

WORLD JOURNAL OF ADVANCE HEALTHCARE RESEARCH

SJIF Impact Factor: 5.464

ISSN: 2457-0400 Volume: 5. Issue: 5.

Page N. 185-186 Year: 2021

Review Article <u>www.wjahr.com</u>

SUICIDE & ITS PREVENTION

H. S. Manasa*1 and Manjula K. V.2

¹Nursing Tutor, JSS School of Nursing, Mysuru, Karnataka, India. ²Nursing Tutor, JSS School of Nursing, Karnataka, India.

Received date: 10 Aug. 2021 Revised date: 30 Aug. 2021 Accepted date: 18 Sept. 2021

*Corresponding author: H. S. Manasa

Nursing Tutor, JSS School of Nursing, Mysuru, Karnataka, India.

ABSTRACT

Suicide is the deliberate self-infliction of death. It is a leading cause of death all around the world. Suicide is the third highest cause of death among teenagers aged 15 to 19. Low- and middle-income nations account for 79 percent of global suicides. Pesticide ingestion, hanging, and weapons are among the most common ways to commit suicide in the world1. The number of suicides in India grew to 230,314 in 2016. In both the 15-29 year and 15-39 year age groups, suicide was the most common cause of death. Every year, over 800,000 individuals die by suicide around the world, with 135,000 (17%) of these being citizens of India, which accounts for 17.5 percent of the global population. Every year, far more people attempt suicide than commit suicide. In the general population, the single most important risk factor for suicide is a previous suicide attempt. Tamil Nadu had the highest suicide rate of 12.5 percent in 2012, followed by Maharashtra (11.9 percent) and West Bengal (11.0 percent). Tamil Nadu and Kerala had the highest suicide rates per 100,000 persons among big population states in 20123. In India, the ratio of male to female suicides is roughly 2:1. The number of suicides in India is estimated to be in the millions. For instance, a research published in The Lancet predicted 187,000 suicides in India in 2010, although official statistics from the Indian government claimed 134,600 suicides in the same year. According to WHO data, India's age-standardized suicide rate for women is 16.4 per 100,000 (6th highest in the world) and for males is 25.8 per 100,000 (22nd).

KEYWORDS: Suicide, prevention, strategies, government of India.

INTRODUCTION

In India, over 46,000 suicides occurred in the 15–29 and 30–44 age categories in 2012, accounting for about 34% of all suicides. In 2012, poisoning accounted for 33% of suicide attempts, hanging accounted for 26%, and self-immolation accounted for 9%. In 2012, 89 percent of suicide victims in India were literate, which was higher than the national literacy rate of 74 percent. In India's 53 major cities, there were 19,120 suicides.

- With 2,183 suicides, Chennai leads the way, followed by Bengaluru (1,989), Delhi (1,397), and Mumbai (1,296). Suicide rates in Jabalpur (Madhya Pradesh) and Kollam (Kerala) were nearly four times higher than the national average, at 45.1 and 40.5 per 100,000 persons, respectively.
- Suicide rates in Indian cities vary dramatically from year to year. Suicide rates have also risen in Punjab as a result of bank troubles.

Male suicide rates are twice those of females on average. At the regional level, however, there is a lot of fluctuation in this ratio. West Bengal had the largest number of female suicides in India, with 6,277, and a male-to-female suicide ratio of 4:3.

Farmers' suicides are also a major concern in India, accounting for 11.2 percent of all suicides.

In the world, one suicide attempt occurs every three seconds, and one suicide fatality occurs every 40 seconds. Suicide attempts are the leading cause of death by suicide.

Predisposing factors include

- Easy access to methods of suicide (e.g., pesticides or firearms).
- An increase in social, economic, or cultural stress makes a person more vulnerable to attempting suicide.
- Situation of war disaster

What is Suicide?

A death is classified as suicide by the Indian government if it fits the following three criteria: - it is an unnatural death:

- The person's will to die is formed within them;
- There is always a reason to die. The motive could have been stated in a suicide note or left unstated.

Causes of Suicide

- 1. Marriage related issues (dowry, extra marital affairs,
- 2. Failure in examination.
- 3. Incurable chronic illness.
- 4. Indebtness and monsoon failure (in case of farmers
- 5. Family issues.
- Substance abuse. 6.
- 7. Mental issues.
- Means of suicide:
- Ingestion of pesticide (most common mean)
- Hanging.
- Firearm.

Suicide prevention and control: The World Health Organization (WHO) has approved a mental health action plan (2013-2020)

By 2020, the goal is to reduce suicide rates in countries by 10%.

Prevention strategies include

- 1. Universal precautions
- Make health-care services more accessible.
- Mental health promotion.
- Limit your alcohol consumption.
- Restrict access to suicide methods.
- · implementing alcohol regulations to decrease the harmful use of alcohol;
- early identification, treatment, and care of people with mental and drug use problems, chronic pain, and acute emotional distress;
- 2. Selective precautions (for those who are particularly vulnerable):
- Special attention should be given to persons who have survived a calamity or have been abused in any way.
- Special attention given to people who have attempted suicide in the past.
- A HELPLINE should be available for people who need counselling during a tough time in their lives.
- 3. Recommendations for action:
- · Strengthening the health-care system to prevent and control suicide

There are six components to the National Suicide **Prevention Strategy**

- 1. Surveillance.
- 2. Information, education, and communication
- 3. Guidelines for the media
- 4. Restriction in terms of means
- 5. The reduction of stigma.

6. Education of health care providers, teachers, police officers, and parents.

Actions made by the government to prevent farmer

- The government established the KRISHAK Ayog to investigate farmer suicide.
- A debt-forgiveness programme for farmers was
- Irrigation infrastructure that is subsidised.
- Pradhan Mantri Fasal Bima Yojana;
- Pradhan Mantri Sinchayee Yojana.

CONCLUSION

Suicide is a complicated issue, therefore efforts to prevent it require coordination and collaboration from a variety of sectors, including health, education, labour, agriculture, business, justice, law, defence, politics, and the media. Because no single technique can make a difference in a complicated subject like suicide, these efforts must be comprehensive and interconnected.

REFERENCES

- Veerabhadrappa G. Mendagudli, Shivaleela S. Sarawad. Suicide Prevention Strategies: An Overview. Asian Journal of Nursing Education and Research, 2021; 11(3): 447-8. doi: 10.52711/2349-2996.2021.00108 Available https://ajner.com/AbstractView.aspx?PID=2021-11-3-35.
- https://www.who.int/news-room/factsheets/detail/suicide.
- "Gender differentials and state variations in suicide deaths in India: the Global Burden of Disease Study 1990-2016". Lancet. 1 October 2018. Retrieved 20 October 2018.
- 4. Suicides in India. The Registrar General of India, Government of India, 2012.
- Patel, V.; Ramasundarahettige, C.; Vijayakumar, L.; Thakur, J. S.; Gajalakshmi, V.; Gururaj, G.; Suraweera, W.; Jha, P. "Suicide mortality in India: A nationally representative survey". The Lancet., 2012; **379** (9834): 2343-51. doi:10.1016/S0140-6736(12)60606-0. PMC 4247159. PMID 22726517.
- 6. Suicide Rates Data by country. World Health Organization. 2012. Retrieved 30 November 2015.
- Mental health action plan 2013-2020. Geneva: World Organization;2013, http://apps.who.int/iris/bitstream/10665/89966/1/978 9241506021_eng.pdf,accessed 24 July 2016.
- Preventing suicide: a global imperative, World Organization, http://apps.who.int/iris/bitstream/10665/131056/1/97 89241564779_eng.pdf?ua,accessed on 26 December 2016.