. Only 6% lived alone at the time of the act. Even though this is in contrast with the Western literature which correlates high risk of suicidal attempts in people living alone, [18-22] could be explained by the fact that Indian culture and tradition gives utmost importance to the concept of ‘family’ and a very small proportion of the people opt to live alone. This is amply supported by the available Indian literature. [6,15,23,24]

The probable preventive measures to tackle parasuicide would be adopting de-stressing programmes for the stress prone urbanites, providing better education and increasing the pecuniary status by creating job opportunities for the underprivileged and upholding the family bondage in the nuclear families.

This study attempts to illustrate that epidemiological analysis of the local data of parasuicide may show trends, which are similar to large-scale trends in certain aspects. This approach will hopefully lead to a better understanding of the phenomenon of parasuicide and the ultimate identification and intervention of high-risk individuals.

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