

Married Men's Suicide: a Silent Epidemic in India

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Abstract

Suicide is the act of killing or harming oneself. Suicide is considered last option of coming out from problems. Suicidal behaviors include suicidal ideation / thoughts, plans, attempts and ultimately death through specific action. Suicidal ideation with a plan to attempt is usually less frequent than having thoughts or contemplation of suicide. Suicide in men has been described as a *silent epidemic* because of its high incidence and substantial contribution to men's mortality, and *silent* because of a lack of public awareness, a paucity of explanatory research, reluctance of men to seek help for suicide related concerns and gender biased laws in India. It is not a surprise that suicide among men is largely invisible. In this present study we aimed and tried to analyze on socio-demographic profile, to rule out causes of committing suicides and evaluate causes of suicide amongst the married men.

Keywords: Suicide; Married Men; Gender Biased Laws in India.

Introduction

Suicide is one of the leading causes of male mortality. Suicide in men has been described as a *silent epidemic*. It is a highly disturbing incidence and a major contributor to men's mortality [1]. The silence surrounding of suicide among men is also striking and warrants comment. Understanding male suicide requires a social lens.

According to World Health Organization around 10–20 million people commit suicide every year. There are wide variations between countries in terms of suicidal mortality with very low rates in some Latin American and Muslim countries, compared with high rates in Eastern Europe. Variations in the way suicide is recorded affect those comparisons, particu-

larly in countries where suicide goes against religious beliefs, but such variations do not fully explain differences between countries [2, 3, 4].

While the ratio of committing suicide between male to female varies among countries [5, 6], but globally more men die through suicide each year [7]. The female to male ratio of committing suicide in Western societies is minimum (1:2), with the highest ratio (1:6) is found in the United States [8]. Female suicide rates exceed male rates only in China [9]. The relationship between suicide and marital status was noted as long ago as 1881 by Morselli [10] and in 1897 Durkheim postulated that marriage reduced the risk of suicide by increasing the social integration of married people [11].

There appears to be an overall lack of public awareness regarding the high rates of suicide among men, especially relating to other more highly publicized threats to men's health, such as HIV/AIDS, that account for fewer premature deaths among males each year. Men's general reluctance to seek help for suicide related concerns [12], and the stigma associated with mental health problems in general; it is no surprise that suicide among men is largely invisible.

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Objectives

To study socio-demographic profile of study sub-

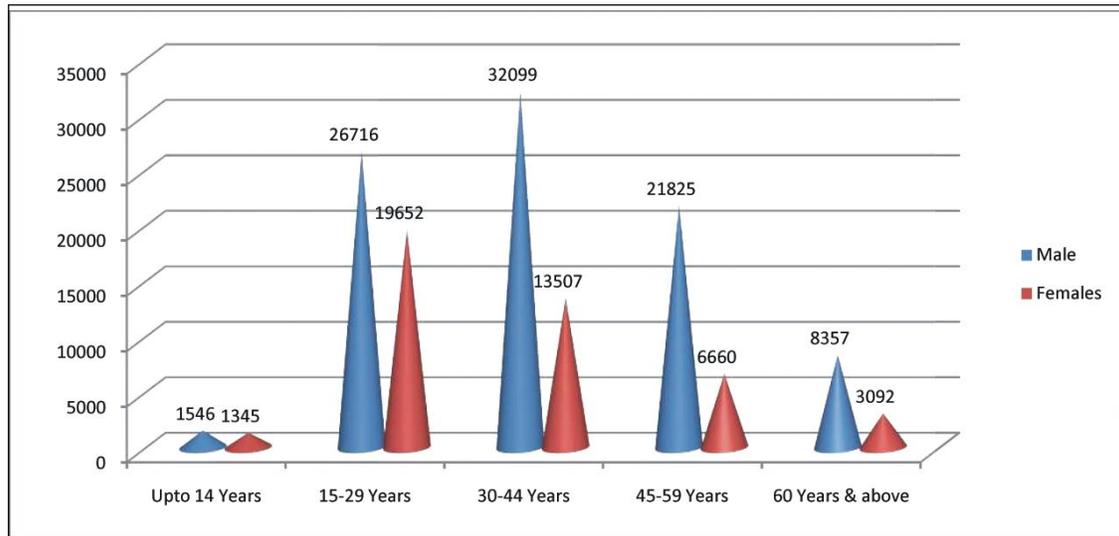
jects, to identify causes of committing suicides in the study subjects and to evaluate causes of suicide among married men.

Material and Method:

The present study was carried out by retrospective

evaluation of suicide data obtained from National Crime Records Bureau, accidental deaths and suicides in India 2013 Ministry of Home Affairs, Government of India New Delhi; 2013. All the cases of consummated suicides reported during the year 2009 to 2013 were selected for the study. The observation are tabulated, figured and discussed.

Fig. 1: Age & Sex Source: NCRB 2013 [22]

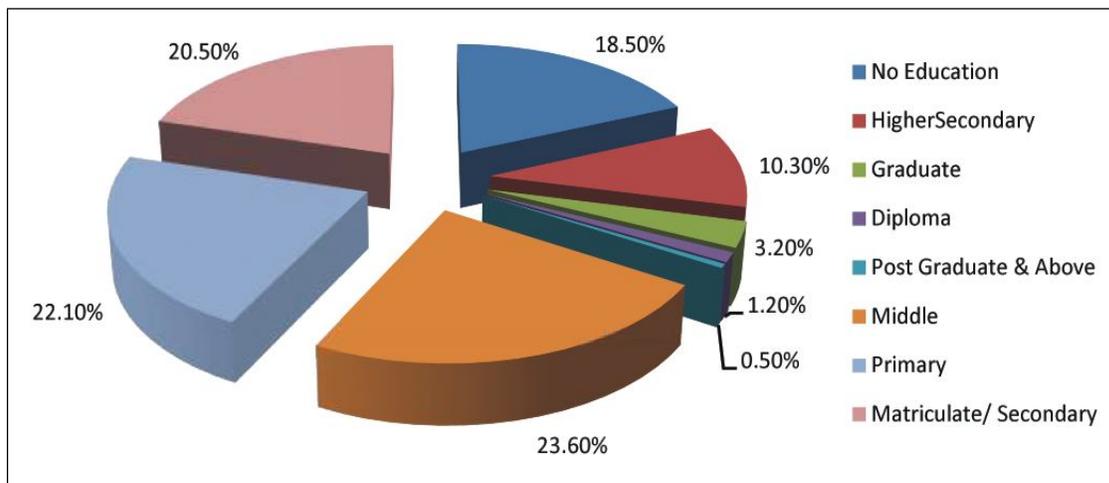


Observation and Discussion

Age group wise distribution of suicides by causes during 2013 is presented in fig.1. The overall male :

female ratio of suicide victims for the year 2013 was 67.2 : 32.8, showing a marginal increase of male and marginal decrease of female as compared to year 2012 (66.2 : 33.8). Youths (15-29 years) and lower middle-aged people (30-44 years) were the prime groups taking recourse to the path of suicides. Around 34.4%

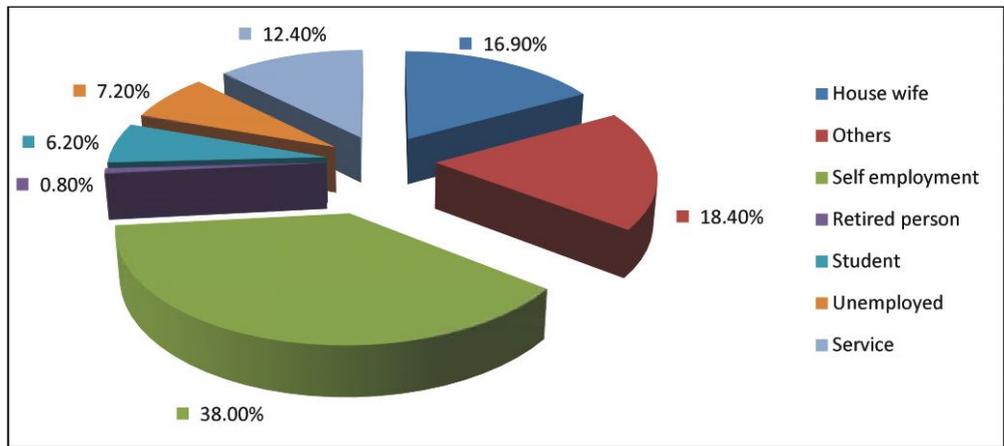
Fig. 2: Educational status Source: NCRB 2013 [22]



suicide victims were youths in the age group of 15-29 years and 33.8% were middle aged persons in the age group 30-44 years.

The maximum numbers of suicide victims were educated up to Primary level (22.1%). Middle level educated and illiterate persons accounted for 23.6%

Fig. 3: Percentage Distribution of Suicide Victims by Profession 2013. Source NCRB [22]

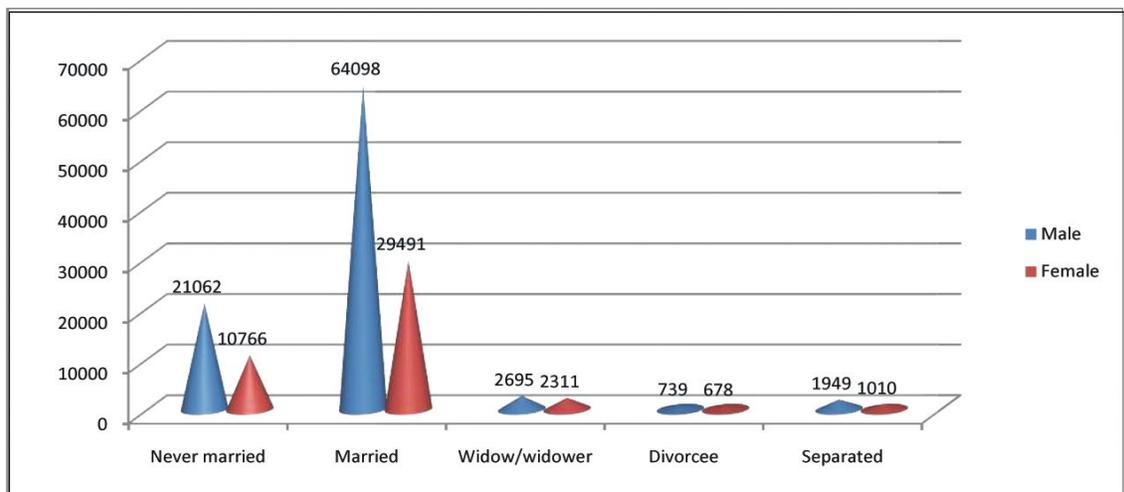


and 18.5% respectively. Only 3.3% suicide victims were graduates and only 0.5% victims were post-graduates.

There is a fairly strong association between unem-

ployment rates and suicide, but the nature of this association is complex. Unemployment may drive up the suicide risk through factors such as poverty, social deprivation, domestic difficulties, and hopelessness [12]. The effects of modernization, specifically in India, have

Fig 4: Marital Status NCRB 2013 [22]



led to sweeping changes in the socioeconomic, socio philosophical and cultural arenas of people's lives, which have greatly added to the stress in life, leading to substantially higher rates of suicide [13].

The information on the marital status of suicide victims has been presented in Fig.3. It was observed that 69.4% of the suicide victims were married while 23.6% were never married/spinster. Divorcees and separated have accounted for about 3.2% of the total suicide victims. The proportion of widowed and widower victims was around 3.7%.

Where male suicide in India has always been increasing in absolute value year by year, just after Cr. P. C. 41A amendment in 2010, suicide of married men reduced by 1.6% after 2010 (only in 1 year), thus di-

rectly correlates the reduction of suicide of married men to arrests under gender biased laws. 2011 onwards, the moment arrests u/s IPC 498A of Men increased by 7.5%, the Suicide of married Men increases by 3% and 4.6% cumulative. For every 100 women committing suicide in India, rate of committing suicide by men has increased from 178.4 to 204.6 (increased 14.7%) in 5 years time. For every 100 married women suicide in India, married men suicide increased from 186 to 217.3 (increased 17%) in 5 years time. A Married Men commits suicide in India in every 8.2 minutes while a man (including Married Men) commits suicide in every 5.8 minutes.

There are important differences between women and men in this association, with higher risks experi-

Table 1: Suicide 2009 to 2013 Source: NCRB [22]

DATA	2009	2010	2011	2012	2013
Men Suicide	81471	86065	87180	88453	90543
Year by Year Change		5.64%	1.30%	1.46%	2.36%
Married men Suicide	58192	62433	61453	63343	64098
Year by Year Change		7.29%	-1.57%	3.08%	1.19%
Women Suicide	45680	46910	47419	46992	44256
Year by Year Change		2.69%	1.09%	-0.90%	-5.82%
Married women Suicide	31300	32582	31754	31921	29491
Year on Year Change		4.10%	-2.54%	0.53%	-7.61%
1 Men suicide in (minutes)	6.45	6.11	6.03	5.94	5.8
1 Married Men suicide in (minutes)	9.03	8.42	8.55	8.3	8.2
1 women suicide in (minutes)	11.51	11.2	11.08	11.18	11.88
1 Married women suicide in (minutes)	16.79	16.13	16.55	16.47	17.82
Men to women Suicide Ratio	1.784	1.835	1.839	1.882	2.046
Married men to women Suicide Ratio	1.859	1.916	1.935	1.984	2.173

Table 2: Cause wise Suicides 2009 to 2013 Source: NCRB [22]

DATA	2009	2010	2011	2012	2013
Men Suicide	81471	86065	87180	88453	90543
Men Suicide coz of Family Problem	18441	20345	19828	19537	21096
Year by Year Change (Family Problems)		10.32%	-2.54%	-1.47%	7.98%
Men Suicide coz of Financial Problem	2308	1732	2390	1804	1420
Year by Year Change (Financial Problems)		-24.96%	37.99%	-24.52%	-21.29%
Women Suicide	45680	46910	47419	46992	44256
Women Suicide coz of Family Problem	11641	12564	12028	11255	11229
Year by Year Change (Family Problems)		7.93%	-4.27%	-6.43%	-0.23%
Women Suicide coz of Financial Problem	679	550	657	487	446
Year by Year Change (Financial Problems)		-19.00%	19.45%	-25.88%	-8.42%

enced by married men compared with married women [14]. Divorce is a significant risk factor for committing suicide by men, but not in the case of women [15]. Widowerhood is also a greater risk factor for committing suicide by men, especially the young and the very old widower [16, 17].

Family problem has been the biggest reason for Men and Married Men's committing suicide for many years. Whereas, suicide of men because of financial reasons have come down by almost 23% after Cr. P. C. 41 implementation, suicide due to family problems have increased by 6.5% this showing the clear violation of Cr. P. C. 41 with false arrests. Many of the factors used to explain suicide are similar for women and men (e.g. mental illness and employment status), arguments about these factors might be experienced dif-

ferently as a result of gender constructions and might operate in different ways in terms of their effects.

Constructions of gender mean that marriage, which offers emotional and social integration, is particularly important for men who have fewer alternative close relationships [18]. Men are more vulnerable to commit suicide following the break-up of a marriage or death of a spouse because they are less likely to be socially connected, while negative emotions such as pessimism, anxiety, uncertainty and sadness following a personal setback such as a relationship break-up have a more marked effect [19].

It is clear that suicide is the result of complex interactions of a number of precipitating factors, focused on the social determinants of suicide. An interview-

based study of men who had attempted suicide suggested that social stress, family breakdown, overwork, employment insecurity often combined with alcohol or drug abuse are understudied contributors to male suicide.

Men facing divorce may be particularly devastating because they are mainly the ones who lose their home, children and family, leading to feelings of resentment and anger while reducing their self-esteem. Being a parent also has an association with suicide risk but again this association is gendered. A number of studies have reported that having a young child protects women against suicide, but that the effect is less marked for men [20]. This may be because family roles within hegemonic masculinity focus on economic success and the status of a good breadwinner rather than caring responsibilities [21].

For women social constructions of femininity include family roles and a caring orientation and this may offer women benefits when they fulfill such stereotypes. Conversely, rates of suicide among women may increase if childlessness is viewed as a transgression of perceived gender roles or if pregnancy outside marriage is stigmatized [21].

For men, an important aspect of their gender role concerns their status as bread winners. Women's increasing participation in the labor market and the public sphere may have improved their mental health and reduced suicide risks, while threatening men's gender roles and increasing rates of suicide among men. The entry of women into the public sphere may be associated with a loss of control or self esteem, and feelings of anomie among men.

The whole issue in India is because men are subject to inhuman and unconstitutional gender biased laws of the Indian Penal Code wherein an uninvestigated complaint by a wife against her husband and his family can land the entire family in jail or the Domestic Violence Act, wherein the husband can even lose his hard earned property owing to a simple complaint of domestic violence, even without a fair trial. This law has been misused to harass men and their families rather than protect genuine female victims of harassment. The Supreme Court of India itself has labeled the misuse of Gender biased law as "legal terrorism" [23].

Conclusion

Focus is needed on developing and testing explanatory theories of male suicide, and using this evidence to tailor prevention and intervention pro-

gramming toward men. In order to respond to these differences we need public health policies that acknowledge the myriad of ways in which gender can influence health related behavior, including both positive and negative effects. Frameworks of analysis that include gender as a core component, rather than an incidental factor, will not be easy to construct, although there are a number of valuable recent contributions.

Strategy must involve a deconstruction of the power structures that give rise to inequalities between men and women. Doing so will benefit both women and men when it comes to reducing suicidal behaviors. The epidemic of male suicide has been silent, but it cannot remain so. Only by breaking the silence building public awareness, refining explanatory frameworks, implementing preventive strategies, and undertaking research will we overcome this epidemic.

No man wishes to end his life but he is left with little option when all he sees around himself are expectations from him and a complete reluctance to accept his limitations. Every nine minutes a married man commits suicide in India due to alleged misuse of gender biased laws against them. Indian government need on urgent basis to have men's welfare ministry and a national commission for men to study the problems faced by men and married men and provide solutions for them, a specific budget should be allotted for men's welfare, to form a study circle formed of people from different walks of life especially citizens, retired judges to study the problem of men, married men's and propose alternative solutions, provide shelter home to men trapped in domestic / partner violence and by making all marital laws civil and gender neutral in nature.

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Conflict of Interest

This study is an insight and eye-opener of scenario in India and there is no conflict of interest involved so ever.

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The article does not have any funding issue involved in its generations.

Ethical Clearance

The articles do not violate any ethical, moral or legal guidelines pertaining to original scientific work.

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