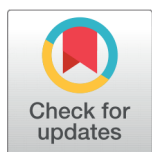


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EDUCATIONAL AWARENESS AS A REDUCTION FACTOR OF SUICIDE RATE

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Abstract

Suicide is one of the major causes of unnatural death worldwide. As per World Health Organization (WHO, 2018) statistics, about 800,000 people commit suicide every year and of these 135,000 are Indians. The suicidal rate in India is on its increasing trend for the past 20 years in which the suicidal cases from the southern Indian states are recorded chronically high. Among south Indian states, Kerala is noted for its declining trend of suicide recently. There are many factors for such decline among which the increasing trend of educational awareness is a dominant factor. The present research is based on assessment of educational awareness and its influence on suicide attempters in Kerala. The study is purely based on the suicide survivors who attempted to end up their life but due to on time medical availability, care and support from family members and society were able to come back to normal life. The snow ball sampling and questionnaire method were used to collect details regarding suicide attempters. The study reveals the fact that suicide is purely a psychological attempt to kill oneself and cannot be predicted at what age or at what time a person undergo this psychological phenomena. There are several measures that can be adopted to mentally and physically treat a person and bring back to normal life among which education awareness in the form of school education, family education, religious education, social education and spiritual education is most effective one. The study further suggests that a person should not only be educated materialistically but also spiritually to understand the importance of life and his / her importance in a family, community and nation.

Keywords: Suicide; Education; Suicide rate; Kerala

Introduction

World Health Organization defined health as “a state of complete physical, mental and social well being and not merely the absence of disease or infirmity.” As per this definition no person can be declared as a healthy person since throughout the life span of a person he / she goes through different stages of physical and mental illness, some are curable and some have no medicine except

counseling and meditation. Compared to physical health, mental health of a person is at high degree of instability. Mental illness is always referred as the psychological status of human mind, some of which are curable and some are impossible to be cured with medicine. In such cases counseling often considered as an ultimate solution. But studies prove that counseling in 100 cases 75 % of cases is proved to be failure due to lack of proper follow up (Vikas Arya, 2017).

This situation always leads a patient to fall into depression, isolation, demotivation and a stage of paranoid schizophrenia and tempt them to commit suicide as an ultimate way to end up all pain. It is ironical to see that at this stage of medicinal, technical and educational development, people often blame the doctors and methods of treatment for a causality related to mental illness. But the true fact is that doctors and methods of treatments are helpless unless and until people, society and nation come together to avoid occurrence of such events and actively take part in the method of treatment. The present study is a case study of suicide attempters from Kerala. Here an attempt was made to understand how these suicide attempters managed to overcome their mental illness and how educational awareness is progressively acting as a reduction factor of suicide rate among the suicide attempters in Kerala.

Study Area

Kerala commonly known as “God’s own country” is one of the 29 states of India with Thiruvananthapuram as capital. It has a geographical area of 38863 sq. km. which accounts for 1.2 % of the total geographical area of the country. It is bounded by Karnataka state in north and northeast, Tamilnadu in east and southeast and Arabian Sea in the west. This greenish land stretches between the Western Ghat and Arabian Sea with varying landscape. As its uniqueness in the geographical conditions, the population of Kerala also maintains its unique place in Indian demography. Kerala is home to 2.76 % of India’s population living as per state average population density of 850 persons per sq. km, its land is nearly three times as densely settled as the rest of India. Kerala stands at 12 position in terms of population with total population of 3,34,06,061 (2011 Census) with decadal growth rate of 4.86 % during 2001 to 2011 which shows a declining trend of population growth in Kerala. Among the 14 districts in Kerala, Malappuram is the most populous state whereas Wayanad is the least populous state. In case of population density Thiruvananthapuram district is the most densely populated whereas Idukki is the least densely populated district in Kerala (2011 census). The religion aspect of Kerala population is influenced by believers of Hindu, Islam and Christianity. Kerala has a reputation of being, communally, one of the most tolerant states in India. According to the census 2011, 54.73 % Kerala residents are Hindus, 26.56 % are muslims, 18.38 % are Christians and the remaining 0.32 % follows other religion or no religion. The state sex ratio of 1084 females per 1000 males is higher than the average sex ratio in India. Kannur district topped with a high sex ratio of 1133 females per 1000 males and Idukki is at the last position with 1006 females per 1000 males. Kerala has been the most literate state in India in almost all censuses. Literacy rate in Kerala has shown an upward trend since the census started and is 93.91 % as per 2011 census. In case of district literacy rate, Pattanamthitta is the most literate whereas Palakkad

is the least literate district in Kerala (2011 Census). It is a progressive state, which can be compared with the developed countries in terms of Human Development Index (0.79) and Life Expectancy Rate (74.9). Kerala is one of the economically developed states of India. An outstanding feature of Kerala’s development experience is the growth of service sector, which includes remittances send home by overseas Keralites. ‘Kerala Model’ of development is a phrase widely used by economists, political scientists and sociologists of India to denote overall developments achieved by the state.

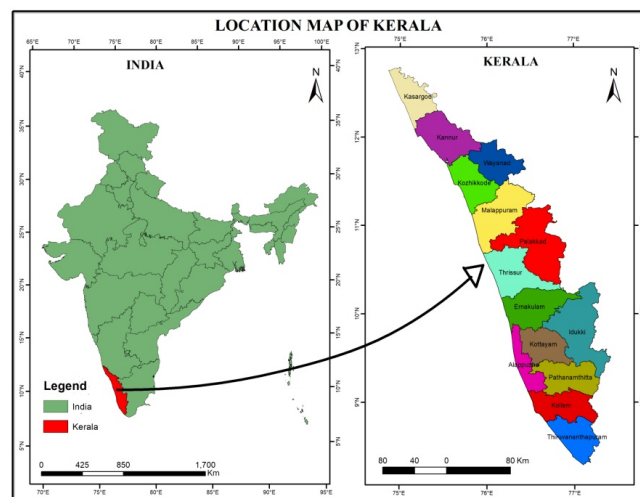


Fig. 1. Location map of Kerala

Education and Health Status of Kerala

As far as educational development is concerned, Kerala has the highest literacy rate in India so far. Most of the educational institutions in Kerala at school to college level are run by government, private and individuals. Schools are affiliated with boards and some of the main are the Indian Certificate of Secondary Education (ICSE), the Central Board of Secondary Education (CBSE) and Kerala State Education Board (KSEB). The medium of teaching in most of the schools is English with special promotional classes for learning Malayalam and Hindi. As per the Education Development Index (EDI) among states in India Kerala is at first position. There are several educational hubs working for the development of educational status in Kerala. There are number of colleges and university in Kerala which aims to spread education, explore new opportunities for students and as per the spatial location of these institutes, they are more concentrated towards south than the northern Kerala. Apart from providing education in schools, there are opportunities of education in the form of light classes, morning or for unprivileged socially, and economically backward students. On one side the state has advanced as compared to the other states of India in terms

of critical health indicators are concerned, but on other side, the state is facing challenges that are unique and specific. The people are now facing the problem of high morbidity both from reemergence of communicable diseases and second generation problems like the ageing population and unnatural deaths. During the last three years the state has been able to initiate many programmes suiting to its specific requirements and considering its health issues that need immediate intervention. Kerala's achievements on the health front are considered to be comparable to those of developed countries. Despite low income, Kerala society has successfully engineered a fall in fertility, a rise in life expectancy at birth, death and infant mortality rate. Kerala is noted for its high rate of suicide, while the general suicide rate has been decreasing gradually compared to other states, the suicide rate among youngsters and family suicides are on the rise in the state. As per the official suicidal records from Department of Economic and Statistics (2018), 12988 persons committed suicide due to various reasons of which 2946 were women and 401 were children. As many as 822 persons committed suicide due to financial reasons, 4178 due to family problems, 28 because of mounting debts and 2325 due to health problems. Experts say that victims are mainly teenagers and youths. However the suicide rate in the state has come down to 21.5 % per lakh population for the first time in 25 years. There are several factors which influence the suicidal rate and also plays important role in suicide prevention action and policy making (Suresh, 2006; Nagaraj et al., 2013; Kerala State Mental Health Authority, 2012, Neeleman and Lewis. 1999 and Ahammed and Mukharjee, 2013).

Materials and method

The present study is mainly based on the primary data collected and related to suicide attempters from 14 districts of Kerala. The snow balling sampling method was utilized as the availability of samples was limited and hidden. The samples were categorized in age interval ranging from less than 18 (school going), 19 to 35 (teenage), 36 to 52 (matured) and above 53 (old age). For each group 30 samples were selected, hence from a district there were totally 120 sample case studies. Thus from all 14 districts there were 1680 sample case studies of attempted suicide during the period 2017 to 2019, which were collected using questionnaire method. The study was focused on the social, educational, economical and psychological characteristics and the spatial interpretation is mainly carried out based on the information gathered from the survey sheet.

Result and discussions

The main aim of the study was to assess the role of educational awareness as a reduction factor of suicidal rate in Kerala for past few years. In order to achieve this aim the major

objectives were to understand reasons for suicide, to assess number of suicide attempts done for those reasons, to bring out the reasons for their survival and to evaluate how educational awareness helped them to come back to normal life and avoid a sense of self killing. As per the samples, each individual sample had his / her own reason for attempting suicide. Some were not willing but forced by others to attempt suicide whereas most of them attempted to kill themselves as per their own will. In one case, a family suicide attempt ended up with death of father and mother but left 3 kids below 18 to survive half burned. In Ernakulam 2 teenagers jumped from the top of 3 storied building and are surviving as bed ridden. A sex worker burned herself with her 4 years old child, both were rescued but mother lost her eye sight. A paranoid schizophrenia attempted suicide due to intolerable sense of fear and unhappiness from her lonely life. A girl of 12 committed suicide due to continuously being sexually abused by her father, though rescued still not recovered from that depression. There were many cases which were terrific experiences and to conduct survey about such persons was a very difficult task. The common reasons for the suicide attempters can be broadly classified in following categories. – domestic violence, failure in education, failure in carrier, love failure, loneliness, financial debt, sexual harassment, usage of drugs, social degradation, raging, engaged in criminal cases, suicide with others and mental illness. Analyzing the number of suicide attempters for each reason highlight the fact that there is a relationship between the age of the suicide attempters and their related suicidal reasons. For example from the total samples of 420 belonging to school going age group (below 18) the highest number of attempts were done due to domestic violence followed by those for failure in education and suicide attempt with others. It was followed by sexual harassment, loneliness and usage of drugs. There was no suicidal case reported for other suicidal reasons such as financial debt, failure in carrier, social degradation, raging criminal cases and mental illness. In case of teenage samples aged in between 19 and 35 years, the high rate of attempt was for failure in education, failure in carrier and love failure. There were few cases reported for domestic violence, sexual harassment, financial debt, social degradation, loneliness, usage of drugs, criminal cases, suicide with others, raging and mental illness. Samples aged between 35 and 52 years (middle age) attempted suicide in a large scale due to domestic violence, financial debt, failure in carrier, sexual harassment, love failure where as few attempted suicide due to usage of drugs, mental illness, suicide with others, criminal cases, social degradation. There were no cases reported for failure in education and raging. In case of old age (above 53 years) most number of suicide attempts were done for loneliness, financial debt, mental illness followed by criminal cases, suicide with others, sexual harassment, social degradation and no cases were reported for failure in education, failure in carrier, love failure and

raging. This particular study reveals the fact that, at different stages in a human life, he / she undergo several mental stress either genetic or caused by the society. The level of mental strength and social integration of a person are the main reason which controls a person to control his /her mental stress and in cases when a person fails he / she attempts to commit suicide once, twice or more than twice. Among the above classified reasons for suicide attempt, the reasons for which samples attempted suicide for more than twice were domestic violence, sexual harassment, loneliness, usage of drugs. As per the survey, samples attempted for suicide twice for reasons such as financial debt, mental illness and social degradation. The reasons for which samples attempted to kill them once were failure in education, failure in carrier, love failure, raging and criminal cases. This indicates the fact that the reasons for which samples attempted suicide once are occurring rarely in their life, those reasons for which samples attempted twice were occurring in a particular stage of life which were a reason to die either decided by oneself or being forced by others. In case of reasons for which samples attempted suicide more than twice indicates that these situations are occurring frequently in their life, and they are unable to retain their mental strength and social support to overcome the situation. Among the above said reasons, the reasons for which suicidal attempts were more than twice, were sexual harassment, financial debt, social degradation and loneliness. The samples belonging to teenage (19 to 35) and middle age (36 to 52) responded that due to stress of one reason, they also felt stress from other reasons. For example most of the sexual harassment cases explained that due to inability to share their feelings and problems often experienced loneliness, failure in education and attempted to use drugs. They also reported that the frequent occurrence of sexual harassment broke their inner strength and isolated them from others. Hence it indicates the fact that the samples were prone to commit suicide more than twice because such situation prevailed for a long duration in their life. In case of samples who attempted twice, they stated that they felt helpless and depressed due to their self degraded image in society, loss of self-respect and mental stability for not able to come out of stress. The samples who attempted suicide once, reported that they felt helpless at a point of time, losing their hope, felt oneself good for nothing and felt no good events will happen in their life again. The survey revealed a fact that among the number of suicide attempts reported, majority of them had a 50 – 50 chance of death and survival. Since being survived from suicide attempt once, the attracting fact is that same sample is attempting twice and thrice. That means their desire to die remains strong and explores new ways to fulfill such desire and the type of suicidal attempts conducted by the samples highlights this fact. The ways or types of suicide attempt can be broadly classified as poisoning, hanging, burning, over dose of sleeping pills, self-inflicted injury, jumping from height, jumping or

coming down under moving vehicles, drowning and starvation. The one time attempted types of suicide attempt reported are jumping or coming under running vehicle, burning and jumping from height. The type of suicide tried more than once are poisoning, over dosage of sleeping pills, starvation, hanging, self-inflicted injury and drowning. The study reveals the fact that there is a relationship between the age group and type of suicide attempts. The type of suicide attempts such as burning, jumping from height, coming down under running vehicles, self-inflicted injury were attempted more in age group of teenage (19 – 35) and middle age (36 to 52). At the same time type of suicide attempts such as poisoning, drowning and starvation were found common in age group of school going (below 18) and old age (above 53). Over dosage of sleeping pills were found high in samples belonging to old age above 53 years. It indicates that the mental status, physical strength and level of stress to complete the task successfully, differ in different age group and due to this difference the type of suicide attempts also differ from one age group to another. While assessing the reason for suicide attempt and type of suicide attempt among different age group in Kerala, it was noted that out of 1680 samples, 1012 (65%) samples attempted suicide once, 378 (22.5%) attempted suicide twice and 210 (12.5%) attempted suicide more than twice. Among the 210 samples who attempted more than twice, 82 % samples belonged to teenage (19 to 35) and 18 % belong to middle age (36 to 52). This result also highlight the fact that among the total samples collected, 65% of them deviated from their decision of ending their life at their first attempt, 22.5% of them reattempted and changed their mind from dying to living and 12.5 % are fighting with their mental stress and their surrounding situation either to die or to live. There were several reasons for their survival which can be broadly classified as strong desire to live, moral support from family, religious education, school education, college education, social bond, change in surroundings, implementation of constitutional laws, opportunities to earn livelihood and regular counseling. Among these reasons some of them were found to be independent and unrelated whereas others as dependent and related reasons for their survivals. The reasons such as moral support from family, religious education, school education, college education, social bond, implementation of constitutional laws are independent and unrelated reasons whereas change in surroundings, opportunity to earn livelihood, regular counseling and strong desire to live are dependent are related reasons. The samples who attempted suicide once, stated that they dropped their decision to commit suicide because of strong moral support from family, education received from their school, religious centres and college. But to overcome their stress and delima, they themselves developed a strong desire to live, changed their living surrounding and searched for job and regularly went for counseling. Due to the personal motivation only they were able to overcome the attitude of

suicide attempt. Hence it indicates that in between the independent and dependant reasons, dependent reasons should be given priority for planning any suicide prevention plan. As the dependent reason mainly depends on the personal desire to live and survive for oneself, the suicide attempter can find motivational help from other independent reasons. During the study, 23 % of samples stated that dependent reasons were more motivating than independent reasons, where as 77% sample stated that independent reasons were more motivational reasons than dependent reasons as it was very difficult to keep up the strong desire to live and be regular with counseling treatment. Among the independent reasons 36 % samples voted for moral support from family, 28% for religious education, 10% for school education, 20% for college education, 4% for social bond and 2% for implementation of constitutional law as the reason for their most effective reason for their survival. Among the total sample surveyed 37% of the suicide attempters are bed ridden and physically handicapped, 23% people are living a good quality of life and the rest 60 % are not only living a good quality life but also are aiming high in their academic, professional and social life. The survey reveals the fact that in Kerala the educational awareness in the form of religious, school and college education and constitutional awareness of human rights plays a major role in controlling the suicide rate and demotivating people from suicidal attempts. The study also proves that suicide attempt is more personal than social attitude towards life but when the major concern is to control the suicidal rate and to bring back the suicide attempters to their normal life, it becomes one of the major social issues. There is a major role for society to educate people about importance of life, their social commitments towards themselves, their family and towards their society. For this purpose the most effective rescue measure is to spread educational awareness by means of school, college, non government agencies for social work, religious centres, among people of different age group so as to reduce the cases of suicide and to bring up a strong and healthy community or a healthy nation.

Conclusion

The present study on the assessment of educational awareness as a reduction factor of suicidal rate in Kerala is purely based on the primary survey conducted in 14 districts of

Kerala state in India. The result is interpreted based on the response derived from 1680 suicide attempters belonging to different age groups and living in Kerala. The study highlights the fact that suicide ideation is more personal than social hence depending on the response derived from these sample, district wise assessment of suicidal ideation of people of Kerala cannot be assessed. There is a relation between age group and reasons for attempting suicide similarly the type of suicide attempts is related to the mental and physical strength of a person and the level of desire to complete the task of suicide perfectly vary from one age group to another. There are many reasons identified for survival of these suicide attempters which can be broadly classified as independent reasons and dependent reasons. The dependent reasons are totally depended on the personal desire of suicide attempters to live, change their living surrounding, grab opportunities to earn livelihood and be regular to counseling treatment. The study highlights the fact that the dependent reasons often are found less motivating than independent reasons such as strong moral support from family, religious, school and college education, social bond and implementation of constitutional laws. These independent reasons often found more motivating as these involves psychological and educational support for the suicide attempters to come back to their normal life. Among these independent reasons educational awareness in the form of religious, educational and social aspects are found most effective reduction factor of suicidal rate during the time period of 2017 to 2019. This study also highlights the fact that the best method of reduction in suicidal rate in any society or nation is to rescue the suicide attempters who try to attempt suicide more than once. Hence in this regard, studies like this will be very effective for a large scale study.

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