

Life snuffed out?

A study of suicides in Gujarat

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Contents

Acknowledgements

Prologue

- I. Introduction
- II. Research problem and methodology
- III. Background characteristics of the suicide cases
- IV. Suicide : When, How and Why ?
- V. Suicides : Interview based information
- VI. Attempted Suicides : Case Studies
- VII. Conclusion

Endnote

References

Appendix-1

Appendix-2

List of Tables

S.No.	Table no.	Title
1.	2.1	Incidence of female suicides in Gujarat State for the years 2001-2003, districts wise.
2.	3.1	Some basic demographic features of Ahmedabad, Surat, Junagadh and Bhavangar districts (2001).
3.	3.2	District, police station and sex-wise distribution of suicide cases separately for 2004 and 2005.
4.	3.3	Sex and district wise distribution of suicide cases separately for the present study and Gujarat Government commissioned study.
5.	3.4	Rate of suicide in 2004-05 and 1960-64 reports.
6.	3.5	Sex wise distribution of suicide cases by marital status, separately for 2004 - 2005 and 1960 - 64 studies.
7.	3.6	Age and sex-wise distribution of suicide cases, separately for the 2004 - 2005 and 1960 - 64 studies.
8.	3.7	Education of suicide cases sex wise separately for the 2004 - 05 and 1960 - 64 studies.
9.	3.8	Religion wise distribution of suicide cases separately for the 2004 - 05 and 1960 - 64 studies.
10.	3.9	Caste / community wise distribution of suicide cases (2004-05) separately by sex.
11.	4.1	Month / season wise distribution of cases of suicide for the present and previous studies
12.	4.2	Distribution of suicide cases by the time they were committed.
13.	4.3	Distribution of suicide cases by the place at which committed.
14.	4.4	Distribution of suicide cases by the method used, separately for the present and previous studies.
15.	4.5	Reason wise distribution of suicide cases separately for males and females and for 2004 - 05 and 1960 - 64 studies.
16.	4.6	Reason wise distribution of suicide cases separately by age and sex.
17.	4.7	Reasons -wise distribution of suicide cases separately for four districts and sex.
18.	5.1	Distribution of suicide victims by sex and marital status

separately for four districts.

19. 5.2 Age wise distribution of suicide victims by sex.
20. 5.3 Education of suicide victims by Sex.
21. 5.4 Caste/community wise distribution of suicide victims by sex.
22. 5.5 Distribution of suicide cases by family type.
23. 5.6 Distribution of suicide cases by the time it was committed, separately for males and females.
24. 5.7 Distribution of suicide cases by method used separately for sex and marital status.
25. 5.8 Distribution of suicide cases by reasons for committing suicide separately by sex and marital status.
26. 6.1 Cities, Counselling centres and number of women who attempted / thought of suicides.
27. 6.2 Age wise distribution of the respondents.
28. 6.3 Education of the respondents.

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Since we had to gather data on suicides we turned to the police authorities. The District Superintendents of Police of the four districts, Ahmedabd, Surat, Junagadh and Bhavnagar offered help through their deputies which enabled us to gather data on cases of suicide recorded during 2004 and 2005. We are grateful to all those in the police department who provided the necessary data in the details that we had asked for.

The research team had decided to interview the relatives of these persons who had committed suicide. Our thanks are due to all those individuals who spoke to the team. It was also decided to interview those who had attempted or contemplated suicide. In order to do so we needed the permission of the department of Social Defence. We are grateful to the director of the department, Mr. F.P. Halani who gave us the permission. We thank the Superintendents of the Naari Sanrakshan Griha of Ahmedabad and Surat, as well as the Superintendent Ms. Smita Hansia of Tapibai Vikas Griha of Bhavnagar. We also thank the persons in-charge of the ngos that facilitated interviews, Dr. Prabhavati Dikshit of All India Women's Conference, Surat, Ms. Gita Shroff of Apamrityu Nivaran Sanstha, Surat, Ms. Sara Baldiwala of AWAG, Ahmedabad and Dr. Suman Chaudhary of Subhag Mahila Utkarsh Trust, Bhavnagar.

We are thankful to all respondents who provided information about their relatives who had committed suicide. Moreover we are deeply grateful to those women who spoke about their own problems and how they had attempted or contemplated suicide.

Ms. Aruna Parmar did coding and tabulation work of the data. Ms. Dalia S. helped with the computerization of the script. We thank both Ms. Parmar and Ms. Dalia S. for helping the research team sincerely through the preparation of the study.

PREFACE

The present study of suicides in Gujarat was undertaken by AWAG as part of its multifarious activities. The study was intended to be a tribute to the pioneering work done by Pushpabahen Mehta in the field of women's development. In 1955 she was in the Saurashtra Council of Ministers when she initiated the need to study the suicides of young women because at that time Saurashtra had gained notoriety about such deaths. Soon after, Saurashtra was merged and Bombay State came into existence. Pushpabahen was instrumental in making the government of the then State of Bombay aware of the pitiable conditions of women, especially, the young married girls, many of whom were either forced to commit suicide or were murdered in cold blood. She had persuaded the government in 1958, to get a survey done on the suicides committed by young women. Soon in 1960 the State was divided into two and Pushpabahen asked the government of Gujarat to continue the task. Whereupon the Gujarat government appointed a committee in 1964 to conduct a survey of suicides committed during the years 1960 - 64. Needless to say, the survey was taken up under the chairpersonship of Pushpabahen. Almost fifty years have passed since that survey was undertaken. The present study is an attempt to re-examine the same issue in the present context.

At the first anniversary of passing away of Pushpabahen a number of speakers alluded to the study she had got done which was then the first of its kind. Perhaps it was because of that that the state of Gujarat was identified as the state where largest number of women committed suicide. Later figures tell different stories but it is true that the concern of this woman of Gujarat made the nation awaken to the plight of women suffering from domestic violence. From 1981 onwards many women's groups in the country became active and wrote profusely about dowry deaths and bride burning. While paying tribute to the memory of Pushpabahen, I proposed that as a tribute to her memory and to continue the work started by her, AWAG would study suicides committed by young women. AWAG then requested Dr. Masihi to take charge of the proposed study. Ms. Nalini Trivedi and I offered our assistance to him. While Nalini shared data collection fully, I helped a little in that. My contribution largely was in liaisoning, discussion and sharing some parts in writing, Dr. Masihi carried most of the burden and AWAG is grateful to him.

We dedicate this study to the memory of Ms. Mridula Sarabhai who started interventions with women in distress in 1934 in Gujarat with the blessings of Mahatma Gandhi and Pushpabahen Mehta who with the support of Mridulabahen opened in 1937 the first shelter for women who were not able to live at their marital home nor were they welcome at their natal home.

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I. Introduction

Suicides: Theoretical Background

For any ongoing human society, population constitutes an important component of its organization. The size or numerical strength of the society refers to the quantitative aspect of the population. From that angle, a society may be optimally populated or over / under populated. However this has to be judged in the context of its territorial boundary and its natural as well as manmade resources. The degree of health (which also includes ill health) enjoyed by its members refers to the qualitative aspect of population. From that viewpoint, a society may be normal or morbid depending upon the number of persons either healthy or suffering from various diseases and / or are disabled physically and / or mentally. Normally human beings pass through four stages of development viz., childhood, adolescence, adulthood and old age. When persons reach old age their physical ability of survival diminishes gradually and eventually they die. This is the natural process, which a majority of persons in any human society pass through. For the survival and continuity of any human society, it is necessary that a majority of its members enjoy reasonably good health (both physical and mental), pass through childhood to adolescence and adulthood, get socialized, engage in productive activities of the society as well as reproductive ones of their own and ensure that new born children of both the sexes in sufficient number gradually take up the roles of old persons who reach their physical limit of existence and die.

Besides natural death, human beings also die due to accidents (which occur at individual as well as group level) commit suicide (in which they bring an end to their life in a self-inflicting and self-intentional manner) or are intentionally killed by others (called homicide). The four modes of death are briefly described by the acronym NASH (Schneidman; 1968: 387). Whereas natural death is an inevitable phenomenon and cannot be prevented (though delayed alright), death by any other mode is unnatural and harmful if a majority of the members of any human society are so killed. Therefore preventive measures of various types are adopted to restrict accidents, suicide and homicide and delay natural death.

Suicide, in which human beings themselves end their life voluntarily and intentionally, is as old as human society. References to suicide are found in all scriptures of major religions of the world. Small and isolated primitive societies like the Tikopia (Firth: 1936) and Muria (Elwin: 1950) are also reported to have cases of suicide among them. Before social sciences (especially sociology) started taking interest in the topic of suicide, philosophers, religious leaders and men of literature were concerned with the problem of morality and desirability of suicide. It was Durkheim (1897) who started systematic and empirical study of suicide based on official records. Over the years, other disciplines like psychology, psychiatry and law have contributed significantly towards understanding this problem. We now have a multidisciplinary area of study, which is subsumed under the

speciality called Suicidology which carries out scientific study of all aspects of suicidal behaviour. (Rao; 1987:218, Hatton et al: 1977: 8-9; Leenaars; 1993)

Since suicide involves cutting short one's life voluntarily and intentionally, the phenomenon has attracted strong responses from major religions as well as cultural systems of human society. Almost all religions of the world have concept of and beliefs regarding life after death. The life in this world is described as full of troubles and one has to do good deeds to inherit life after death (variously called *moksha* or *nirvana*). If good deeds are not performed one goes to hell or has to take birth in lower form of life. Among Hindus, it is believed that by ending one's life at some sacred places of pilgrimage, one gets *moksha*. Such a belief condones act of suicide. Among Muslims and Christians it is believed that life is given by Allah / God and one has no right to cut it short. So in both these communities suicide is prohibited by religion. In fact in Islam the person committing suicide is not allowed to be buried in community graveyard and no religious ceremony is allowed to be performed for the dead body. (Rao, 1987: 209). The Christians are not that harsh with the dead body, though they do condemn suicide. With the spread of liberal ideology of democracy, human rights and individual freedom in the West, the person who intends to commit suicide is treated as a patient in need of help and various agencies / NGOs have come up to help such persons through counselling. The recent trend is to include survivors (i.e. close relatives of the victim) in treatment and counselling (Ivanoff and Riedel; 1990: 2367). The liberal ideology has also mooted the idea of allowing patients of incurable diseases to end their lives. This is called euthanasia or mercy killing. (Leenaars; 1993: 359 - 398)

Besides religious beliefs, one major societal value-orientation-affecting problem of suicide is group-orientation versus individual-orientation. Traditional societies like India and most of the Islamic countries give primacy to group over individual and do not hesitate in sacrificing individual life for the sake of the survival of the group, like family, caste, and community. If a person (male or female) marries outside one's endogamous group, she is either killed (it is called honour killing) or ex-communicated. Such ex-communication forces a person to commit suicide. In the second world war many Japanese soldiers committed suicide (called *harakiri*) instead of getting caught by enemy soldiers. The practice of *sati* (now prohibited) is also an illustration of upholding value of group-orientation.

Another important value, which governs Indian and many other societies, is patriarchy. It locates power to control women's life and bodies (in marriage, reproduction, sexuality etc.) in the hands of males in their roles as father, son, husband and brother. In such a society women live a life of subordination. They are discriminated against at every stage of their life in their parents' house as well as their husband's house. As daughters, their fathers want to marry them off as early as possible. Often girls' marriage is used to raise the social status of their parental family, at the cost of their (girls') marital happiness. As wives, they are expected to give birth to children, preferably male children and continue the family line. If they fail to do so they have to suffer torture from their husbands and in-laws. At

times their parents leave them to the mercy of their in-laws once they get married and they receive no help from the former in the name of prestige of both families. Such a life forces many women to commit suicide. Often, deliberate murder of young married women are passed off as suicide.

Thus religious sanction (as a way to attain *moksha*), group oriented values and patriarchal practices all provide external conditions conducive to commit suicide. At the individual level, person's ability to withstand physical / verbal torture, presence / absence of support from family members and friends and such other conditions exist. In short a complex mixture of personal as well as societal factors/ forces is responsible for various cases of suicide.

Theories of suicide :

Though interest in the phenomenon of suicide is as old as the phenomenon itself, scientific explanation of the causes of suicide is of recent origin. Durkheim (1897) was the first sociologist who gave a three-fold classification (egoistic, altruistic and anomic) of suicide. He assumed that individual's lack or presence of solidarity with various groups he / she belongs to, determines the type of suicide he / she commits. If individual's social integration with his / her group is poor, he / she is likely to commit egoistic suicide. If the integration is excessive, the type of suicide committed is called altruistic. And thirdly, if the integration is lost due to trauma or catastrophe, the suicide committed is called anomic. Durkheim's theory provides useful classification but fails to explain why A commits suicide, but B does not, even if A and B experience the same type of group integration. Ivanoff and Riedel (1990 - 2362-63) present various other theories, which are briefly described below:

Psychodynamic theories view suicide as the product of internal, largely unconscious motives (of hostility, anxiety, guilt, dependency and rage). Biological theories suggest that a genetic predisposition toward suicide is inherited and that biochemical changes within the body precipitate drives toward suicide. Cognitive theories regard suicidal behaviour as an attempt to communicate or to solve problems and as the concomitant of disordered thinking and hopelessness. Learning theories describe suicidal behaviour as a function of reinforcing environmental and motivating conditions that created past responses in similar situations.

Since values and norms inherent in the cultural system provide important conditions which either facilitate or hinder suicidal tendencies, there are many studies of countries like HongKong (1958), and Scandianavia (1965) which highlight the role of such values / institutions specific to these countries.

Rate of suicides:

In order to compare incidents of suicide across various countries as well as among various other variables like sex, age, religion etc. the standard practice is to describe the incidents per population of one lakh persons. The rate varies widely among various nations. As per National Crime Records Bureau (1994:8) various countries had suicide rates as follows: Hungary - 73, Japan 33, Australia 22, India 9, (For the years 1989-1993). However, the rates are not very accurate because of errors in official reporting and biases arising out of

cultural values. In spite of that, it is the best available index to measure and compare cases of suicide.

Misconceptions about suicides :

Rao, (1987 : 222 - 224) draws attention to some misconceptions relating to suicide. In any study of suicide such misconceptions need to be avoided.

- 1) Persons who talk of suicide do not commit suicide.
This is not true. Out of every 10 persons who attempt suicide, eight would have given prior warning of their intention.
- 2) Once a person is suicidal, he / she is suicidal forever. This is not so. The suicidal impulse may not last beyond a brief period of time.
- 3) Suicidal persons are hundred percent determined to kill themselves.
This is not true. Persons who make their intentions known often cry for help. They want others to intervene. They are not determined to kill themselves.
- 4) Suicide runs in families.
This myth has long been exploded.
- 5) All suicides are committed by mentally ill persons.
This is not true. Persons who intend to commit suicide may be unhappy but all are not mentally ill.
- 6) Poverty stricken Asiatic and Africans cling to life tenaciously and rarely kill themselves and suicide is the price for affluence.
This is not true. Reports, including those from India have belied this assumption.

Difficulties in the study of suicides:

One major difficulty in the study of suicide is that the person who commits suicide is not available for providing primary information about oneself after the event takes place. The researchers then have to depend upon the suicide-note written (if at all) by the concerned person. The next best thing is to seek information from those who attempt suicide but are saved. But that is not the same thing as study of suicide. Moreover, such persons often turn out to be difficult to get information from.

In the absence of primary information from the persons who commit suicide, the researchers either depend upon the official records maintained by the police about the victims of suicide or gather information from the close relatives of the former. The official records are limited in various ways. Since the police officials record information about the person who commits suicide they prepare the records as per their own operational definition of suicide. Douglas (1968:379-80) reports that officials record deaths as suicide if any one or more of the evidence / proofs are provided viz., (1) suicide note, (2) eye-witness, (3) certificate from a doctor or a public health official, (4) if death occurs within three days of the attempt to commit suicide. Moreover, relatives may not like to register death of their relative as suicide, if certain monetary gain (insurance, medi-claim) is involved. In case of death due to overdose of drugs / alcohol or car accident due to reckless driving, it is difficult to decide whether the dead person wanted to kill him/

herself and hence took overdose of drug or unconsciously took overdose and / or died accidentally.

Besides police records, information from relatives is also used to study the problem of suicide. Here also, the researchers face many problems.

To begin with, for the relatives, death due to suicide is difficult to accept so they would not like to be reminded of it. The method of committing suicide leaves a gruesome picture of the dead person (for instance when the person falls from a height or gets run over by a train) When police start inquiry, they usually suspect involvement of the relatives, so the latter prefer to remain silent (even if they are innocent). If the family members are in some way responsible for their relative's suicide they deliberately avoid any inquiry. Often they close their house and move elsewhere. When information is provided at times it is fabricated so that the person who committed suicide is not seen in bad light. Untruth is also resorted to absolve family members of any guilt if they were so involved in the case. In the welter of such half truths and total lies, researchers have to find out the exact cause / causes of suicide. In the process, they come across various aspects of the problem and their interconnections. Suicide, then, does not remain a simple case but emerges as complex behavioural phenomenon.

In the present instance, we have tried to study suicide cases of the years 2004 and 2005 of four districts including cities falling within these districts, Ahmedabad, Surat, Junagadh and Bhavnagar of Gujarat. The information for the same was available from respective police stations of the districts. Since police records provide only secondary data regarding suicide cases we have included 41 suicide cases about which we have collected information from their relatives (in case of married women from both sides of relatives wherever possible). Besides these cases we have interviewed 15 women from private / government run shelter homes, women who had attempted or contemplated suicide but were saved. The background of the study, the method employed and difficulties faced form part of the next chapter.

II. Research problem and methodology

Reports of National Crimes Record Bureau (NCRB)(1994:65; 1995:61 and 1998:117) show that on the whole more males than females commit suicide. This has been true in case of Gujarat state also but with some exceptions like the districts of Rajkot, Bhavnagar and Junagadh of Saurashtra region, where more females than males were reported to have committed suicide. NCRB has reported that males generally commit suicide due to their own failures / limitations (like failure in love, marriage, business, getting employment, not being able to repay debt, etc.) whereas women (usually young women) commit (or in some cases, are forced to commit) suicide because of familial problems like inadequate dowry (from in-laws' view point), childlessness, inability to beget a male child, inability to suffer constant torture from their husbands / in-laws, etc. (1995:61) In all such cases, the young brides / married women themselves are not responsible. In some cases, incidents of suicide are actually murders but for want of evidence or witnesses (the neighbours though aware of the maltreatment of the bride do not like to tell the truth on the specious pretext that they would not like to interfere in personal matter of their neighbours) the culprits go scot-free.

Awareness about the pitiable condition of women, especially young brides, had not developed in Gujarat during pre-British time due to lack of education and prevailing atmosphere of conservatism. Social evils like female infanticide, sati, dowry, restriction on young widows and superstitious beliefs in evil spirits were common (Raval 1987:4-11) The British introduced secular education, which was open to persons of all castes and creeds. They also introduced the values of humanism, social justice and liberalism. However, the impact of their rule and policy was not wide spread in Gujarat partly because many regions like Kutchh and Saurashtra were still ruled by the native rulers and partly because the British had soft paddled their attempts to carry out social reforms in order to consolidate their political power. However, individual British officers did take special interest in putting a stop to social evils like female infanticide and practices of *sati* and dowry. For instance, the Jadeja Rajputs of Kutchh who were practicing female infanticide were sternly warned by the British officer to stop it otherwise no courtesy befitting their status would be shown to them (Raval, 1987:32). The British education gave rise to social reform movement and social workers like Narmad, Karsandas Mulji and many others took up the problem confronting society of Gujarat in their times. During the same period religious leader named Sahajanand Swami (1781-1830) also made laudable attempts in the field of social and religious reforms (Raval; 1987:11-20). The social reform movement continued but it was largely confined to major urban centres like Surat, Ahmedabad, Bhavnagar, etc. It was only during the early twentieth century when Gandhiji came on the political scene of India that the demand for political freedom and fight for social reconstruction became wide spread. Under Gandhiji's leadership, many women social workers in Gujarat took up the problems faced by women. Ms. Mridula Sarabhai

led them all. Pushpababen Mehta (1905-1988), another well-known social worker was pained by the pitiable condition of women in Saurashtra especially with respect to the practice of dowry and its concomitant problems of female infanticide and suicide. Charumatiben Yoddha also was in the forefront of social reform movement involving women. With increasing awareness about evil practices like child marriage, marriage of aged men with young girls, ban on widow remarriage, dowry, gender discrimination practiced by parents and harassment of young brides by their husbands and in-laws leading the former to commit suicide, more and more cases of harassment of young brides, their suicides and murders camouflaged as suicides came to light. With the support of Mridulababen, Pushpababen started first shelter in Ahmedabad and called it 'Vikasgriha' meaning 'Home for Development'. Young married girls and widows who were driven out by their husbands / in-laws were given shelter in such shelters for some time and were trained in crafts. However, the prevalent belief was that a woman's place remained in her husband's house and for the sake of her family (meaning her children) she must make adjustment. Thus, the primacy of family over individual identity of woman was uncritically accepted (Pathak; 2001:9).

With characteristic zeal of a missionary, Pushpaben Mehta pursued the problem of suicide of women in Gujarat and particularly in Saurashtra. With her efforts, Saurashtra government appointed a committee in 1955, which studied 1129 cases of suicides (as recorded in police stations) during 1952 - 55. The committee also collected primary information of 110 cases in 3 months.

The major findings of the report were as follows: Among the persons who committed suicide, (1) the number of women was double (66.4 percent) than that of men (33.6 percent)(2 The highest number of persons committing suicide belonged to Kunbi (Patidar) caste. (3) 45 percent belonged to the age group of 19-30 (4) among women 51 percent cases of suicide were in the age group 19 to 30 (5) the rural urban proportion was 63:37, (6) 75 percent were from joint families and (7) 58 percent committed suicide by drowning in wells (8) the highest number, (44.7 percent) of women committed suicide due to family problems whereas the highest number, (25.3 percent) of men, did so due to mental tension / instability. The original report was not available. This brief summary is based on the summary of the report contained in the report of 'Suicide Investigation Committee' appointed by Gujarat government and published in August 1966. (See pages 63 - 70)

Another committee to study suicide cases was appointed by Bombay Government in 1958. It studied 9729 cases (46.9 percent males and 53.2 percent females) recorded during 1954 to November 1957. A brief summary of the said report is also incorporated in Gujarat Government report on suicide (1966: 71-73).

The statistical details regarding suicide cases showed that in Rajkot division, 1317 cases were recorded out of which 421 (32.0 percent) were males and 896 (68.0 percent) females. The report also showed that more cases were recorded in rural than in urban areas. Age wise, the highest number of persons committing suicide belonged to the age group of 20-24. As per the report, the main causes of suicides were: unhappiness in the family and

illness of long duration. Before the government could take any steps on the basis of the report, Bombay State was bifurcated into linguistic States of Gujarat and Maharashtra. So Gujarat government appointed its own committee in May 1964. The moving spirit behind this committee was Pushpabehn Mehta who was also its Chairperson. The committee studied 4537 cases (45.5 percent males and 54.5 percent females) recorded in police stations during the period of four years (May 1960 to April 1964). The committee also studied 1425 cases of attempted suicides. The report does not provide any analysis of these cases. It sought opinions and suggestions from judges, lawyers, members of legislative assembly, university teachers and representatives of social welfare organizations (1964:2). It found that Rajkot (5.65^{*}), Bhavnagar (5.23), Jamnagar (5.62), and Amreli (5.28) districts (all belonging to Saurashtra region) had relatively more cases of female than male suicides. In other districts also except those of Valsad, Vadodara and Surat, cases of suicides were more among females than males but the difference was not as wide as in the above-cited districts. Compared to other religious groups, more number of Hindus (92.7 percent) had committed suicide. Though Muslim population in Gujarat was 8.43 percent, those committing suicide constituted only 5.2 percent. Caste-wise, Kunbi (8.7 percent), were the most numerous among those committing suicide (1964:11) (The distinction between Kunbi and Patel is not made in the report). It is also among these castes that more females than males had committed suicide.

Age wise, little less than 1/4th (23.5%) persons belonged to age group 20-24 years. Among females, the highest number (27.6%) committed suicide during this (20-24) age group. Among males, number of cases during these years (20-24) was not very high (18.6%). Collapsing the figures up to 29 years we find that 43.1 percent males and 56.5 percent females had committed suicide before completing 30 years of their lives. The three main reasons for suicide were: (i) unhappy family life (25.8 percent), (2) physical disabilities and ill health (22.7 percent) and (3) mental tension / problems (20.8 percent). Jumping into water and getting drowned was the main method resorted to by 47.7 percent of persons while committing suicide. The next two methods were: hanging (15.0 percent) and taking poison (11.2 percent).

The committee made a number of useful suggestions / recommendations (1966: 58-62) some of which were common place (like giving more freedom to young boys and girls in selecting their marriage partners) or traditional (like giving training to girls in home science so as to make them better wives and mothers) or modern (like establishment of suicide prevention centres or ventilation centres, '*shravan mathako*' in Gujarati, which means centres where persons ventilate their feelings. However, the committee members who were concerned about the increasing number of female (especially young married women) suicide (some of which appeared to be cold blooded murder) failed to see that the situation could be improved only if woman's individuality was emphasized and she was not asked to suffer for the sake of her family at the cost of her life. So, in spite of the concerns of social workers like Pushpaben Mehta, Charumati Yoddha and others, number

* Figures in the bracket indicate number of suicide per 1 lakh population.

of married (young) women seeking asylum in shelter homes continued to increase as the number of such homes also increased (Pathak; 2001:5-10).

The paradigm shift in the approach came when the second-generation leadership in women's NGOs pioneered by Ahmedabad Women's Action Group - AWAG and its founder secretary Dr. Ila Pathak made its voice heard. AWAG called it 'woman centred' or 'pro-woman' approach (Pathak; 2001:9) which emphasized respecting her (woman's) individuality and asserting her equality' (Ibid; 2001:9) In a study carried out by AWAG in 1985, about cases of domestic violence, it was concluded that women's natal as well as affinal homes were against giving them any help in cases where they were deserted by their husbands leaving them to commit suicide. After its 1985 study, AWAG planned to raise self-image of women through its awareness program, established counselling centres where counselling was done with a pro-woman approach. It took up sensitization program for police personnel and reviewed school textbooks to highlight cases of biased presentation of women (Ibid; 2001:13).

In 1995 AWAG took up another study. This time it was a systematic and comprehensive study of criminal justice system. It included analysis of 1652 cases of offences against women registered at 5 police stations of Ahmedabad during 1984 to 1995, together with interviews of 6 police inspectors and counsellors of 50 family counselling centres. The advocates were not very forthcoming so their responses were uneven and at times perfunctory. Lastly the study also analyzed 22 judgements of various courts including High Court concerning cases of offences against women (Pathak; 2001).

The study highlighted the shoddy manner in which police recorded the cases of women who either committed suicide or were murdered in cold-blood by their in-laws. It found that the public prosecutors and the judiciary with their patriarchal mind - set did not give proper justice to the victims. The study also emphasized the need to gender sensitize police officials, lawyers and members of judiciary on women's issues.

Continuing its concern for the problems affecting women, AWAG recalled that the year 2004 was the centenary year of Pushpaben Mehta and it was also the year when fifty years would be completed to the initiation of the first survey of suicide in Gujarat, conducted by Saurashtra government in 1955. So, in order to commemorate the legacy of Pushpaben, AWAG decided to study the problem of suicide in Gujarat after a lapse of fifty years.

Present study :

As the foregoing discussion indicates the present study is an attempt to understand the complex phenomenon of suicide, especially suicide of females in Gujarat. The earlier studies commissioned by Saurashtra, Bombay and Gujarat governments have provided a fairly comprehensive background to the present study. As our primary interest was (and still continues to be) focussed on female suicide, we selected four districts (viz. Ahmedabad, Surat, Junagadh and Bhavnagar) of Gujarat state in which the rate of female suicide was higher than that in the rest of the districts (see table - 1.1). Thus it was a purposive sample. The population of these four districts (as per the 2001 census) constitutes about 30% of the total population of Gujarat State. In that sense the selected districts provided a fair representation of the total state. Since the criterion of selection was not cultural regions of Gujarat, omission of any districts from the north Gujarat region does not indicate any sampling error.

Table 2.1 provides incidence of female suicide in Gujarat State during the years 2001 - 2003, district wise.

Table - 2.1

Incidence of female suicides in Gujarat State for the years 2001-2003, districts wise

Sr.no.	District	2001	2002	2003	Total	Percent
1	Ahmedabad city	144	133	112	389	8.5
2	Ahmedabad rural	44	38	40	122	2.7
3	Rajkot city	48	37	33	118	2.6
4	Rajkot rural	45	42	44	131	2.9
5	Surat city	142	141	137	420	9.2
6	Surat rural	66	45	60	171	3.7
7	Vadodara city	70	57	67	194	4.2
8	Vadodara rural	34	33	21	88	1.9
9	Kheda	39	23	34	96	2.1
10	Anand	53	52	36	141	3.1
11	Sabarkantha	46	32	26	104	2.3
12	Gandhinagar	28	19	40	87	1.9
13	Mehsana	42	39	28	109	2.4
14	Patan	23	17	14	54	1.2
15	Jamnagar	93	96	110	299	6.5
16	Surendranagar	71	71	70	212	4.6
17	Banaskantha	44	49	27	120	2.6
18	Bhuj	69	73	81	223	4.9
19	Amreli	104	83	73	260	5.7
20	Bhavnagar	107	113	119	339	7.4
21	Junagadh	137	120	161	418	9.2
22	Porbandar	45	40	42	127	2.8
23	Bharuch	34	23	21	78	1.7
24	Panchamahals	33	10	12	55	1.2
25	Narmada	20	16	16	52	1.1
26	Dahod	16	19	18	53	1.2
27	Valsad	5	-	-	05	0.1
28	Dangs	2	5	8	15	0.3
29	Navsari	7	9	10	26	0.6

30	Western Rly, Vadodara	21	18	23	62	1.4
Total		1632	1453	1483	4568	100.0

From the above table we find that Ahmedabad (Ahmedabad city + Ahmedabad rural 11.2 percent) Surat (Surat city + Surat rural = 12.9 percent) Junagadh (9.2 percent) and Bhavnagar (7.4 percent) are the four districts having the highest number of female suicide cases and therefore they were included in the present study. It was further decided to obtain available information about all suicide cases (males as well as females) from the respective police stations of these four districts for the years 2004 and 2005 and analyse it.

Since the past experience of AWAG about getting information from police records was not very prompt (Pathak; 2001:31-33) it was decided to obtain information of the recent years (2004 and 2005) only so that registers / records pertaining to them could be easily located. Secondly, though the motivating factor behind the present study was that a large number of women still continue to commit or are forced to commit suicide, it was decided to include suicide cases of both males and females so as to ensure comparability between them and also to obtain a holistic picture of the phenomenon of suicide.

From the earlier studies of suicide of Saurashtra¹, Bombay² and Gujarat States, we found that the information recorded by police officials was often very inadequate and insufficient. So we obtained information from relatives of some who had committed suicide. Similarly we decided to obtain first hand information from some who had attempted to commit suicide but were saved. Thus the present study is mainly based on secondary data obtained from police records but is also supplemented by primary information obtained from the two categories of persons mentioned above.

Data Collection techniques :

For obtaining information from the police records we got necessary permission from police department. Once that was available, we requested police commissioners of the four districts to instruct their subordinate staff at various police stations to make available information regarding suicide cases for the years 2004 and 2005. For Ahmedabad city police stations, our research investigator herself noted down the available information from respective police stations. But we realized that it was a time consuming and very inconvenient task. Though the police officials in general were very courteous and helpful the person in charge of the registers was over burdened and often not available at his office because his timings were different and in his absence, it was difficult for other police personnel to locate the required register. Ultimately, we decided to request police officials to send us photocopies of the information available with them. We sent a pro-forma indicating the type of information we needed. We found that some police stations had the facility of a computer and it was easy for them to send the information we had asked for. Some others had no such facility and the information was available in hand

¹ At the time (1955) when Saurashtra Suicide Committee was appointed, Saurashtra was a separate state

² In 1958, Bombay state included the present states of Gujarat and Maharashtra.

written form. Though police did send the information in their own dilatory manner, often it was not complete and our investigator had to contact the right person and get information from him on phone. It took about two years to obtain all information that we had asked for.

In spite of the use of modern means of communications like mobile, e-mail etc. the police department still collects information in its archaic manner. Even the language used lacks sophistication. We were surprised to see the use of the term 'maran janar' in Gujarati for the person who was dead. In simple English the term means 'one who had gone to death'. We found that there was no uniform pro-forma in which information about suicide cases (and for that matter regarding all forms of crimes) was collected.

We retrieved information of 3150 cases from police stations of four districts. Details are given in the next chapter.

Interview based information from relatives of persons who had committed suicide :

As mentioned earlier, we have interviewed close relatives of 41 persons who had committed suicide. For locating such cases we depended on police records of the 4 districts viz., Ahmedabad, Surat Junagadh and Bhavnagar included in the present study.

Initially we decided to select 15 cases from Ahmedabad district and 10 cases from each of the three districts. From the registers maintained by the police we tried to select cases with As mentioned earlier varying characteristics. We found that in many cases the exact addresses of the persons who had committed suicide were not mentioned. So we did not have very wide choice. In spite of this difficulty we have tried to include persons with diverse backgrounds i.e. those belonging to different age groups, caste, religion, language etc. In case of married women, we tried to interview relatives of both sides. Here also we found that some relatives could not be contacted as they were staying in far off places, sometimes outside Gujarat or in foreign countries.

Interview based information of women who had attempted to commit suicide

We have also tried to supplement our study of suicide with the help of primary data obtained from 15 women who had attempted or decided to commit suicide but were saved from doing so. Since many counselling centres were likely to have such cases we approached such centres and obtained information. In case the suicide survivors were living in state-run institutions, we sought the permission of the relevant government departments.

In the next few chapters we shall provide separate discussion of data obtained from police records and interview based data of relatives of those who had committed suicide as well as of those who had attempted to commit suicide.

III. Background characteristics of the suicide cases

As stated earlier, we have obtained information from police records regarding persons belonging to Ahmedabad, Surat, Junagadh and Bhavnagar Cities and districts who committed suicide during the years 2004 and 2005. Together the total number of such persons stood at 3150.

In the present chapter we shall provide their district wise distribution separately for these two years and later on describe their personal and socio-cultural characteristics. Since the present study was undertaken in the context of an earlier study commissioned by Gujarat government about 50 years ago and published in 1966 we have tried to compare wherever possible, results / conclusions of the present study with those obtained by us.

To begin with, we present some demographic features concerning the above four districts in order to gain their broad picture (table - 3.1).

Table 3.1
Some basic demographic features of Ahmedabad, Surat, Junagadh and Bhavnagar districts (2001)

	Ahmedabad district	Surat district	Junagadh district	Bhavnagar district	Gujarat state
Total Population	5816519	4995174	2448173	2469630	50671017
Male	3074556	2722539	1252350	1274920	26385577
Female	2741963	2272635	1195823	1194710	24285440
% of Scheduled tribes	1.0	28.2	0.8	0.3	14.8
% of Scheduled castes	10.7	3.4	9.6	5.8	7.1
% of general population	88.3	68.4	89.6	93.9	78.1
Sex ratio	892	835	955	937	920
Child sex ratio	836	871	903	881	883
Literacy rate	79.5	74.6	67.8	66.2	69.1
Density	719	652	277	247	258
Work participation rate	34.5	43.7	40.9	38.2	41.9
Rank in population	1	2	6	5	-

Source : Census of India 2001 (Gujarat)

From table 3.1 we find that population wise Ahmedabad and Surat districts occupy first and second ranks respectively in Gujarat state Junagadh and Bhavnagar districts stand

slightly lower (6th and 5th) in descending order. Concerning population of scheduled castes and scheduled tribes, the four districts differ fairly widely. Whereas Surat district has more than 1/4th (28.2%) S.T. population, other districts do not have more than one per cent of them. The sex ratios of Ahmedabad (892) and Surat (835) districts are lower than that of Gujarat State (920) but those of Junagadh (955) and Bhavnagar (937) districts are higher than the latter. Curiously, the incidents of female suicides are also higher in these two districts as we shall see in the discussion that follows.

In terms of cultural regions, Gujarat State is broadly grouped into four divisions, viz., central, north and south Gujarat and Saurashtra - Kutchh. Of the four districts, Ahmedabad district forms part of central Gujarat, Surat district belongs to south Gujarat, whereas Junagadh and Bhavnagar districts are included in Saurashtra - Kutchh. So, we do not have, any district representing north Gujarat. However, since our sampling scheme was not based on cultural regions this omission does not indicate any sampling error.

As stated earlier, information about suicide cases was obtained from the registers maintained in different police stations of the four districts. Table 3.2 provides these details separately for the years 2004 and 2005.

Table 3.2
District, police station and sex-wise distribution of suicide cases
separately for 2004 and 2005

District	No. of police stations	2004			2005			Total		Total	%
		Male	Female	Total	Male	Female	Total	Male	Female		
Ahmedabad (city and rural)	47	341	232	573	375	229	604	716	461	1177	37.4
Surat (city and rural)	28	288	182	470	293	158	421	581	340	921	29.2
Junagadh	22	174	119	293	153	116	269	327	235	562	17.8
Bhavnagar	22	141	105	246	138	106	244	279	211	490	15.6
Grand total	199	944	638	1582	959	609	1568	1903	1247	3150	100.0
		(59.7)	(40.3)	(100.0)	(61.2)	(38.8)	(100.0)	(60.4)	(39.6)	100.0	

NB : (1) There are two eunuchs in Ahmedabad district one each in 2004 and 2005. They are included among females.

(2) A detailed list of police stations from each district and the number of cases registered therein is given in appendix - 1.

Table 3.2 shows that little more than 1/3rd (37.4%) cases belong to Ahmedabad district. Surat district accounts for little more than 1/4th (29.2%) cases. Junagadh district with 17.8% cases ranks third and Bhavnagar district with 15.6% cases has the lowest number of cases among the four districts. Secondly, in all four districts and during both the years, number of males committing suicide is more than that of females. This is a significant

change during the last 50 years, because, as we shall see later (table 3.3), according to the Gujarat Government report (1966), except Surat district in other three districts, there were more cases of female suicides than those of males.

For the sake of clarity and to ensure comparison we give below (table 3.3) sex and district wise distribution of suicide cases available from both the studies.

Table 3.3

Sex and district wise distribution of suicide cases separately
for the present study and Gujarat Government commissioned study

Year	Ahmedabad			Surat			Junagadh		
	M	F	Total	M	F	Total	M	F	Total
2004-05	60.8	39.2	100.0	63.1	36.9	100.0	58.2	41.8	100.0
	716	461	1177	581	340	921	327	235	562
	22.7	14.6	37.4	18.4	10.7	29.2	10.4	7.5	17.8
1960-64	44.2	55.8	100.0	58.3	41.7	100.0	48.6	51.4	100.0
	179	226	405	88	63	151	172	182	354
	14.0	17.7	31.6	6.9	4.9	11.8	13.4	14.2	27.7

Year	Bhavnagar			Total		
	M	F	Total	M	F	Total
2004-05	56.9	43.1	100.0	60.4	39.6	100.0
	279	211	490	1903	1247	3150
	8.9	6.7	15.6	60.4	39.6	100.0
1960-64	36.8	63.2	100.0	44.9	55.1	100.0
	136	234	370	575	705	1280
	10.6	18.3	28.9	44.9	55.1	100.0

Source: For 1960-64 study percentages are calculated from the absolute figures provided in the report (1966) table - 2, pages 4 and 5.

Table 3.3 shows district and sex- wise distributions of suicide cases as per the 2004-2005 and 1960 - 64 studies. In 1960 - 64 study except Surat district; all other districts had more females than males committing suicide. The highest number (63.2%) was in Bhavnagar, followed by Ahmedabad (55.8%) and Junagadh (51.4%). During the span of 50 years, the situation has changed significantly. As per the 2004 - 05 study all districts have more males than females committing suicide. The highest incident of male suicide is in Surat district (63.1%) followed by Ahmedabad (60.8%), Junagadh (58.2%) and Bhavnagar (56.9%). In all districts incidents of female suicide has decreased. Secondly the overall increase (disregarding male-female difference) is more than double (i.e. from 11.8 to 29.2%) in Surat.

The total number of suicide cases for the four districts during the four years (1960-64) was 1280. This works out to 320 cases per year. For the years, 2004-2005 the corresponding figure is 3150. Its average stands at 1575 per year. In other words, 50 years back, the

average number of suicide cases for the four districts was 320 per year. Fifty years later, the number of suicide cases has gone up to 1575 per year i.e. the cases appeared to have increased almost 5 times. The increase may be attributed to better recording or increase in population. However table no. 3.4 shows that the population from 1961 to 2001 has increased less than 3 times while the number of suicide increased 5 times.

Rural-Urban distribution of suicide cases :

Since all four districts have one big city each within them suicide cases are more in urban (58.8%) than in rural (41.2%) areas. Sex-wise however more males (60.1%) than females (56.8%) commit suicide in urban areas. Conversely more females (43.2%) than males (39.9%) commit suicide in rural areas.

The 1960-64 survey covered all districts of Gujarat, some of which were very sparsely urbanized. Hence no comparison is made with that survey here.

Rate of suicide per 1 lakh population :

The usual method of arriving at the rate of suicide is to calculate the number of cases per 1 lakh population. In table 3.4 we provide this information for the cases contained in the present study and those cited in the Gujarat government study.

Table 3.4
Rate of suicide in 2004-05 and 1960-64 reports

I 2004-2005	Population 2001			Suicide cases 2004-05			No.of cases per 1 lakh population		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Ahmedabad district	3074556	2741963	5816519	716	461	1177	6.15	3.96	10.11
Surat district	2722539	2272635	4995174	581	340	921	5.81	3.40	9.21
Junagadh district	1252350	1195823	2448173	327	235	562	6.68	4.80	11.48
Bhavnagar district	1274920	1194710	2469630	279	211	490	5.64	4.27	9.92
II	Population 1961			Suicide cases 1960-64			No.of cases per 1 lakh population		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Ahmedabad district	1188269	1021930	2210199	179	226	405	2.02	2.56	4.58
Surat district	705034	680356	1385390	88	53	151	1.58	1.15	2.73
Junagadh district	638296	607347	1245643	176	182	358	3.53	3.65	7.18
Bhavnagar district	577729	541706	1119435	136	234	370	3.03	5.23	8.26

Source: Information of 1960-64 is obtained from Gujarat Government Report (1966:4-5)

Table 3.4 shows that within a span of 50 years there are some significant changes in the rates of suicide among these four districts. For instance, rate of suicide for Ahmedabad district has more than doubled (from 4.58 to 10.11). In case of Surat district it has increased more than three times (from 2.73 to 9.21). Bhavnagar district had the highest (8.26) rate 50 years back. It has increased slightly (9.92). Now that place is taken over by Junagadh district (with 11.48 rate).

In all districts now, males have higher suicide rate than females but the difference in case of Ahmedabad and Surat districts is quite significant whereas, in case of Junagadh and Bhavnagar the difference is not much.

Marital status of the persons committing suicide:

Marital status of a person is an important part of his/her personality. The various roles an individual performs during his/her life span vary significantly, depending upon whether one is unmarried, married, widowed or divorced. In fact some roles (and with them their contingent role-strain/conflict) form part of a particular marital status but not of others. For instance a woman takes up the role of a daughter-in-law only if she is married. Some causes of suicide are also closely linked with the marital status. For instance a woman committing suicide because she is not able to beget a child has to be a married one. In short, marital status of a person committing suicide provides an important piece of information for understanding the reasons of suicide.

In table 3.5 we provide distribution of suicide cases by marital status separately for the present study and Gujarat Government study.

Table 3.5
Sex wise distribution of suicide cases by marital status, separately
for 2004 - 2005 and 1960 - 64 studies

Marital status	2004 – 2005			1960 – 64		
	Male	Female	Total	Male	Female	Total
Unmarried	5.1 (98)	14.8 (184)	9.0 (282)	23.1 (477)	6.2 (154)	13.9 (631)
Married	13.8 (262)	34.7 (433)	22.1 (695)	66.5 (1374)	81.4 (2013)	74.7 (3387)
Widowed	0.4 (8)	0.7 (9)	0.5 (17)	5.3 (109)	11.7 (288)	8.8 (397)
Divorced	0.0 (0)	(1) (1)	(1) (1)	- (1)	-	- (1)
N.A.	80.7 (1535)	49.7 (620)	68.4 (2155)	5.0 (104)	0.7 (17)	2.7 (121)
	100.0 (1903)	100.0 (1247)	100.0 (3150)	100.0 (2065)	100.0 (2472)	100.0 (4537)

Source: For 1960-64 study, percentages are calculated from table 24, page 22.

N.B. In this as well as later tables figures in parentheses indicate frequency

From table 3.5, we find that in case of the present study we have no information about marital status of more than 2/3 (68.4%) cases. Sex-wise, the information is all the more limited in that for 80.7% males we do not know their marital status. Compared to that, for the Gujarat government study, information is fairly adequate. For both the studies, information was obtained from police record. The difference is beyond our comprehension.

One reason could be that since the government commissioned the previous study, police officials might have taken extra care to provide information. But a more plausible explanation appears to be that the number of crimes (as well as cases of suicide) increased with no corresponding increase in police staff, so the existing police force became unable to cope up with the pressure of work. Hence, the information lacks sufficient detail.

Leaving aside the limitation of the data, we find that in the present study a large number of married (34.7%) than unmarried (14.8%) women have committed suicide. This is but natural because the act of suicide is usually a response to a stressful situation and more married than unmarried women experience such a situation because they take over a new role of wife/daughter-in-law.

In the Gujarat government study we find that little less than 3/4th (74.7%) cases of suicide were of married persons. Among women 81.4% were married and among men the figure was 66.5%. Concerning unmarried persons, we find that as against 23.1% unmarried males there were only 6.2% such females. The reason for the small number of unmarried women might be that some 50 years back, age of marriage for girls was fairly low and by the time they (girls) achieved the age of decision-making, they were married off.

Age of the persons committing suicide :

Like marital status, age of a person is also a significant fact influencing his / her suicidal behaviour. In table 3.6, we provide age and sex wise distribution of suicide cases, separately for the two studies.

Table 3.6
Age and sex-wise distribution of suicide cases, separately for
the 2004 - 2005 and 1960 - 64 studies

Age	2004 - 05			1960 - 64		
	Male	Female	Total	Male	Female	Total
10 - 24	24.4 (465)	40.8 (509)	30.9 (974)	27.2 (561)	38.0 (938)	33.0 (1499)
25 - 34	28.5 (541)	28.2 (351)	28.3 (892)	27.0 (558)	28.9 (715)	28.0 (1273)
35 - 54	35.2 (670)	20.9 (260)	29.6 (931)	29.4 (607)	20.1 (496)	24.3 (1103)
55 +	9.4 (179)	7.5 (93)	8.7 (272)	15.8 (326)	12.8 (316)	14.2 (642)
N.A.	2.5 (48)	2.7 (84)	2.6 (82)	0.6 (13)	0.3 (7)	0.4 (20)
Total	100 (1903)	100 (1247)	100 (3150)	100 (2065)	100 (2472)	100 (4537)
Mean age	33.60	29.54	-	NA	NA	-

- N.B. (1) Information for the 1960-64 study is obtained from table 18, page 15 of the said report (1966); percentages are calculated from the absolute figures given in the table.
- (2) In table no. 3.3 containing information of 1960-64 study, total suicide cases of only four districts were cited. Here, the number of suicide cases of all districts of Gujarat is cited. Hence the difference.
- (3) For 1960-64 study mean age is not available.

If we treat persons between the age groups 10 to 24 as 'very young', 25 to 34 as 'young', 35 to 54 as middle aged and 55 and above as 'old', we find that about 1/3rd (30.9% and 33.0%) cases of suicides have occurred among those who are very young. This is true in case of both the studies. Sex-wise, we find more females (40.8 % and 38.0%) than males (24.4% and 27.2%) have committed suicide during this age.

If we collapse the two categories of 'very young' and 'young', we find that a fairly large number (59.2% and 61.0%) of those who have committed suicide (in both studies) belong to this age group. Here more females (69.0% and 66.9%) than males (52.9% and 54.2%) come from this (10 - 34 years) age group.

The sex-wise distribution during the middle age (35-54 years) shows that males (35.2% and 29.4%) outnumber females (20.9% and 20.1%) in both the studies.

Information about persons committing suicide during old age shows that there is a significant decrease in the number of cases in the present study (8.7%) vis-à-vis the previous study (14.2%).

At the cost of appearing simple, we may conclude that more number of females commit suicide when they are young (mean age = 29.54) Contrary wise, more males commit suicide during middle age. (mean age = 33.60).

Here, is a probable explanation for this apparent gender difference.

Women in India are usually married off early (and often against their will) As the family system is patriarchal as well as joint, married women come to stay with their husbands and their relatives. Here, the situation is often not very conducive for the young brides and

they are deprived of the support structure of their parental family. As per the joint family norms, their husbands are also not expected to be very close to them. Then there are many expectations (like dowry, begetting a son, etc. besides the usual household chores) from them by their husbands and in-laws. In spite of all their attempts, there are bound to be some lapses on the part of these married women and these seem to provide sufficient ground to their husbands and to their in-laws to torture and harass them. In view of their young age, lack of support structure and constant violence by their husbands and bickering from their in-laws, such women find it difficult to cope up with the harsh realities of life and at times succumb to pressure and commit suicide. As young women grow in age, the situation turns in their favour and gradually the conditions propelling them to suicide disappear for them. However, the next generation of girls may have to face similar situation.

As against this more males than females commit suicide in middle age. During young age males get married but they stay in their parental households and the support structure of the family remains intact. Their elders take major decisions in their families and even when these young men are major in age they are often treated as minors. As they reach middle age, the support structure gradually falls apart. Either the elders die or become incapacitated or the married men get separated from their family of orientation and become independent. By now, they have to provide for the education and later on marriage of their sons and daughters. Depending upon their education and skill, these middle-aged men may earn a decent income or they may be in a state of partial or full unemployment. In the absence of past support structure and mounting responsibilities, these males experience difficulties in coping with the existing realities and a few of them may prefer ending life to suffering tension, and occasional ignominies from the society.

Looking at the data regarding suicide cases among old persons, we find that there is a sizeable decrease in their number, as per the present (8.7%) study compared to the number (14.2%) in the past one. This may be partly due to the improved medical treatment and decent amount of pension to those who were employed in salaried jobs (though their number may not be very large compared to those who were in non salaried jobs). Since the average life span in the past was not long, we find that there are no cases of suicide in the age group 65 and above in the previous study.

Education :

Unlike age and marital status, education is not a very closely associated variable with the suicidal behaviour of a person. However, it is commonly assumed that with education, a person develops the ability to think rationally and analyze the problems faced by him/her systematically. In the present time number of suicides relating to educational field have increased. For instance reasons like failure in examination, inability to secure good marks/high rank, inability to secure admission in a prestigious course/school/college, inability to suffer ragging etc. are commonly reported during certain months of the year. However such reasons are not educational per se. They represent young students' lack of emotional maturity or their parents' undue imposition of their own views / values upon their wards.

In table 3.7 we provide information about educational background of the suicide cases.

Table 3.7

Education of suicide cases sex wise separately for the 2004 - 05 and 1960 - 64 studies

Education	2004 – 05			1960 – 64		
	Male	Female	Total	Male	Female	Total
Illiterate	9.6 (182)	12.2 (152)	10.6 (334)	41.2 (850)	61.9 (1531)	52.5 (2381)
Less than primary	3.2 (60)	5.1 (64)	3.9 (124)	12.3 (255)	8.6 (212)	10.3 (467)
Primary	3.0 (57)	3.0 (37)	3.0 (94)	9.4 (194)	5.6 (139)	7.3 (333)
Middle	6.1 (116)	7.4 (92)	6.6 (208)	6.1 (125)	2.0 (49)	3.8 (174)
Secondary	7.0 (134)	5.0 (62)	6.2 (196)	2.7 (56)	0.6 (16)	1.6 (72)
Higher Secondary and above	1.4 (27)	1.6 (20)	1.5 (47)	0.3 (07)	- (01)	0.4 (08)

Source: Information about previous study is obtained from table 21 pages 20-21 of the Gujarat govt. report (1966)

Table 3.7 shows that for a large majority (68.2%) of cases in the present study, we have no information. For those about whom we have information, we find that many of them are illiterate or semi literate.

With respect to Gujarat Government study, information was available for about 3/4th (75.7) of the cases. Little more than 1/2 (52.5%) of them were illiterate. This is but natural because, some 50 years back literacy rate was not very high.

We shall now present some group centred characteristics like religion and caste/ community of the suicide cases.

Religion

As noted earlier, no religion approves of suicide. However, giving up life for a noble cause (upholding some religious values/beliefs) has often been applauded by all religions. In that case, such behaviour was not considered suicide but an act of martyrdom from the viewpoint of members of the respective religious community. This was more common in the past than in modern times. However, the increasing religious fanaticism backed by communal political forces all over the world but chiefly in the under developed countries has again given rise to suicidal activities by religious fanatics.

In table 3.8, we provide religion wise distribution of suicide cases of the present study and compare it with the data obtained in Gujarat government report.

Table 3.8
Religion wise distribution of suicide cases separately
for the 2004 - 05 and 1960 - 64 studies

Religion	2004 - 2005			1960 -1964		
	Male	Female	Total	Male	Female	Total
Hindu	96.0 (1826)	95.1 (1186)	95.6 (3012)	91.0 (1880)	95.1 (2351)	93.3 (4231)
Muslim	3.2 (61)	4.5 (56)	3.7 (117)	6.8 (140)	3.9 (96)	5.2 (236)
Christian	0.5 (9)	0.2 (02)	0.3 (11)	0.5 (11)	0.4 (10)	0.5 (21)
Sikh	- (1)	-	- (1)	- (1)	- (1)	- (2)
Jain	-	-	-	0.3 (7)	0.3 (5)	0.3 (12)
Parsee	-	-	-	0.2 (4)	- (1)	0.1 (5)
N.A.	0.3 (6)	0.2 (3)	0.3 (9)	1.1 (22)	0.3 (8)	0.7 (30)
Total	100.00 (1903)	100.00 (1247)	100.00 (3150)	100.00 (2065)	100.00 (2472)	100.00 (4537)

Source: Gujarat Government Report (1966:10) for 1960 - 64 study

N.B. In the 1960-64 report Sindhis were listed as a separate religious (sic) group. Here we have included them among Hindus.

Table 3.8 provides that an overwhelming majority (95.6%) of the suicide cases in the present study is of Hindus. Sex-wise there is not much difference between them. Muslims constitute only 3.7% of the cases. Among them there are more females than males committing suicide, which is different from more males committing suicide among Hindus. Christians also have very insignificant number here. If we compare the present data with those of the previous study we do not find much difference.

Caste / Community of the suicide cases:

Though caste is an important characteristic of Hindu society, information about it is officially not collected. So, in the police records, no systematic mention of it is found. Even when police occasionally mention caste of the person, they are not clear about the term. So they mistake surname (Parmar, Rathod, Patel etc.) for the caste. Even the persons who provide information give their surname instead of caste name. Since caste-system is a hierarchical system, different castes occupy high or low position on it. Those caste groups, which are assigned higher position, proudly boast about it but castes with lower status are not so forthcoming and they usually avoid mentioning it clearly. Caste system has a local or regional connotation. So, persons who belong to other regions are known by their language group though in their region, they do belong to specific castes.

It is in this context that information about caste / community was retrieved from the police records. In some cases where surnames were mentioned we tried to identify the caste from associational details like name of the person, address of the locality etc.

The 3150 suicide cases were listed under 67 caste / community. Some of them were language groups like Marathi (120), Madrasi (23), Punjabi (11). Among Muslims there were 15 small groups. Sizeable number of suicide cases were from the following castes: Koli (288), Patel / Patidar (280), Dalit (265), scheduled tribes (294), Brahmins (156), Rajput (164), Bava / Sadhu (65), Prajapati (46), Devipujak (46), Thakor (59) and Luhana (26).

We have collapsed these castes / communities into six broad categories as follows (Table 3.9)

Table 3.9

Caste / community wise distribution of suicide cases (2004-05) separately by sex

Caste / Community	Male	Female	Total
Upper Castes	31.8 (605)	37.4 (466)	34.0 (1071)
OBC	25.4 (483)	27.9 (348)	26.4 (831)
Schedule Castes	8.4 (159)	5.8 (72)	7.3 (231)
Schedule Tribe	10.0 (190)	6.7 (84)	8.7 (274)
Unspecified castes	10.4 (197)	9.2 (114)	9.9 (311)
Non-Hindus	1.6 (30)	1.8 (23)	1.7 (53)
N.A.	12.6 (239)	11.2 (140)	12.0 (379)
Total	100.0 (1903)	100.0 (1247)	100.0 (3150)

Table 3.9 presents suicide cases by major categories of caste / community. It shows that upper castes which include major sanskritized castes like Brahmins, Vania, Rajput, Patidars etc. constitute the highest number (34.0% or about 1/3rd) of suicide cases. Next category which includes castes like Koli, Thakor, Rabari and many artisan castes like Luhar, Suthar etc. and known as other backward castes include within it little more than 1/4 (26.4%) suicide cases. If we collapse categories of unspecified castes (9.9%) and no information (12.0) they together constitute about 1/5th of the cases.

Information about caste/community of the suicide cases contained in the Gujarat Government report (1966: 27-30) lists about 152 such groups. Since the report covers all the regions of Gujarat the list contains a variety of castes and communities and therefore no attempt is made to collapse and compare them with those of the present study.

To sum up we find that due to lack of adequate information regarding marital status, caste/community and education of the suicide victims it was difficult to provide their

comprehensive profile. However, information regarding their sex, age and religion was fairly sufficient. As mentioned earlier, one significant finding of the present study is that compared to the situation 50 years back, we now have more males than females committing suicide.

Similarly, there is an overall increase in the incidents of suicide. One may attribute this increase to better recording of suicide cases as well as to increase in population. However, within the span of 50 years the population increase is about three times where as the increase in suicide cases is five times as we have noted earlier. The decrease in incidents of female suicides also needs explanation because the earlier practices of dowry, preference for male child, early and arranged marriages, gender discrimination, domestic violence and harassment of young brides by the husbands/in-laws-all this continues more or less regularly in rural as well as urban areas.

It is possible that the awareness and sensitization campaign carried out by various ngos working for women has imperceptibly changed the situation in favour of women, leading to the decrease in suicide.

IV. Suicide: When, Where, How and Why?

Persons who commit suicide do so at certain time (month, day and hour), in different ways (drowning, hanging, burning, consuming poison, etc.) and for various reasons (poverty, unemployment, familial discord, failure in love/ examination / business / marriage, etc.). Information relating to some of these points is presented in this chapter for the 2004-2005 suicide cases. For the sake of comparison, we have presented similar data (wherever possible) from the 1960-64 study.

Concerning time of suicide, we have information regarding months as well as hours of the day / night during which the act was committed. We begin with month of suicide.

When?

Month of suicide

Early scholars who were favourably impressed by the limiting role of geographical environment in the survival and development of human society have tried to establish a direct as well as deterministic relation between seasonal variation and changing rate of suicide (Sorokin; 1964:159-161). According to them, the rate of suicide is higher in summer and lower in winter. This is because of the change in temperature. These scholars (Ferri and Morselli, quoted by Durkheim; 1966:108) maintained that temperature had a direct influence on the tendency to commit suicide. However, as Durkheim (1966:108) has convincingly argued, the higher rate of suicide in summer is not due to increase in temperature but due to increased tempo of social life.

We present in table 4.1 information relating to suicide cases committed during different months of the year. For the sake of convenience we have presented our data separately for the three seasons.

Table 4.1

Month / season wise distribution of cases of suicide for the present and previous studies

Month / Season	2004 -2005			1960 -1964		
	Male	Female	Total	Male	Female	Total
Winter						
November	7.4 (140)	6.5 (81)	7.0 (221)	7.7 (159)	9.1 (225)	8.5 (384)
December	6.5 (124)	6.2 (77)	6.4 (201)	6.6 (136)	6.9 (170)	6.7 (306)
January	5.9 (113)	7.3 (91)	6.5 (204)	7.9 (164)	7.2 (178)	7.5 (342)
February	7.9 (150)	7.2 (90)	7.6 (240)	8.4 (174)	8.1 (200)	8.2 (374)
Mean	6.9	6.8	6.9	7.7	7.8	7.7

Contd . . .

Month / Season	2004-2005 study			1960-1964 study		
	Male	Female	Total	Male	Female	Total
Summer						
March	8.7 (165)	8.9 (111)	8.8 (276)	9.2 (191)	7.6 (189)	8.4 (380)
April	7.9 (151)	8.2 (102)	8.0 (253)	11.1 (230)	8.6 (212)	9.7 (442)
May	9.4 (178)	7.5 (93)	8.6 (271)	9.4 (195)	9.9 (245)	9.7 (440)
June	8.0 (153)	7.6 (95)	7.9 (248)	8.0 (165)	9.2 (228)	8.7 (393)
Mean	8.5	8.1	8.3	9.4	8.8	9.1
Monsoon						
July	7.8 (149)	9.2 (115)	8.4 (264)	7.6 (156)	8.7 (215)	8.2 (371)
August	7.3 (139)	7.4 (92)	7.3 (231)	7.8 (162)	8.3 (205)	8.1 (367)
September	7.5 (142)	9.3 (116)	8.2 (258)	8.4 (174)	7.6 (187)	8.0 (361)
October	9.1 (173)	9.2 (114)	9.1 (287)	7.7 (159)	8.8 (218)	8.3 (377)
Mean	7.9	8.8	8.3	7.9	8.4	8.2
N.A.	6.6 (126)	5.6 (70)	6.2 (196)	-	-	-
	100.0 (1903)	100.0 (1247)	100.0 (3150)	100.0 (2065)	100.0 (2472)	100.0 (4537)

Source: For 1960-64 study information is obtained from Gujarat Government Report (1966:10)

From table 4.1, we find that in both studies, the average rate of suicide is relatively lower in winter and slightly higher (though not consistently for males and females) in summer. However, the season-wise difference is not very large so as to force us to seek explanation. The present day scholars of suicide maintain that suicide is a socio-psychological phenomenon and any month wise variation in its incidents is not due to any intrinsic characteristics of that month but because of the social activities carried out during it. For instance, most of the examination results in Gujarat are, declared in the months of April - May and students' suicides due to failure in examination or poor performance in examinations are usually committed during these months.

Time of suicide

Information about time of suicide has also led scholars to provide various explanations for the varying rates of suicide during different parts of the day and night. However, since the act of suicide is largely impulsive, persons commit them irrespective of the time during day and night, when they are relatively lonely and isolated from their relatives and friends.

In table 4.2, we present distribution of suicide cases by hours during which they were committed.

Table 4.2

Distribution of suicide cases by the time they were committed

Time of suicide	2004 - 2005		
	Male	Female	Total
Morning (6.00 a.m. to 12.00 noon)	17.6 (335)	18.3 (228)	17.9 (563)
Afternoon (12.00 noon. to 4.00 p.m.)	14.6 (277)	17.6 (219)	15.7 (496)
Evening (4.00 p.m. to 8.00 p.m.)	11.4 (216)	12.3 (153)	11.7 (369)
Night (8.00 p.m. to 6.00 a.m.)	12.0 (229)	7.9 (98)	10.4 (327)
N.A.	44.5 (846)	44.0 (549)	44.3 (1395)
Total	100.0 (1903)	100.0 (1247)	100.0 (3150)

N.B. The 1960-64 study has not provided this information.

As per the usual practice, we have divided day and night into four broad categories viz., morning, afternoon evening and night. We learn from table 3.2 that for about 44.3% cases of suicide, we have no information as to when they were committed. While some amount of police indifference and/ or negligence may be there, it is also true that in many cases, it is difficult for the police to determine the time of suicide because many such acts are committed in isolation and police come to know about them very late. In some cases, the relatives as well as the neighbours also do not cooperate with the police and refuse to give any information about time of suicide.

For some cases about which information is available, we find that they are mostly committed during morning (17.9%) and afternoon (15.7). The rest are committed in the evening (11.7%) and at night (10.4%). Sex-wise, no significant difference is noticed, except that very few (7.9%) women compared to 12.0% males had committed suicide at night.

Where?

Place of suicide

Though suicide is largely an impulsive act, persons who commit it do try to find a relatively lonely and isolated place, so that they can commit it unhindered. In fact some who were saved from committing suicide (see (chapter-V) have confessed that they had to abandon their plan (of committing suicide) because there were many people around.

In table 4.3, we provide information regarding places at which suicides were committed. The previous study covering 1960-64 data does not provide this information hence no comparison is possible.

Table 4.3

Distribution of suicide cases by the place at which committed

Place	Male	Female	Total
Home	24.4 (464)	28.9 (361)	26.2 (825)
Field / Plot	0.6 (11)	0.1 (1)	0.4 (12)
School / Place of work	1.0 (19)	0.2 (02)	0.7 (21)
Road / rail / river	5.3 (101)	0.8 (10)	3.5 (111)
N.A.	68.7 (1308)	70.0 (873)	69.2 (2181)
Total	100.0 (1903)	100.0 (1247)	100.0 (3150)

Data regarding place of suicide are not very helpful in our discussion, because for about 2/3rd (69.2%) cases, we have no information. As in the case of previous table (4.2), we attribute this lacunae partly to police indifference / negligence, and partly to relatives / neighbours' lack of cooperation. It is also true that such acts are usually committed in isolation and the place of suicide is difficult to determine due to that.

However, for the limited information that we have, we find that both males and females have preferred to commit suicide at home. For the rest of the cases (69.2%) about which information is not available, it is possible that they were committed outside the home.

How?

Method of committing suicide

Scholars who have written about suicide have as if ignored the topic of various methods / techniques persons have been using to commit suicide. (see Durkheim; 1966, Clinard; 1968:500-528, Hatton et al; 1977). It is true, that the act of suicide is an impulsive one, and persons who commit it make use of the easily available method / technique and there

is no time to make choices. However, there are references to certain institutionalized techniques like consuming opium or inserting sharp dagger in one's abdomen, which women (usually married ones) were advised to resort to in case they were in danger of being raped or when they were harassed by their in-laws. Among Rajputs of Saurashtra, young women were advised to suffer all kinds of harassment from their in-laws but like dutiful wives and for the sake of 'honour' of their parents' family they were enjoined to prefer death (using any of the above-mentioned methods) to seeking shelter in their parental homes.

In table 4.4, we present information regarding methods / techniques used by persons who had committed suicide during the years 2004 and 2005. Since the previous study has provided information in this regard, we also present the same in this table.

Table 4.4

Distribution of suicide cases by the method used, separately for the present and previous studies

Sr.No.	Method of committing suicide	2004 - 2005			1960 - 1964		
		Male	Female	Total	Male	Female	Total
1.	Consuming poison / Acid	41.3 (785)	35.0 (436)	38.8 (1221)	18.0 (372)	5.4 (134)	11.2 (506)
2.	Hanging	32.6 (621)	27.8 (347)	30.7 (968)	8.6 (414)	10.8 (268)	15.0 (682)
3.	Burning	8.9 (169)	25.8 (321)	15.6 (490)	8.6 (177)	26.5 (654)	18.3 (831)
4.	Drowning / Jumping in water	8.3 (157)	4.7 (58)	6.8 (215)	39.5 (816)	54.5 (1348)	47.7 (2164)
5.	Falling against running train	1.8 (34)	0.9 (11)	1.4 (45)	10.2 (210)	1.2 (29)	5.3 (239)
6.	Falling from a height	1.5 (29)	1.0 (12)	1.3 (41)	1.3 (27)	0.3 (8)	0.8 (35)
7.	Injury with gun	0.2 (04)	0.1 (01)	0.2 (05)	0.6 (13)	(1) (1)	0.3 (14)
8.	Injury with sharp weapon	0.2 (03)	0.1 (01)	0.1 (04)	0.6 (12)	0.1 (02)	0.3 (14)
9.	Touching live wire	0.1 (02)	-	0.1 (2)	-	-	-
10.	Injecting drug	0.1 (01)	-	0.1 (01)	-	-	-
11.	N.A.	5.1 (98)	4.8 (60)	5.0 (158)	1.2 (24)	1.1 (28)	1.1 (52)
		100.0 (1903)	100.0 (1247)	100.0 (3150)	100.0 (2065)	100.0 (2472)	100.0 (4537)

Source : Information for 1960-64 study is obtained from the Gujarat government Report (1966:21)

A comparative study of the methods of committing suicide (from table 4.4) shows that drowning or jumping into river / well was the main method (47.7%) used some fifty years back. More women 1/2 (54.5) than men (39.10) used to resort to it. As per the data available for the present study very few persons (6.8%) have used jumping in well now. Sex wise more males (8.3%) than females (4.7%) have used jumping in well. Consuming poison (either liquid or tablets) is more widely (35.3%) practiced now than earlier (11.2%) Hanging (30.7%) is the second widely used method now.

The number of women resorting to burning has remained more or less the same at present (25.7%) as in the past (26.5%). Other methods like touching live wire, injecting drugs in the vein and drinking acid were not used in the past. Their users in the present study are also very few.

We shall now turn to reasons why persons commit suicide.

Why?

Reasons for committing suicide

Suicide is a form of human behaviour and like all other human behaviours it is a complex one. Sociologists like Clinard (1968) have termed suicide as a deviant behaviour because it adversely affects a number of persons besides the suicide survivals (i.e. relatives of the persons who commit suicide). Suicide draws our attention in one special sense in that, most of those who commit it, do so reluctantly and much against their will, often after some attempts to get help from others to save them from taking such extreme step.

As a complex human behaviour, no one single reason can be held to account for it. Often the act of suicide is a culmination of a series of events and situations in the life of an individual, spread over a span of many years. In some cases it is like a knee-jerk reaction to one single event which might jolt the individual making him / her feel guilty, or covered with shame for his / her own action or reaction of others toward him / her.

To understand the act of suicide and the factors leading to it, it is important to understand how human behaviour is shaped by a number of factors, internal to the individual as well as outside him / her.

According to Parsons (1951), human behaviour can be understood as involving four analytically distinct systems viz., biological, personality, cultural and social. The biological system (i.e. the human body) constitutes an important element in human behaviour. A healthy organism facilitates behaviour but deficiencies of various types, either hereditary or acquired (like blindness, lameness, stunted growth etc.) can be factors in themselves or in combination with other factors, leading the person to commit suicide. For instance, a person who has no vision finds it difficult to earn and if he / she is treated badly by his / her relatives, the situation becomes worse for him / her to survive. The biological system can be afflicted with acute and often incurable diseases like cancer, T.B., leprosy etc. which may, in the absence of support structure of family / community lead the person to commit suicide.

The personality system of an individual consists of such psychological elements like emotions, sentiments, urges, needs, and in Freudian terms id, ego and super ego. The biological system provides physical energy and adaptive capacities, whereas, the personality system mobilizes these resources and directs them to action. Like biological disabilities, the personality system is also, at times afflicted with its own disabilities like complexes (superiority, inferiority), fixations (mother, father etc.) and mental disorders / illnesses like psychosis, neurosis, schizophrenia, paranoia, etc. The existence of these disabilities also provides conditions, which lead such persons to commit suicide.

The cultural system exists outside the individuals and it consists of norms, values, customs, traditions, etc. The patriarchal norms of giving primacy to male child and the consequent gender discrimination against girl child are a part of the cultural system of Indian society. Certain customs and traditions like marrying girls at an early age, not allowing widows to remarry (even when they are young in age) create conditions, which encourage such girls to commit suicide

The social system, which also exists outside individuals, consists of structured relationship like groups, organizations, communities, etc. They are the result of relatively stable and repetitive interactions of individuals over time. If norms / values of a group / community are closely followed by its members that group / community remains a relatively well-integrated one and there are less chances for their members to commit suicide. But if the community / group is loosely integrated, it leads to higher rate of suicide.

In short human behaviour is performed in the context of many factors emanating from these four systems and in that sense it is a complex behaviour. It should however, be kept in mind that these four systems are only analytically separate and when human beings behave, the behaviour appears as one single unit.

The foregoing discussion was intended to emphasize the complexity of human behaviour and the variety of factors, which influence it. We have information about reasons why suicide victims have committed suicide. It was quite varied and diverse. To club these reasons into some broad, meaningful and relatively exclusive categories was quite a difficult task. However, the categories developed by the authors of the previous study (based on 1960 - 64 data) were quite exhaustive and therefore the same are used in the present analysis also. A somewhat detailed table listing various reasons of suicide is given in the appendix – 1-B and 1-C

In table 4.5, we present reasons of suicide grouped into four broad categories viz. economic, family/marriage, physical illness and mental illness.

Table 4.5**Reason wise distribution of suicide cases separately for males and females
for 2004 - 05 and 1960 - 64 studies**

	Reasons	2004 – 05			1960 - 64		
		M	F	T	M	F	T
I	Economic	12.4 (236)	2.8 (35)	8.6 (271)	12.8 (265)	2.2 (55)	7.1 (320)
II	Family / marriage	12.3 (235)	26.9 (336)	18.1 (571)	27.2 (562)	48.2 (1192)	38.7 (1754)
III	Physical illness	11.7 (222)	13.8 (172)	12.5 (394)	24.9 (514)	20.9 (516)	22.7 (1030)
IV	Mental illness	18.2 (347)	15.8 (193)	17.1 (540)	20.9 (431)	20.8 (513)	20.8 (944)
V	N.A. / Misc	45.3 (863)	41.0 (511)	43.6 (1374)	14.2 (293)	7.9 (196)	10.8 (489)
	Total	100.0 (1903)	100.0 (1247)	100.0 (3150)	100.0 (2065)	100.0 (2472)	100.0 (4537)

Source: For 1960 - 64 data, Gujarat Government Report (1966 : 19 - 20)

As mentioned earlier, it is difficult to get exact and reliable information about the persons who commit suicide. This is partly due to lack of cooperation from the relatives and neighbours of the suicide victims. In some cases, persons commit suicide at obscure places making it difficult for the police and others to have any information about them. At times, it becomes difficult to identify the dead bodies of the suicide victims. The police officials who have to record necessary information are often not very serious about their jobs and / or are not adequately trained to do it. With all these limitations, we find that for about 43.6 % cases, we have no information as to why those suicide victims must have committed the self-destructive act. Even cases for which information is available, we have to take it with a pinch of salt. From the personal interviews that we conducted for the committed and attempted suicides (Chapters IV and V respectively), we have found that often the reasons put forward were not the real ones. The latter often remain dormant and are probably never revealed by those who know them. In some cases, the real reasons are known to the persons who commit suicide and others remain guessing and speculating. In spite of all these limitations, the reasons listed in police records have to be accepted for what they are worth and we shall comment upon them from that limited perspective.

Before we discuss table 4.5, we shall first list some of the major reasons which are subsumed under four broad categories.

The economic category includes 7 different reasons; chief among them were the following: unemployment (103), weak financial condition (95), and indebtedness (55).

The category which covers reasons relating to marriage / family included 20 different reasons, chief among them were the following: husband - wife quarrel (178), scolding / rebuke by elders (109), tired of family quarrels (54), marriage related problems (like marriage cancelled, no marriage in spite of increasing age etc) (34), childlessness (28), scolding due to love affair (50), grief due to death in the family (36), and dowry (14).

The third category covers 393 cases relating to physical illness. The fourth category 'mental illness' covers 17 different reasons, chief among them were the following: mental illness / instability (334), failure in examination / less marks (37), alcoholism (74), tired of life (19), tired of loneliness (22), and mentally weak (13).

We shall now discuss the reasons as presented in table 4.5.

Barring the 43.6 % cases about which we have no information, we find that taken singly, marriage / family related reasons are advanced in the 18.1 % of cases. Mental illness ranks second (17.1%) in terms of numbers. If we collapse physical illness (12.5 %) and mental illness (17.1 %), they together constitute little less than 1/3 (29.6 %) cases. In the previous study also marriage / family was the main reason covering more than 1/3 (38.2 %) cases but reasons relating to physical (22.7 %) and mental (20.8 %) illnesses together constituted little less than half (43.5 %) of the cases.

Sex-wise, we find that more than 1/4 (26.9 %) females have committed suicide due to reasons relating to marriage and family. The corresponding figure of males is almost half of that of females. Fifty years back, the situation was the same [males (27.2 %) and females (48.2 %)]. Except in case of economic reasons, where the sex difference is obvious (males 12.4 % and females 2.8 %) in case of physical and mental illness, the difference is negligible. This is true in case of data relating to previous study also.

In brief family and marriage related reasons were and continue to be the main ones and secondly, sex-wise the difference still persists though in overall terms more males than females commit suicide now.

Age - wise distribution of reasons of suicide:

Besides sex wise distribution of reasons of suicide, age-wise distribution gives us a different perspective of the problem. In table 4.6 we present such tabulation. Since similar information for the previous (1960-64) study is not available, we will not be able to make any comparative statement here.

Table 4.6

Reason wise distribution of suicide cases separately by age and sex

Age	Reason	Male	Female	Total
Young (10 - 34)	1. Economic	10.7 (108)	3.1 (27)	7.2 (135)
	2. Family/Marriage	16.7 (169)	32.0 (275)	23.8 (444)
	3. Physical illness	6.6 (66)	9.3 (80)	7.8 (146)
	4. Mental illness	17.7 (178)	11.5 (99)	14.8 (277)
	0. NA	48.2 (485)	44.1 (379)	46.3 (864)
	Total	100.0 (1006)	100.0 (860)	100.0 (1006)
Middle aged (35 - 54)	1. Economic	17.2 (115)	2.7 (7)	13.1 (122)
	2. Family/marriage	7.3 (49)	18.1 (47)	10.3 (96)
	3. Physical illness	14.0 (94)	20.4 (53)	15.8 (147)
	4. Mental illness	20.1 (135)	25.4 (66)	21.6 (201)
	0. NA	41.3 (277)	63.5 (87)	39.1 (364)
	Total	100.0 (670)	100.0 (260)	100.0 (930)
Old (55 - 99)	1. Economic	6.7 (12)	-	4.4 (12)
	2. Family/Marriage	5.6 (10)	7.5 (7)	6.3 (17)
	3. Physical illness	33.5 (60)	41.9 (39)	36.4 (99)
	4. Mental illness	17.3 (31)	28.0 (26)	21.0 (57)
	0. NA	36.9 (66)	22.6 (21)	32.0 (87)
	Total	100.0 (179)	100.0 (93)	100.0 (272)
No info. On age	1. Economic	2.1 (1)	2.9 (1)	2.4 (2)
	2. Family/Marriage	14.6 (7)	20.6 (7)	17.1 (14)
	3. Physical illness	4.2 (2)	- (0)	2.4 (2)
	4. Mental illness	6.3 (3)	5.9 (2)	6.1 (5)
	0. NA	72.9 (35)	70.6 (24)	72.0 (59)
	Total	100.0 (48)	100.0 (34)	100.0 (82)

In table 4.6 we have divided suicide cases into three broad age groups viz. young (10 to 34 years) middle aged (35 to 54 years) and old (55 and above). A slightly more detailed table dividing the three age groups into smaller ones is given in the appendix 1-D

Excluding the 82 cases (48 males and 34 females) for which no information about their age is available, the group of young persons constitutes 59.2 % of the total cases. Those belonging to middle age cover 29.5% and the rest, 8.6%, belong to old age.

If we see the three age groups separately we find that among the young, highest number of persons (23.8%) have committed suicide due to reasons relating to marriage and family. Sex-wise, there are twice (32.0%) as many females as there are males (16.7%) Numerically, the next important reason is mental illness (14.8%). Though the difference between males and females is not as wide as in case of the previous reason, there are more males than females for whom mental illness is advanced as reason. Physical illness is not an important reason. This may be because young persons are likely to be more immune to it than do old and middle-aged.

Coming to middle-aged category, family and marriage ceases to be an important reason, though there are more females (18.1%) vis-à-vis males (7.3%) in this case also. Reasons relating to mental illness are important for both males (20.1%) and females (25.4%). Cases relating to physical illness are also found to be in large number for males (14.0%) and females (20.4%). If we club cases relating to physical and mental illness, we find that little less than one half (45.8%) females have committed suicide due to these two reasons. It is obvious that women during middle age years get relatively free from family related problems as they themselves become mothers-in-law but feel the strain of the advancing age. For males, economic problems become important during middle age and we find 17.2 % males (next only to mental illness) have committed suicide due to these reasons.

Problems faced by persons belonging to old age are mostly related to physical illness and we find that as per information more than 1/3rd (36.4%) old persons have committed suicide due to it. Here also more females (41.9%) than males (33.5%) were affected by this reason. Fortunately economic problems do not seem to be very serious for old people forcing them to commit suicide. Collapsing the categories of physical and mental illness, we find that a fairly large number (57.4%) of persons (more females - 69.9% than males 50.8%) have committed suicide due to reasons relating to these two categories.

For the 82 suicide victims for whom information regarding their age is not available, family / marriage related reasons cover relatively large (17.1%) number of them.

To summarize, we find that during their young age more females than males commit suicide due to marriage/family related problems. During middle age females suffer problems relating to physical and mental illness.

For males mental problems seem to be the main ground for committing suicide. during all the three stages of life. Except during the young age where problems relating to marriage and family do affect males, they are relatively free from them during middle and old age.

Though males derive maximum comforts, benefits and advantages from the institutions of marriage and family, it is the females who have to forego the pleasures of these two institutions and also commit suicide to continue the two systems.

Districts wise reasons of suicide:

One important objective of this study is to examine the causes of female suicide Previous studies by Gujarat (1966) Saurashtra (1952- 55) and Bombay (1958) governments were concerned about the increasing number of female suicides in Saurashtra. We have tried to examine information related to causes of suicide district wise. In table 4.7 we provide the details.

Table 4.7

Reasons -wise distribution of suicide cases separately for four districts and sex

		Cities											
		Ahmedabad			Surat			Junagadh			Bhavnagar		
	Reasons	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
1	Economic	16.1 (115)	3.9 (18)	11.3 (133)	4.6 (27)	1.2 (4)	3.4 (31)	17.1 (56)	2.1 (5)	10.9 (61)	13.6 (38)	3.8 (8)	9.4 (46)
2	Family/ marriage	10.1 (72)	26.9 (124)	16.7 (196)	11.0 (64)	15.3 (52)	12.6 (116)	17.1 (56)	32.8 (77)	23.7 (133)	15.4 (43)	39.3 (83)	25.7 (126)
3	Physical illness	10.2 (73)	11.9 (55)	10.9 (128)	5.5 (32)	5.0 (17)	5.3 (49)	21.1 (69)	28.1 (66)	24.0 (135)	17.2 (48)	16.1 (34)	16.7 (82)
4	Mental illness	18.6 (133)	17.6 (81)	18.2 (214)	9.6 (56)	5.9 (20)	8.3 (76)	27.2 (89)	20.9 (49)	24.6 (138)	24.7 (69)	20.4 (43)	22.9 (112)
0	NA	45.1 (323)	39.7 (183)	43.0 (506)	69.2 (402)	72.6 (247)	70.5 (649)	17.4 (57)	16.2 (38)	16.9 (95)	29.0 (81)	20.4 (43)	25.3 (124)
	Total	100.0 (716)	100.0 (461)	100.0 (1177)	100.0 (581)	100.0 (340)	100.0 (921)	100.0 (327)	100.0 (235)	100.0 (562)	100.0 (279)	100.0 (211)	100.0 (490)

Table 4.7 shows that in Ahmedabad district highest (18.2%) number of suicides is committed due to reasons related to mental illness. Family / marriage related reasons stand second with 16.7 % cases of suicide. Both economic and physical illness related reasons account for more or less the same number of cases.

As we have mentioned earlier, out of the four districts, Surat district was different from the other three in many ways. First, it was the only district, which had more males than females committing suicide. Secondly, the rate of suicide was also very low. Fifty years after, the rate of suicide has gone up substantially. Secondly, we have about 70.5% suicide cases for which information is not available. With the information for limited number of cases, we find that family and marriage related reasons account for 12.6% of cases which include more females (15.3%) than males (11.0%).

The districts of Junagadh and Bhavnagar belong to Saurashtra region. Earlier, they had high rate of suicide among females. The situation continues to be the same as we find large number of females (39.3%) in Bhavagar and 32.8 % in Junagadh) committing suicides due to family/marriage related reasons. This category includes reasons relating to maltreatment of women due to childlessness, lack of adequate amount of dowry, etc.

In short, sex wise the situation for females has not changed much. To a certain extent it is true that the more the things change, the more they remain the same.

V. Suicides : Interview based information

In the chapter on research methodology, it was stated that the information contained in police records concerning suicide cases was by and large limited and hence to add to our information it was decided to meet close relatives of some persons who had committed suicide during the years 2004 and 2005 and through their personal interviews to understand the dynamics of the process which led these persons to commit suicide. In case of married women it was decided to interview their relatives of affinal as well as parental sides (wherever possible). In the present chapter, information obtained that way is discussed and analyzed. Secondly, it was decided to supplement the police records with the help of information obtained from interviews of persons who had attempted to commit or thought of committing suicide. In chapter VI 15 such cases of women who were living in shelters or visiting counselling centres run by NGOs are discussed and analyzed.

To begin with, we make it clear that we decided to take fixed number of suicide cases from each district. Accordingly, from Ahmedabad district we decided to select 15 cases (due to its large size) and 10 each from rest of the three districts, making a total of 45 cases. However, at the end of data collection we could collect information from relatives of 41 suicide victims. These included 14 cases from Ahmedabad and 9 each from the rest of the districts; making a total of 41 cases.

In the next few paragraphs, we describe the manner in which we selected cases from the police records and met close relatives of suicide victims and gathered information from them.

Our modus operandi of selecting cases of suicide from police records was somewhat like this. We started with Ahmedabad district. There, we visited some police stations in urban areas and saw the police records of suicide cases. We found that there was only one police official called 'writer' who was in charge of such records. Since we wanted to select some cases from the years 2004 and 2005, we needed his help to locate the relevant documents. Though the police officials at different police stations were very cooperative and courteous, it was not easy to locate Mr. 'writer'. This was because he often had to go out in connection with his duty. In his absence, other police officials also used to help but more often than not, they were not much successful in locating the right document. In spite of such difficulties we could receive the needed documents from which we selected some cases, which appeared to us worth examining. While selecting the cases we saw that the addresses were properly recorded. We tried to make a list of about eight to ten cases, taking care that they were sufficiently varied in terms of age, caste, reason and method of suicide. We also saw that both male and female cases were in equal number.

Once the list was prepared we would go in search of cases, which were considered to be easily accessible. Often the addresses were incomplete or incorrect. In one case, the address bore the house number 13. In spite of much effort, we could not locate it. Finally, we asked the police station to help. We were told that since number '13' was considered 'inauspicious', people avoided it. Thus the police record listed the number but in fact, no such house existed. In some cases, when we located the house it was either locked or the family had left for some unknown place in which case the neighbours were not of much help or were not willing to be helpful. In one or two cases the relatives of the suicide victims were either too old to provide any details or were not ready to entertain our queries. In one case, the woman whose husband had committed suicide (as per police records) started crying inconsolably when

we went to interview her. It was only after much persuasion that she called her husband's brother who provided us information.

Similar experiences were repeated in all districts. About the cases located in rural areas, the added difficulties of poor roads, curiosity of the villagers and at times non-cooperation of the residents of the locality had complicated our efforts. The cooperation of the relatives varied depending upon whether the suicide was a simple and straightforward case or surrounded with doubts and ambiguities.

In the succeeding paragraphs we shall provide an aggregate picture of the personal and other background characteristics of the 41 suicide cases. We shall then describe each case separately in the context of the details regarding the suicide act, obtained from the police records and from the close relatives of the suicide victims. Finally, we shall make some concluding observations arising out of the whole exercise.

Profile of suicide victims:

Personal and background characteristics of the suicide victims were culled out from records provided by the police. The information also enabled us to interview their relatives.

Since the cases were selected purposively, their background characteristics (sex, marital status, age, education and caste/community) as shown in tables 5.1, 5.2, 5.3, 5.4 and 5.5, do not proportionately represent the universe of 3150 suicide victims included in this study. However, we find that they include among them relatively young, fairly educated and married persons. Caste/community wise they belong mainly to OBC and higher castes. The tables also provide background characteristics separately for males and females.

Table 5.1

Distribution of suicide victims by sex and marital status separately for four districts

	Ahmedabad			Surat			Junagadh			Bhavnagar			Total		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
Married	6	4	10	2	5	7	2	7	9	2	3	5	12	19	31
Unmarried	2	2	4	1	1	2	-	-	-	2	2	4	5	5	10
Total	8	6	14	3	6	9	2	7	9	4	5	9	17	24	41

Table 5.2

Age wise distribution of suicide victims by sex

Age	M	F	Total
Young (-35)	9	17	26
Middle aged (36-55)	7	7	14
Old (56 +)	1	-	01
Total	17	24	41

Mean age : 32.0 years

Table 5.3

Education of suicide victims by Sex

Educational level	M	F	Total
Illiterate	4	4	08
Primary (1-6 std.)	2	7	09
Secondary (8-12 std.)	9	7	16
College education	2	6	08
Total	17	24	41

Religion and caste / community

Of the 41 cases only 3 (1 male and 2 females) were Muslim and the rest (38) Hindus. They include 16 males and 22 females.

The Hindus belonged to following castes and communities: Patidars / Patels (6), Koli (6), Scheduled Castes (4), Bania (3), Valand (2) Rana (2) Kumbhar (2) Brahmakshatriya (1) Darji (1) Darbar (2) Barot (1) Bharwad (1) Marwadi (1), Scheduled Tribes (3) Suthar (1) Devipujaks (1) and Soni (1). Their distribution in broad categories is as shown in table 5.4.

Table 5.4

Caste/community wise distribution of suicide victims by sex

Caste / community	M	F	Total
Upper castes	4	8	12
Other backward castes (OBC)	9	10	19
Scheduled Castes (SC)	2	2	04
Scheduled Tribes (ST)	1	2	03
Muslim	1	2	03
Total	17	24	41

Occupation:

Barring 2 students and equal number of the disabled, with one case having no information the rest (36) were engaged in the following occupations.

Household work (13) agricultural labour (4) factory work (1) diamond polishing (1) vegetable / fish selling (3) teaching (2) contractor / business (2) masonry (1) tailoring (1) and services (8).

Type of family:

The suicide victims belong to following family type.

Table 5.5

Distribution of suicide cases by family type

Family type	Male	Female	Total
Joint	08	16	24
Nuclear	09	08	17
Total	17	24	41

Sex-wise, we find that more females (16 out of 24 i.e. 66.7%) than males (8 out of 17 i.e. 47.1%) belong to joint family. Conversely, more males (9 out of 17 i.e. 52.9%) than females (8 out of 24 i.e. 33.3%) belong to nuclear family.

The above details concerning personal and background characteristics of the 41 suicide victims is intended to convey that the cases exhibit a fairly wide diversity.

Relatives who provided information:

As stated earlier, the suicide cases involved 19 married and 5 unmarried women and 12 married and 5 unmarried men. Since family system in India is patrilocal, married men live with their parents and they bring their wives in their parental homes. So men, whether they are married or unmarried live with their parental relatives. In case of married women, they live with their affinal relatives after marriage.

For 12 married men, following relatives provided information: wife (5) brother (3) father (1) uncle (1) brother's wife (1) and father-in-law, mother-in-law and wife, collectively (1). For 5 unmarried males, father-mother (2) mother (2) and brother as well as brother's wife (1) gave information.

For 19 married women, we obtained information from the following: mother-in-law (6) husband (5) father-in-law (3), husband, father-in-law and younger brother-in-law (1) father / mother-in-law (1) mother-in-law and brother-in-law (1) elder sister-in-law (1) and mother (1). For 5 unmarried women, mother (4) and uncle (1) provided information.

In case of married women, we tried to contact their parental relatives but we could meet only 8 such relatives. In one case, the neighbours of the woman provided information. The relatives included the following: father (3) mother (2) brother (1) mother and brother (1) brother and brother's wife (1).

Information about suicide:

Place of suicides: Except 3 males all other victims committed suicide at home. Of the three males one committed suicide in his orchard, another's body was found in the riverbed and the third one committed it very near his house.

Time of suicide:

People commit suicide at any time during day or night. Usually, the time of suicide is dictated by the absence of other persons in order that none interferes or prevents the person from committing it. In case of 41 persons the time of suicide is given in table 5.6.

Table 5.6

Distribution of suicide cases by the time it was committed, separately for males and females

Time	Suicide cases		
	Male	Female	Total
Morning (6.00 a.m. - 12 noon)	02	07	09
Afternoon (12.00 noon - 4.00 p.m.)	03	05	08
Evening (4.00 p.m. - 8.00 p.m.)	05	04	09
Night (8.00 p. m - 6.00 a.m.)	05	05	10
N.A.	02	03	05
Total	17	24	41

Table 5.6 shows that no significant difference between timing of suicides of males and females is seen, except that more females (7) than males (2) preferred morning time to commit suicide. It is quite possible that this may be just an accidental occurrence.

Method used for committing suicide:

Information about method used to commit suicide is given in table 5.7 separately by sex and marital status.

Table 5.7

Distribution of suicide cases by method used separately for sex and marital status

No.	Method used	Male		Female		Total
		Married	Unmarried	Married	Unmarried	
1.	Poisonous substance / acid	2	2	11	2	17
2.	Falling in well	1	-	-	-	1
3.	Hanging	6	2	5	3	16
4.	Burning	1	-	3	-	4
5.	Falling from a height	-	1	-	-	1
6.	Overdose of liquor	1	-	-	-	1
7.	N.A.	1	-	-	-	1
8.	Total	12	5	19	5	41

Table 5.7 shows that consumption of poisonous substance and hanging are the two methods used by a majority of the persons, whether males or females, married or unmarried.

We present in table 5.8, the reasons why these persons committed suicide.

Table 5.8
Distribution of suicide cases by reasons for committing suicide separately
by sex and marital status

No.	Reasons for committing suicide	Male		Female		Total
		Married	Unmarried	Married	Unmarried	Total
1.	Illness / disability	1	1	2	1	5
2.	Mental illness	-	2	3	-	5
3.	Harassment by family members	-	-	4	1	5
4.	Childlessness	-	-	3	-	3
5.	No admission in B.Ed. college	-	-	1	-	1
6.	Love affair	-	-	1	2	3
7.	Harassment in service	1	1	-	1	3
8.	Threat of moneylender/ bootleggers	2	-	-	-	2
9.	Liquor drinking	3	-	-	-	3
10.	Unemployment	1	-	-	-	1
11.	N.A.	4	1	5	-	10
	Total	12	5	19	5	41

Table 5.8 shows that three main reasons in equal proportion for committing suicide are physical illness, mental illness and harassment by family members. A childless woman is usually harassed by her in-laws, so if we collapse, the two categories (viz., childlessness and harassment by family members), we have 8 out of 24 women committing suicide due to this reason.

We shall now discuss the cases in details.

I. Physical illness / disability :

Individuals have to perform a variety of roles in the society. A fairly high degree of healthy body is required to adequately perform these roles. If the biological organism is afflicted with some disease or is disabled due to injuries to the limbs, an individual finds it difficult to perform his/her roles adequately. Some times this leads to various types of mal-treatment from the members of the family as well as from society resulting into suicide. Some diseases are either incurable or painful or both. In such cases persons so afflicted resort to suicide out of sheer frustration.

We have 5 cases (3 women and 2 men) in which suicide is committed due to physical illness / disability.

Case - 1

Surekha³, a Koli woman aged 30 years was married and had four children (3 sons and one daughter). She was very pale and weak. She had constant headache and body ache. This was told to us by her father-in-law and corroborated by her brother. She was under treatment but out of disgust she took

³ Names of suicide victims are changed to maintain their anonymity.

poison and died. It is possible that despite anaemic body, frequent deliveries (4 during a span of 7 years) must have aggravated her illness.

Case-2

Nanda, a dalit woman aged 20 years and married some 6 months earlier, had tumour in her womb and was undergoing treatment. She consumed poison and committed suicide. Her mother-in-law told this to us. Because her parents lived in a distant city, it was not possible to contact them.

Case -3

Priya, an unmarried girl aged 30 years, belonging to Valand (barber) caste was highly educated (B.Sc. Micro) and was serving in a company. During her student days she was a sportswoman and participated in mountaineering. Later she met with an accident and was disabled. She had to spend six months in bed. Gradually, she recovered and started driving scooter also but the scars of the accident were visible on her body. The doctor told her that one more surgery on her body was required. Her mother and sister told this to us. This had made her nervous and one night she hanged herself with the fan using her duppatta and committed suicide. Her relatives also said that after the accident, she used to say that she wanted to die. Later her father who joined in our conversation said that his daughter was of a very cheerful nature.

When we drew their attention to Priya's relatively advanced age (30 years) and that she was still unmarried, the relatives said that she was free to choose her own life partner. It is possible that Priya was in love with some boy and because of her disability that person might have declined to marry her. It is possible that this could be an additional reason for her to take such an extreme step.

Case - 4

Chandubhai, an unmarried man, aged 45 years and belonging to Patidar caste was living with his married brothers and their family members. He was partially blind due to glaucoma and was suffering from high blood pressure. His brother and sister-in-law told this to us. Chandubhai was finding it difficult to walk and he often used to fall down. Tired of his disease and dependence on others, he consumed poison outside the shop owned by his brothers and thus committed suicide. Chandubhai's sister-in-law who gave us the details said that she used to treat him as her brother and was looking after him well. But he was negligent about taking his medicine.

Case - 5

Lakhabhai, a 40-year-old married man belonging to Bharwad (Shepherd) caste, had 3 children. His brother's wife who gave information said that the man was suffering from many diseases. She said, he had paralysis, was not able to eat properly and was feeling breathless (may be asthma). He consumed poison and killed himself. Since his wife was not at home, we could not get her version of the incident.

II. Mental ill health

Unlike physical illness, mental illness is difficult to define. It is less visible and there is little awareness about it in India. Due to this, relatives of the patients do not seek proper medical treatment for such patients. Instead, they (the relatives) resort to various magical and superstitious cures, which often aggravate the disease and increase suffering of the patients. Mental illness distorts person's ability to perform his/her role properly and also hampers his/her interaction with others. Mental illness is either hereditary or functional. Inhuman and unsympathetic attitude/treatment of the relatives often lead such patients to commit suicide. In some cases, despite adequate care, the patients resort to suicide.

Case - 6

Jyotiben, a 48-year-old married woman of Patidar caste, had 2 sons and one daughter. She consumed acid in the bathroom and committed suicide. As per her husband's narration, Jyotiben was a mental patient. Her sister had also committed suicide. She was under treatment at her husband's place and at her parents' place, whenever she used to visit them. The immediate cause, as described by her husband was that her one daughter had got married some time back and her one son was to go to foreign country very soon. Jyotiben used to get very peevish and angry for no reason. Her doctor had said that there was something else responsible for her condition. Obviously, he was referring to the influence of some 'evil spirit'. It appeared that this was a pure and simple case of hereditary mental illness.

Case - 7

Firoza, a 20-year-old Muslim woman, committed suicide within ten days of her marriage by dousing herself with kerosene. Her father-in-law and a woman living next door provided information. Before suicide, Firoza was complaining that her husband's former wife, who had sought divorce from him, used to appear to her in sleep and was demanding her life. So, while she burnt herself, she said, 'she (the former wife) wanted my life, so I gave it'. According to the neighbour woman, Firoza's husband was a very caring person. He used to bring snacks for her every day. However, she added that Firoza's sister and mother had also committed suicide. So, this appeared to be a case of hereditary mental disease. At the same time doubt arises that there must be something wrong with her husband because his first wife had divorced him and the second one had committed suicide within 10 days of marriage.

Case - 8

Jignaben, a Bania woman aged 44 years, who was married and had one son and one daughter and whose husband was an engineer, committed suicide by hanging herself. Her husband's elder brother's wife provided information. According to the informant, Jignaben had an abnormal son. Her daughter was also mentally weak and could pass SSC examination after third trial. So, she was feeling very much depressed. Earlier also, she had attempted suicide thrice, twice by dousing herself and third time by consuming pesticide but every time she was saved. She was under treatment and the doctor had warned that her thinking was negative and therefore nothing could be said about her getting well. The immediate cause (probably) was that Jignaben's husband was transferred elsewhere and so she was feeling more depressed and therefore committed suicide.

Case - 9

Bhavesh, a 21-year-old boy belonging to Bania caste committed suicide at night by jumping off from the terrace of his flat. He was unmarried and had gone to Germany for higher studies in industrial technology. Bhavesh was a brilliant student and at the higher secondary level, he had scored 82% marks. In Germany he was not able to cope with his studies. His friends (not he himself) informed his father, so the latter called him back. At home, Bhavesh was under treatment for his depression. He was also working in a computer shop. His mother, and father who gave information about him, said that it was difficult to understand why their son committed suicide but they thought it must be due to depression, arising out of his inability to study further.

So it was clear that some psychological problem was the reason for his suicide. However, from what the parents said, it appeared that they were not very communicative with their son and that might also be one of the factors inducing him to commit suicide. It is also possible that the high percentages that

Bhavesh scored at the HSC level might be due to cramming which is encouraged in our school system and in various tuition classes. His inability to cope with studies in Germany may be the result of this cramming method that he must have picked up at the school level. The fact that his parents came to know of his depression through his friends, also speaks about the lack of frank exchange of views / opinions between the son and his parents. This was in spite of the fact that the father was a highly educated engineer and was professionally well placed.

Case -10

Nirav, an unmarried, 18-year-old boy belonging to Patidar caste committed suicide at his home at night by tying his neck with a window curtain hanged himself. Nirav was in 12th standard in science stream. He had failed once and he had to reappear for the same examination for which he had to go to Pune but he was not confident of passing. So he committed suicide. This information was given by his mother, his father had joined later. The mother told us that both she and her husband were making all attempts to provide their son full facility to prepare for his examination. To give him company they had given one room of their flat to students. They used to prepare snacks for their son's friends. He was their only son so both the parents wanted to see him become an IPS officer. As the mother said, Nirav was in favour of changing his line but his father tried to explain him the future chances for his life. In simple terms, this was the case of parents trying to impose their dream on their son totally forgetting that their son lacked the capacity to fulfil it. Even while giving information, the parents did not show any understanding that they were at fault in imposing their ideas upon their son.

III. Harassment by family members :

Harassment by family members especially in-laws, is quite common in Indian families. This is largely because families are patriarchal and joint. Moreover, marriages are arranged by the parents / elders often without taking consent of the marrying partners. There is also expectation of dowry (in some communities it is customary, in some it is practiced to enhance the status of the girl's parental family) the lack of fulfilment of which leads to harassment of the bride. This, harassment of married women by their in-laws is a built-in character of many Indian families.

Even unmarried girls who are relatively less attractive (physically) are exposed to harassment by their family members because, it is difficult to arrange their marriage and this forces their parents to be ready to pay huge dowry for their marriage. Moreover, delay in their marriage often leads to delay in the marriage of other junior siblings in the family. This sibling antagonism also leads to internal bickering.

However, family as a group emphasises such positive values like love, sympathy, tolerance, sacrifice, helpfulness and concern. The negative values like jealousy, hatred, ungratefulness etc. though present, are usually ignored or are assumed not to be present. Therefore, in case of suicide by a member of the family due to harassment of some kind within the family the tendency is to deny it or hide it. The five cases presented below support the above description.

Case - 11

Prerana, a 32-year-old married woman, belonging to Darji (tailor) caste and mother of two sons committed suicide in the morning at her husband's place by consuming pesticide. According to her husband, his sister who had no child was all the while harassing her. Her brother also concurred with this presentation. The brother further added that his sister Prerana had never complained about harassment by her in-laws to her parents. The case was not as simple as both the parties presented it. It was not easy

to believe that the sister-in-law's harassment reached such a level that the woman had to commit suicide and all that time the husband did not take any action to prevent it.

Case - 12

Smita, a 19-year-old married woman belonging to Barot (bard) caste who had no child, hanged herself at her husband's residence. Her mother-in-law who provided information said that Smita wanted to go to her parent's house and stay there for more than 15 days. Her husband did not allow her and told her to come back within 15 days. So she committed suicide. The mother-in-law also complained that Smita was very stubborn and was not ready to listen to elders' advice. Had she waited she (mother-in-law) would have convinced her son to grant her more time to stay at her parents' home.

Since the parental house of Smita could not be contacted, we do not have their version of the case. Smita had no child and this could be one reason for harassment. Her stubborn nature could be an additional factor and the autocratic behaviour of the husband and mother-in-law could have forced her to commit suicide. Members of Barot caste are known for their unyielding/unbending nature and it is quite possible that both the young and the old women were ruled by that trait in their personality.

Case - 13

Sita, a 37-year-old married woman belonging to Koli caste who had four children (one son and 3 daughters) was doused and burnt with kerosene in the morning at her husband's place. Her mother-in-law who provided information said that she was still not clear why her daughter-in-law committed suicide but said that after her death they (the family members) came to know that she had extramarital relations.

Sita's mother who was also contacted said that there were frequent quarrels between Sita and her husband and she often used to come to her parental home but every time she sent her back, asking her to stay with her husband. However, she also added that Sita's in-laws doubted her character. At the hospital, Sita had told her mother that she had not committed suicide but she was tied to a cot and was set on fire. She had also told her mother that members of her husband's family were hot-tempered and her brothers should avoid them. The case seems to be that of a murder passed off as suicide.

Case - 14

Hasinabanu, an unmarried Muslim girl of 18 years consumed pesticide and committed suicide. After her death, all members of her family left the city and went to their native place. The uncle of the girl provided information about the incident. According to the uncle, Hasinabanu was to get married but she and her sister had a quarrel, which led her to commit suicide. The fact that the entire family left the city indicates that there must have been something more to the apparently simple case of quarrel between two sisters.

Case - 15

Hiraben, a 42-year-old married woman belonging to Soni (goldsmith) caste committed suicide in the morning at her home by hanging herself with her dupatta. Her mother-in-law, who provided information said that the reason why Hiraben committed suicide still baffled her. She added that the latter was a good-natured woman and had cordial relationship with all members of her family including her husband. However, as a probable reason, the mother-in-law said that her daughter-in-law's parents were poor and

her husband often used to provide monetary help to them. She was feeling slighted by this. That could be one reason why she had committed suicide, was the opinion of the mother-in-law.

While coming out of the house, the maidservant working there met us and she said that there were constant quarrels between the mother-in-law and Hiraben. Since the brother of the victim was in the town, we met him and his wife.

When asked why his sister had committed suicide, he said that he was also baffled by the incident. It was obvious that he was not ready to cooperate. So he remained reticent. His wife also appeared glum and non-communicative. Both of them said that their sister had no problem in her in-law's place. She used to come to visit them but never did she stay overnight. Probably that was indicative of the stern manner in which the mother-in-law must be treating Hiraben.

IV. Childlessness

Marriage is an institution through which human society perpetuates itself by allowing as well as enjoining its married couples to beget children in a legitimate manner. However, not all married women are capable of giving birth to children either because of their own infertility or due to some defects on the part of their husbands. The urge to perpetuate one's family line is strong in almost all human communities but among Hindus it is supported by a religious belief which states that only a son can save his father as well as his forefathers from going to hell. So, a wife has to give birth not only to a child but a male child. If a woman gives birth to a girl child, it means that there is hope of a male child to be born in future. But if she remains childless for a considerably long time, it becomes a matter to be worried about for the woman as well as for her husband and in-laws. In some cases, such women themselves feel so very disturbed that they try various cures either scientific and / or superstitious to beget children.

In case they do not succeed they often reconcile themselves to the situation. But their husbands and / or in-laws do not allow them to live peacefully. They harass such women physically as well as mentally. Their husbands sometimes marry again so some of these childless women are forced to commit suicide.

We have three cases of women for whom childlessness seemed to be the cause for their suicide.

Case - 16

Jayaben, a 49-year-old married woman belonging to Brahmakshatriya caste, committed suicide at home by consuming tablets kept in grains as pesticide. Her husband who provided information said that they had no child, so she committed suicide. On his side the husband said that he had advised his wife to seek treatment but she was not ready to go to the doctor. He further said that he himself used to get very tired from the day's work and they quarrelled a lot. Many times he also got so angry that he would ask her why she did not die. It is possible that the man was impotent and his wife knew about it so she did not find it necessary to go to the doctor. Yet she could not accept remaining childless.

Since information from woman's parental side was not available we do not have their version of the case.

Case - 17

Pragnaben, a 33-year-old married woman of Rana (Gola) caste (caste belonging to OBC category, engaged in cleaning grains and working as domestic servants), committed suicide by consuming poisonous liquid. Having drunk that she went to her mother's place (which was in the same city) and went to sleep. Soon after Pragna's husband's sister's husband came and informed her mother that she had

consumed poison. So she was shifted to a hospital where she died. Pragna's parents-in-law stated that their daughter-in-law was very quarrelsome. In summer she used to lose her temper very often. This was because she had no child. In spite of medical treatment there was no result.

On Pragna's parents' side her mother and brother provided information. The mother was selling liquor at home. When the mother and son were talking to us they were also serving glassfuls of liquor to those who came for the purpose. We found that the mother was doing her business nonchalantly, in spite of our presence. She told us that her daughter was very unhappy at her husband's place. Her mother-in-law was not treating her well. She said that they used to send food for her daughter daily. The brother's wife stated that Pragna often came to them. The mother said that she would console her and always sent her back hoping that things would improve. The mother admitted that her daughter was indeed short tempered but she committed suicide because of constant harassment.

It was reported that the husband of the deceased had married the third time. But the third wife was not seen at her in-laws' place at the time of the interview. Pragna's mother alleged that the third wife had run away. Three failed marriages and no child point to the man's inability to establish cordial relationship and probably to his impotence.

Case - 18

Premilaben, a 38-year-old married Patidar woman was well educated (M.A., B.Ed.) and was a principal in a high school. She committed suicide by consuming poisonous liquid at home. Her husband who provided information said that his wife had attempted suicide, in the past also but was saved.

According to the husband, his wife was very reserved. She did not maintain contact with her neighbours also. The husband used to help her in domestic chores. In spite of that she used to remain gloomy. The husband said that childlessness could be the reason for her suicide. It is possible that Premilaben's inability to give birth to a child could be due to some fault on her husband's side but we have no evidence to support our assumption in the absence of interview of any relatives from Premilaben's side. Since only husband and wife used to stay together no other reason could be ascribed for the suicide.

V. No admission in B.Ed college

In India on one side we have a large mass of people who are either totally illiterate or semi-literate and on the other side a significant minority of people who provide education to their children by spending a sizeable portion of their income. The parents get their children admitted to prestigious schools in elite courses like medicine, engineering etc., arrange tuitions for them and see that the latter pass out with distinction. The competition is fierce and often the weak hearted boys and girls who are not able to face the situation commit suicide. Getting admission in B.Ed course is equally difficult because there is tremendous rush. We have one case of a girl who is said to have committed suicide because she could not get admission in the B.Ed. course.

Case - 19

Aruna, a married young woman of 26 years of age, belonging to Koli caste, committed suicide because she could not get admission in B.Ed. College. She was married for love to a boy belonging to Patidar caste. She committed suicide at her husband's home by consuming acid. Aruna was the first girl in her caste to have studied up to B.A. and wanted to get the B.Ed degree. She had come in contact with her Patidar husband while working in a political party. Aruna's cousin was a doctor and had married outside his caste.

Aruana's husband, husband's brother and her mother-in-law gave information. According to the mother-in-law, Aruna was a good natured and very intelligent girl. She wanted to obtain B.Ed. degree but in spite of all their efforts, she did not get admission, so she consumed acid.

The father and brother of the girl were also contacted. They told us that they were against this love marriage. Especially the brother was very angry and he said that his sister got married without his knowledge. Had he come to know of it, he would have killed her, he said. The brother said that no one from his family had gone to attend her funeral also. The father, however, admitted that he had gone to see his daughter without the knowledge of his son.

It was obvious to us that the father was not ready to say anything further regarding his daughter's suicide. Whether the girl was killed or was forced to commit suicide due to harassment is difficult to ascertain but the ostensible reason put forward was inability to gain admission in B.Ed. College.

VI. Love Affairs :

In a country where marriages are arranged by parents / elders and are customarily endogamous, falling in love is generally discouraged and often frowned upon. So, it is obvious that those who marry against the wishes or permission of their parents / elders usually face problems. In case if the girl belongs to a higher / upper caste or other ethnic group (linguistic or religious) and the boy belongs to a lower status group, the displeasure of the relatives belonging to former category results into physical harm to the boy (as well as the girl). Cases of 'honour killing' in which parents murder their own daughters are frequently reported in newspapers. So it is obvious that parental displeasure and wrath against love marriage may lead a boy or a girl or both to commit suicide. It is also possible that a murder by parents may be recorded as suicide.

In a patriarchal society, infidelity on the part of married woman is also not tolerated. Therefore if married women develop amorous relationship with men outside their wedlock, such a relationship at times results into suicide of one or both parties. It should however be noted that, married men having similar affairs do not invite censure from their elders. Instead, it is tacitly appreciated as an indication of their masculinity and their wives are expected to tolerate it as dutiful and faithful partners.

We have three cases in which women have committed suicide because of love affairs. We describe them briefly below.

Case - 20

Simaben a 40-year-old married woman belonging to Kumbhar (Potter) caste committed suicide at home, in the afternoon by consuming poison. She had three children (one son and 2 daughters). Her mother-in-law who gave information said that Sima was in love with a young man who was living in their neighbourhood. The young man was known as Munno, which is an address for a relatively small boy. Sima used to treat Munna as her brother and used to tie 'rakhi' on his wrist. But gradually, the nature of their relationship changed to that of lovers. Munna's mother came to know of this and she vehemently protested. Sima's father also came to know about it. Meanwhile her husband who was not doing well in his business wanted to shift so he asked her to accompany him. But she refused to go with him. This made him suspect Sima's character.

This entailed a quarrel. As per the description of Sima's mother-in-law her daughter-in-law went out, drank poison and came home and slept. When she vomited, the mother-in-law came to know of it. She was taken to a hospital but she did not survive.

The love affair and extramarital relationship version were not the only reasons for committing suicide. Earlier, the mother-in-law had mentioned the family quarrel between her two sons and their wives for which they had gone to court. So frequent quarrels in the family were evident. Moreover, the age difference between the husband and the wife was 13 years. This could be one reason for Simaben to have developed extra marital relations.

Case - 21

An unmarried 23-year-old girl named Rinki belonging to Leuva Patidar caste was studying in M.Com as well as teaching in a private school. She was in love with a boy belonging to Jain Marwadi community. Rinki's elder sister had also married outside her caste, with a Brahmin boy. Rinki's father was very strict and he was against this daughter also marrying outside his caste. So, he used to beat her whenever she came late at night. Rinki's mother who provided information said that she was also against her daughter marrying the Marwadi boy because he was a drunkard.

The mother said that her daughter had to appear in examination the next day and before that she committed suicide by hanging herself at home. Her lover had also committed suicide some three days earlier by drowning in a river.

Rinki and her father often entered into quarrels. The father used to beat his daughter. The mother also blamed her Punjabi neighbours for encouraging Rinki's affairs with that boy of Marwadi community.

Narrating her own pitiable condition the mother complained that she was subjected to a saataa marriage when she was only 3 years old. She had three abortions in the past because it appeared that she would give birth to daughters only. Her husband tortured her because she had given birth to two girls and no son. She said that she herself did not know when she would commit suicide as she was fed up with her own life.

It was difficult to assign any reason to Rinki's suicide. Was it her love affair? Was it her father's insistence on saving his social prestige? It is difficult to speculate but it is possible that all these conditions must have played their part, chief among them being her love affair.

Case - 22

An unmarried 26-year-old Marwadi Bania girl named Sangita who was well-educated (M.Com. / M.B.A) hanged herself in a hall in which her marriage reception was to be held.

First time when we went to meet her family members, the house was locked. So the neighbour provided some initial information. In the second attempt, her mother was contacted and she provided most of the information.

According to the mother, Sangita was of very good nature. She was working but she gave up the job 3 years later and started giving tuitions at home. She was very fond of children so from some children she did not charge any fees. She used to tell her students not to feel defeated nor indulge in any wrongdoing.

Sangita was in love with a man who was working in the same firm where she was working. Later, she came to know that the man whom she loved and wanted to marry was already married. That shocked and

upset her. She felt cheated. Thereafter, she came in contact with another man from the same firm and decided to marry him. Her parents also acceded to her wish and the date of marriage was fixed. Her parents had rented a flat in the same building which was being decorated but 15 days before marriage she committed suicide in the same place.

Sangita's mother said that her daughter was very sensitive, so she was not able to forget her first love. Moreover, she was hurt to know that he was married. So, all this drove her to commit suicide.

From the information that the mother gave, it was learnt that, of the two daughters who were alive, one was mentally feeble and the second one though married, lived with her parents. It was also possible that disappointment in love seems to have pushed the weak-minded girl to commit suicide.

VII. Harassment at workplace:

Relationship between employers and employees are basically of unequal character, except in cases where employees are numerically strong and well organized in trade unions. In all other cases, the employees are at the mercy of their employers.

In India, besides economic inequality, there is social inequality based on caste and community. Women who occupy status lower than men also suffer double inequality in economic sphere. Due to widespread poverty, absence of adequate skill training and high rate of unemployment, employers often exploit their employees by paying low wages and making them work more than they are paid for. In extreme cases, employers take undue advantage of their workers and relieve them from the job without paying them their past dues. Such workers often resort to suicide or in a moment of aggression even assault their employers.

We have three cases of suicide based on harassment at work place.

Case - 23

An unmarried 22-year-old Rajput girl named Nisha whose betrothal ceremony was already performed and who was to get married after 3 months committed suicide at home by consuming poison. Her mother gave information about her.

Nisha had studied up to 8th standard. Her parents were poor. Her father was working at a sweet meat shop and his job was not a very remunerative one. So Nisha had to seek some employment. Among Rajputs, girls are usually not allowed to go out of house, least of all to seek job. That Nisha sought employment indicated extreme poverty of her family. The mother did not know the type of job her daughter was engaged in. She said that Nisha was relieved from her service and was not paid her salary. She had tried to meet the officers but they had not listened to her, which led her to commit suicide. Her mother said her daughter was very stubborn and unyielding. Instead of accepting such harassment she took that extreme step.

Since the mother was ignorant about the nature of Nisha's job, it was difficult to know whether the harassment at work place was the cause of suicide or there was any other cause.

Case - 24

Dinkar, an unmarried 22-year-old Marathi speaking man, Suthar (Carpenter) by caste, committed suicide by hanging. His father had died and he was the sole breadwinner of his family. At the time of suicide he

was living in police quarters, not very far from his parents' house. His mother provided necessary information.

Dinkar was a police constable but was suspended at the time of suicide. His mother could not tell us why he was suspended but she said that it was probably because he was irregular in attending his duties. She was of the opinion that her son was suspended for a flimsy reason. He was operated upon and because he could not take sufficient rest, the stitches of the surgical operation had opened up. He was in need of money and he had requested his friends to help him but to no avail.

It appeared that Dinkar's ill health and his father's untimely death added to his inability to shoulder responsibility of his family, driving him to commit suicide.

Case - 25

Siraj, a 35-year-old married Muslim man committed suicide in the evening at his residence by hanging himself. His parents-in-law and young wife provided information.

According to them Siraj was working in a factory for the last two years. He had some disputes with the owners of the factory. But he never discussed problems related to his work with his family. His wife had stated that last few days preceding his suicide, he was looking very sad but did not divulge why he was sad. He was facing financial difficulty, so he borrowed Rs. 1000/- from his sister but had told his wife that he had got money from the factory.

On the day of suicide, Siraj's parents had gone out. He sent his wife to her parents' house to stitch his torn clothes. Thus he was alone at home to commit suicide. When his wife came half an hour later she saw her husband's body hanging in the room.

In view of the ignorance of the wife and parents-in-law, the cause of the dispute with the factory owner could not be known. Siraj had put in only two years' service. In spite of that the factory paid Rs. 30,000/- . Whether the money paid was out of sympathy for the family or to prevent them from going to court is difficult to determine.

He had two children. His wife did stitching and ironed clothes at home. Thus she earned about Rs. 30/- to Rs. 35/- per day. Her parents wanted to get her married since she was only 26 years old.

VIII. Threats from moneylender / bootlegger :

Use of muscle power and strong-arm techniques are illegal weapons used by people who are engaged in shady business or are part of the underworld gangs. They thrive where legitimate power of the police force is weak.

In India poor ignorant persons borrow money from the moneylenders at exorbitant interest rates. The latter use all techniques to exploit their borrowers. The borrowers often reach a stage when they are unable to pay back even the interest amount. In such cases the moneylenders use all extra-legal tactics to get back their money. The debtors get psychologically depressed and sometimes resort to suicide in the face of intimidation from the moneylenders.

Since bootlegging is also a part of underworld activity, those involved in it are in danger of being physically harmed or killed. Here also, the weak-hearted is not able to face the situation and commit suicide.

Case - 26

Parsotambhai, a 40-year-old dalit, who was working as a mason, committed suicide by jumping into a well on a farm. His brother provided information that the suicide was committed due to harassment / threats by bootleggers, who belonged to his own caste. Parsotambhai was staying with his mother but she could not be contacted.

The brother said that the bootleggers as well as the police used to harass Parsotambhai. He was not forthcoming about why they were harassing his brother. It was possible that Parsotambhai was either working as an informer or was himself a bootlegger competing with the established gang. The brother said that they had complained to DSP but no action was taken. After Parsotambhai's suicide, the police had arrested one man from the bootleggers' gang who was kept in custody for 20 days.

Case - 27

Bhupendra, a 30-year-old married man belonging to Gola caste hanged himself near his house in the morning. His brother provided information about the suicide.

According to the informant, his father and all brothers were engaged in hawking vegetables on handcart. His brother Bhupendra, who committed suicide had borrowed money from a number of moneylenders to do business. Bhupendra neither drank nor gambled. However, he was not able to make repayment in time, so the moneylenders were threatening him. Out of fear he committed suicide. When the informant was asked whether he and his father had taken any steps to protect his brother, he said, they were not anticipating such action from him . However, he added that after his suicide police had arrested the moneylenders who were released after a few days. It seems, poverty and ignorance must have prevented them from taking any legal/police action.

IX. Liquor drinking :

Though Gujarat is a 'dry' state, illegal distillation is quite common, thanks to the 'benevolent' attitude of the corrupt police force. The liquor sold at various joints ('addas' as they are called) is very injurious to health. Persons, especially from slum areas and working as casual/menial workers consume such liquor almost on regular basis. They often fall prey to various diseases like cirrhosis of liver, etc. Some persons who become alcoholic commit suicide when they fail to get their required quota. Some consume overdose of liquor and die. Their death is sometimes falsely treated as suicide. In some cases (see chapter V), the aggressive behaviour of the alcoholics forces their wives to commit suicide.

We have three cases in which liquor consumption is reported as the cause of suicide.

Case - 28

Hasmukhbhai, a 70-year-old married man of Koli caste, burnt himself at home, because he was suffering from some disease and was in the habit of drinking. His wife who provided information said that her husband used to be a truck driver. It is difficult to establish whether the man committed suicide because of the disease or died due to his habit of drinking. However it appeared that the disease was a nominal skin disease. He had been drinking for years and must have died due to cirrhosis of liver.

Case - 29

Padambhai, a 34-year-old married man of Devipujak caste was a habitual drinker of liquor. He and other members of his family hawked vegetables. His elder brother who provided information said that his brother did not return home for five days and when he returned, he was drunk. He was admitted to a hospital where he died. The police recorded the case as suicide. His brothers wondered why he should have committed suicide. His wife was not available to give her version of the case.

Case - 30

Shailesh, a 30-year-old married man of Jain Marwadi community, committed suicide by hanging himself at his home. His wife who provided information said that her husband was a drunkard and because of that habit he was not able to do well in his business. The family members made all efforts to wean him from his habit. But the efforts were wasted. He had earlier tried to commit suicide by throwing himself against the running train but was saved.

After Shailesh's suicide, his wife married her husband's younger brother. This type of marriage is known as leviratic marriage and is usually preferred in order to keep the joint family property intact. Though we have no evidence to prove our doubt, it may be that the latter was in love with his sister-in-law when the elder brother was alive. He might have taken to excessive drinking because he suspected his wife's infidelity and younger brother's betrayal.

X. Unemployment :

Chronic unemployment may cause depression and / or loss of self-image leading a person to commit suicide. In spite of high rate of unemployment and existing widespread poverty in our country, we have only one case (and that too of doubtful character) of suicide due to unemployment. It is possible that such people have become accustomed to their continuous state of deprivation and they face the situation with a measure of resignation and rarely think of committing suicide. However, of late, such cases have increased during the present spell of economic recession.

Case - 31

Nagardasbhai, a 53-year-old man of Valand (Baber) caste committed suicide by hanging himself at night at his home. His wife, who provided information, said that her husband was employed in Gujarat State Road Transport Corporation. A dog had bitten him so he remained absent from attending his duties. Due to his absence without permission he was dismissed from his job. During his unemployment his wife's relatives supported the family.

Later, Nagardasbhai was reemployed but earned only Rs. 2500/- p.m. It was difficult to run the house with such meagre amount. He continued in that job for eight months but was disgusted with it. So on the night when he committed suicide he did not take his dinner but went to sleep early. His wife and a divorcee daughter slept outside. In the morning they saw him hanging in the house.

The wife used to refer to her husband as 'Bhagat' (meaning a holy man). But in fact he was an alcoholic. The fact that his daughter was divorced at the age of 32 could also be an additional reason for him to commit suicide.

XI. Reasons not known :

While analyzing the secondary data of 2004 - 2005 we found that in a large number of cases, the police had not recorded reasons for suicide. We interviewed relatives of 41 cases but in 10 cases could not get to the root of the causes of suicide.

We shall briefly present these cases below:

Case - 32

Danasingh, a 40-year-old married man belonging to Darbar (Rajput) caste, committed suicide by hanging himself at his home. His wife was not ready to give any information. She insisted that her husband did not commit suicide but died due to heart attack. The police records show that he had committed suicide.

Case - 33

Bhavin, an 18-year-old young unmarried man of Koli caste was found lying on the river bed. Police records showed that the man had consumed pesticide and had died. He was working as a diamond polisher and was the only able and earning member of his family. All other members of his family were disabled. The father was crippled, the sister lame and the mother feeble minded. The grand mother was very old, and she provided information.

Bhavin's uncle and aunt who lived nearby said that the day on which the young man's body was found, was an election day so no investigation in the case was done.

However the police registered it as suicide by consuming pesticide.

Case - 34

Rasila, a 22-year-old married tribal woman committed suicide by hanging herself in her home, in the evening. She had no children. When we went to gather information, her husband was not alive. So her mother-in-law and younger brother-in-law provided information. They said that both husband and wife had no problem. They were living in a small room next to other members of the family.

Both informants said that they did not know why Rasila committed suicide but they speculated that her infertility could be the reason. About the incident of suicide they said they were preparing tea and when they brought tea for her, they found that she was dead.

When Rasila's father knew of his daughter's suicide he came to visit and angrily damaged furniture of the house. The two informants told this to us. But they remained non-committal about the cause of suicide.

Case - 35

Girija a 25-year-old married woman belonging to Halpati caste committed suicide as per police records by hanging herself at her mother's home where she used to stay with her husband and two sons. Her husband had died later due to T.B. So only her mother and two sons were present to provide information.

According to Girija's mother her daughter was killed by her husband and made to appear that she had committed suicide by hanging. When asked the reason why he killed her, the mother said that her husband used to doubt her character. There were many neighbours present when the mother was

narrating her version of the incident but no one said anything in support of the mother. On the contrary they were all dissuading her from saying such thing. Two sons of Girija who were present could not say anything as the neighbours pressed them to remain silent. The mother also said that her daughter had married out of her own choice and that she had not complained to her of any ill treatment by her husband. She said that the police had come after the incident to inquire but Girija's body was already disposed of.

Case - 36

Joravar, a 22-year-old married man of Halpati caste committed suicide by hanging on a tree in his farm within 4 days of his marriage. His father who provided information said that he did not know why his son took his own life. It was likely that either he was impotent or was in love with someone else.

Case - 37

Meera, a 21 year old married woman of Koli caste consumed poisonous liquid at home and committed suicide seven days after her marriage. Her father-in-law who provided information said that he did not know why she committed suicide. Within one year after suicide, the husband had remarried. It is possible that the woman wanted to marry some one else and the present marriage was against her wish.

Case - 38

Madhabhai, a 38-year-old married man of Valmiki (Sweeper) caste committed suicide as per the police records. His wife was a teacher stationed in another village so she could not be contacted. The uncle of the deceased feigned complete ignorance about the incident and gave no information. There were a number of community members but no one said anything. So, how and why the man had committed suicide was not known.

Case - 39

Megha, a 21-year-old dalit woman who was married for two years but had no child committed suicide by dousing herself with kerosene at home at mid night. Her mother-in-law who provided information said that she did not know why her daughter-in-law committed suicide. She had no quarrel with any member of her family.

From the parents' side, Megha's father provided information. He also did not say anything about the reason why his daughter had committed suicide but said that she was married as per saataa marriage and any dispute arising between one couple affects the other couple in such marriages. He said that when his daughter committed suicide, her dead body was brought to their (father's) village. No one from the husband's side was present at the time of funeral, out of fear that they would be beaten up by her villagers. The father also said that his daughter's husband had to stay in jail for three months. Through the intervention of the community leaders, the complaint was withdrawn and an out of court compromise was reached in which Megha's father was paid Rs. 2 lakhs.

Though neither side admitted that it was a case of murder, neighbours said that the girl was burnt and killed. The saataa marriage system seems to have scuttled justice and encouraged shady compromises, supported and sanctioned by the community members.

Case - 40

Vasumati, a 25-year-old married woman belonging to Prajapati caste committed suicide by consuming poisonous leaves of a creeper at home in the afternoon. She was taken to various hospitals and finally to V.S. hospital where doctors were successful in extracting the bunch of leaves but by the time it was very late. So, Vasumati could not be saved. Her sons, daughters and in-laws were present when the husband provided information. The latter feigned ignorance about the reason for the suicide but he did say that they had exchanged hot words while working in the field. Moreover, before suicide Vasumati's father had brought her back to her husband's house. This means that she must have gone to her parents' home due to some dispute with her husband but her father brought her back, so she must have felt disappointed/ frustrated and resorted to suicide.

On the parents' side, the mother of Vasumati was contacted. She also did not say why her daughter committed suicide but said that there was no point in going to court. The brother of Vasumati said that his sister had asked him to give her *gutka* and added that she (the sister) had said that she would not ask him to give *gutka* again. The mother prevented her son from saying something more, because Vasumati's husband was bringing up their son.

It appeared that marital discord was the cause of suicide. Both the natal and affinal families were unconcerned about the young woman's death.

Case - 41

Chhaganbhai, a 43-year-old married man of Kutchhi Patel caste, consumed poison and committed suicide. His wife who was at home when we went there to collect information, was not ready to say anything. In spite of assurance from women members of our team, she refused to say anything and started crying. Instead, she called her husband's male relatives and asked them to talk to us.

Though the police records indicated that Chhaganabhai had committed suicide, his wife maintained that he died a natural death. The relatives said that he developed high blood pressure and died due to that.

A neighbour who was a social worker and knew the family well said that Chhaganbhai was in transport business. While driving his truck, a labourer was accidentally killed. He was disturbed by the accident and out of depression he committed suicide.

Concluding observations:

Our intention behind including interview based information of 41 cases of suicide victims obtained from their close relatives was to supplement the relatively less detailed information received from police records. While we must admit that not all close relatives were able to provide us sufficient details, the interviews were helpful in making us understand the wider socio-cultural context in which relatives viewed the suicide events in their families.

Family is a primary and basic group in all human societies and is based on such affective qualities like love, sympathy, congeniality, devotion etc. Since, these qualities are transient in nature, they do not provide a stable structure to the group. So, in many societies these affective qualities are allowed restrictive expression with the help of societal norms and values thus providing a relatively stable structure to the family. Burgess and Locke (1953) call such families institutional ones. In traditional patriarchal societies families of this type predominate. In modern, industrial societies, societal norms and

values are not primary and family is largely governed by affective qualities. Such families are called companionship families by the former authors.

The 41 case studies included here belong to families, which are institutional in form, irrespective of whether they are joint or nuclear because their members give primacy to observance of and compliance with societal norms and values (be they of their own caste, sub caste, region or religion). So we find that the victims of suicide and the harassment / injustice meted out to them are of not much significance here. More than that the relatives are concerned about the observance of customs and traditions, norms and values of their cultural groups. This does not mean that parents, brothers and sisters of the deceased do not feel the loss of their dear ones. But they suppress their feelings and follow the norms and values about which they are socialized. In some cases like the brother of a sister who married outside her caste (case no.19) his observance of the norm of endogamy (marrying within one's own caste) was so total that he had only hatred for his sister who had violated that norm. In case of married girls who are being ill-treated / harassed, their parents do feel sorry for their daughters but rather than providing help to them, they (the parents) feel false satisfaction in the belief that they have followed norms of their caste/sub-caste and thereby raised their status in it.

Along side suppressing the affective qualities by the blood relatives (parents, brothers/sisters) there was a tendency to make a show of expressing such sentiments by the in-laws. In cases where married women had committed suicide due to familial discord/ ill-treatment by in-laws, it was found that such mothers - in-law were making special effort that they were feeling very sorry for the incident of suicide in their family. In one case (No.15) the mother-in-law was seen wiping tears while speaking about her daughter-in-law who had committed suicide due to maltreatment from that very person.

Lastly there were cases of arriving at compromise (case no-39) by seeking monetary gain from the guilty party by the aggrieved party. This is often sought under the specious argument that they were concerned about the welfare / well being of the surviving members of the family rather than the dead one.

VI. Attempted Suicides : Case Studies

As mentioned earlier there are cases of suicides, homicides camouflaged as suicides and attempted suicides. Like all kinds of human behaviour, suicide is a complex phenomenon. It has its overt aspect, which can be seen in his/her physical behaviour. It has its covert aspect, which includes his/her intentions and/or motives behind committing the act. This may be found mentioned in the suicide note left by the person who commits suicide. Often a person may not reveal the true reasons behind his / her suicide and may give fabricated and wrong reasons. Relatives, close friends and neighbours, may have their own explanations as to why a person committed suicide. And finally, the police and forensic experts may have a completely different explanation of the act of suicide. Thus, the simple act of putting an end to one's life is not as simple as it appears.

A person, who commits suicide, remains an enigma forever. It is difficult for others to know the reasons behind the act. One has to find them out from secondary sources. In case of police records, the operational definition given by the police is generally accepted. The police may rely on (i) the suicide note left by the person who committed the act or (ii) they (the police) may depend upon the description of a witness. In some cases, (iii) the post mortem report is used to declare the act as a suicide. According to some police officials (iv) if death occurs three days after the injury, it is not a suicide. Thus, the definition adopted by the police is quite inclusive and they may consider any one, two, three or four explanations as mentioned above.

In order to obviate the limitations of the working definition adopted by the police, we have studied some cases of suicides by talking to the close relatives of the persons who had committed suicide. (chapter-V) In case of married women relatives of both sides were contacted. Besides that we have also included 15 case studies of women who had attempted to commit or thought of committing suicide but were either saved by someone or they themselves refrained from committing the act. The reason why cases of only women were included was that AWAG that has taken up the present study has been interested in the problems of distressed / marginalized women and the women who attempted / thought of committing suicide belong to that category.

Locating the cases of attempted suicides :

During independence movement, under the guidance and leadership of Mahatma Gandhi, many women social workers in Gujarat had come forward to do something about various social problems faced by women in India. Mridulababen Sarabhai was one such social worker, who was concerned with the increasing number of suicides committed by young women. Through her efforts shelters (known as Vikas Griha) were established in Gujarat. Eventually the State government also established a few shelters for women and called them 'Naari Sanrakshan Griha'. Women who were harassed by their husbands and in-laws came to take shelter there. Such shelters for distressed women continue to exist. Some shelters also provide training towards making the distressed women economically self-reliant. For the purpose of our study we could interview 15 women who had attempted to commit or thought of committing suicide. In cases where the department of Social Defence of the Government of Gujarat ran the shelters, permission from the department was obtained before interviewing the women. With the help and cooperation of the officials of the shelters, the task of interviewing the inmates was successfully

completed. We could not find a single case of attempted suicide from the shelter in Junagadh so no case from that district is included in this study.

A brief description of the background of the 15 inmates is provided below.

Locale:

Table - 6.1

Cities, Counselling centres and number of women who attempted / thought of suicides

City	Institutions	No. of women
Ahmedabad	Naari Sanrakshan Griha	03
Ahmedabad	Counselling Centre, AWAG	04
Bhavnagar	Subhag Mahila Utkarsh Trust	01
Bhavnagar	Tapibai Gandhi Vikas Griha	02
Surat	Apamrityu Nivaran Sanstha (ANIS)	01
Surat	Counselling Centre, All India Women's Conference	01
Surat	Naari Sanrakshan Griha	03
Total		15

Of the 15 cases, only one pertains to an elderly widow of 51 years who was harassed by her son and her dead husband's younger brother. All other cases were of young married women who had come to the shelters to save themselves from the harassment of their husbands / in-laws. For the sake of convenience, we shall describe the lone case of elderly widow separately from the 14 cases of young married women.

Age of the respondents

Table - 6.2

Age wise distribution of the respondents

Age	No. of respondents
21-25	07
26-30	05
31-35	02
51-	01
Total	15

Mean age is 26.6 years (excluding the case of elderly widow)

Information about age distribution of the respondents shows that they are all very young. (12 out of 15 are less than 30 years old).

Table - 6.3 provides information about their educational level.

Table - 6.3

Education of the respondents

Education	No. of respondents
Illiterate	05
Primary (I to IV Std.)	02
Secondary (V to X Std.)	06
Higher Secondary and above	02
Total	15

Except one girl who holds a B.Com degree and another who had gone to college, all others were not very highly educated. In fact five of them were illiterate.

Religion-wise, a majority (12 out of 15) of the respondents were Hindus. Of the rest, two were Muslims and one was a Christian. Language wise all except two were Gujarati speaking. Of the two non-Gujarati, one was a Punjabi and another, a Marathi.

Caste-Community:

Twelve Hindus belonged to the following castes:

Rajput (2), Vaishnav (1) Koli (3), Darji (1), Prajapati (2), Thakore (1) Ghanchi (1) and Dalit (1). All except Rajputs and a Vaishnav belonged to other backward castes (OBC) and scheduled caste (SC). Among the others, two were Muslims and one was a Christian.

Before providing a holistic picture of the background factors and causes as provided by the respondents concerning attempt to commit suicide or thinking of suicide, we shall briefly present the 15 case studies below.

Section II

Case - 1 :

Lilee⁴ was a Roman Catholic Christian girl, aged 27, from Ahmedabad. She had studied up to VIIIth standard. After the death of her father, her mother got her married to a man from their own community who was 10 years older than her. The husband had studied up to Xth standard and worked in a factory, earning Rs. 50/- per day. The couple had one son and 3 daughters. Lilee's mother worked in a factory and earned Rs. 2500/- per month.

The bone of contention (as stated by Lilee) was that the husband demanded money from Lilee's mother whose economic condition was not very good. For one year, Lilee and her husband had stayed separately from his parents but the husband gave away his earnings to his parents. Lilee found it difficult to run her house on the little money he gave her. She used to go to her mother's but the latter used to send her back asking her to bear with difficulties. Ultimately Lilee ran away. Her husband complained to the police and the latter found her and brought her to Naari Sanrakshan Griha, the shelter run by the government. She had been staying there for some months, when the research team met her.

Lilee did not reveal that she had run away with one of her co-workers in the factory where she was working but the officer in charge of the shelter had said so. The latter also told us that Lilee's husband was a drunkard. Though Lilee did not say a word about it. May be she did not find it worth mentioning because many in her community drink.

Her husband's poor economic condition, his constant demand to get money from Lilee's mother, Lilee's mother's inability to meet former's demand for money, and more importantly, the age difference between Lilee and her husband as well as her 'affairs' with her co-worker with whom she had run away, provided background to her case.

Lilee had nowhere to go, so she wanted to commit suicide but she did not have courage to do so. She stayed in the shelter and waited for her husband or her mother to come to her but no one had come to take her home.

She said that she would like to stay near her mother, with her children and bring them up. She considered her husband's and her mother's poor economic condition responsible for marital discord. At the same time she also blamed herself saying, 'may be, my own ability to tolerate the ill-treatment was not enough!'

Case – 2:

Rama, a dalit girl, aged 25 years, was illiterate and had married in her own caste through mutual consent. Both stayed in Ahmedabad. The husband was a peon and earned Rs.2500/- per month. The couple had 11-month-old daughter.

Rama complained that her husband frequently ran away, sometimes for six months. The couple used to stay in a joint family where Rama's elder and younger brothers-in-law used to beat her. Rama was considered 'inauspicious'. It may have been so because she had given birth to a girl child. For sometime, the couple had stayed separately from the husband's family but it was difficult to run the house as the husband used to 'disappear' for 3 to 6 months without informing Rama.

⁴ Names are changed in case studies to maintain anonymity of the respondents

Since she had married a man of her own choice, Rama got no support from her father. She had gone to the police station because she wanted the police to threaten family members of her husband, but the police did not find it necessary to inquire about the ill treatment meted out to Rama by her in-laws. Instead they took her to the shelter.

She had nowhere to go and with 11-month-old daughter, she found life difficult to live. She had thought of committing suicide but did not attempt to do so. The officer in charge of Naari Sanrakshan Griha said that frequent and long absences of Rama's husband from home could be because of his illicit relations with another woman.

Rama was brought to the shelter; she herself did not want to leave her husband's home. In fact she wanted to go back because as she said, 'she had a right to stay there'. However, she also attributed her living in the shelter to her 'fate'.

Case - 3:

Twenty one year old Pinki, a Hindu Kumbhar (a potter) could read and write. Her mother died at the time of her birth. Later her father remarried. Her father, a farmer in Ratnagiri, was a spendthrift and used to quarrel with his new wife. Due to harassment from her stepmother Pinki ran away to Panvel (near Mumbai).

After running away from home Pinki married a boy from Bhaiya caste, who was working in a factory. She knew nothing about his family. She came to Ahmedabad with her husband who got a job in a diamond factory earning Rs. 5000/- per month.

Pinki had doubts that her husband had illicit relations with his brother's daughter so, both husband and wife used to quarrel. In one such quarrel Pinki left home. When she wanted to go back she could not locate her house. She went to police station from where she was brought to the Naari Sanrakshan Griha. It was unfortunate that neither police nor the officials of the shelter tried to locate her husband's house.

She had been in the Griha for the past 11 months when the research team met her. She had not attempted to commit suicide but had thought of it. When asked who was responsible for her present condition, she partly blamed her own temperamental nature.

Case -. 4:

Banu, an illiterate Muslim woman, was the daughter of poor parents, living with her brother, as her parents were dead. He worked as a labourer. Her uncle and aunt arranged her marriage. Her husband's family was poor. As a labourer he earned Rs. 1500/- per month.

During first four years of their marriage, Banu's husband behaved very well but thereafter he started drinking and under the influence of liquor he used to beat her. In spite of complaints to the police (by his sister and neighbours) he continued to drink. The police arrested him twice but he did not stop drinking. Once Banu had to take treatment in a hospital for the severe beating from her husband.

The couple had 3 sons, two of whom stayed with their grandfather.

A relative brought Banu with her youngest son to the shelter run by an ngo. She could not endure severe beating by her husband so she had attempted to commit suicide three times. Twice she had consumed poisonous liquids and once she poured kerosene on her body and tried to burn herself. The signs of burning were visible on her body.

Banu held her sister-in-law (husband's sister) responsible for her disturbed family life. She said that her sister-in-law instigated her husband to beat her. Her brother, himself very poor, could not be asked to support her. In spite of her husband's physical torture Banu still expressed her desire to go back to his house provided he stopped drinking. It appeared that her inferiority complex was partly responsible for her present condition.

Case - 5:

Twenty five year old Champa, a Hindu, was a Thakor by caste.

She lost her parents in childhood, so she stayed with her elder sister. She came in contact with a person of her caste and she decided to marry him. Her husband was a driver. After her elder sister died she had no one on her parent's side to lean back on.

The couple had one son and one daughter. Champa's husband got money from the land, which was acquired by the government for irrigation canal. With that money he started drinking and under the influence of liquor he used to beat his wife. Unable to tolerate physical torture Champa went to the shelter offered by one ngo. Her husband reached there and promised to treat her well so Champa returned. But again he started drinking and beating her. He tried to kill her by pouring kerosene on her. Once, he even attacked her with a knife.

Finally, Champa came to the shelter to which a Muslim woman directed her. She held herself responsible for her present condition as she herself had decided to marry her husband. She wanted to live separately with her son and daughter to provide education to them. At the time of interview she had her daughter with her, whereas, her son was with her mother in-law.

Case - 6:

Twenty five year old Shabina, a Muslim, was illiterate and was married early. She had 2 daughters. About her marriage Shabina complained that her father had many children and in order to relieve himself of the burden, he got her married to a boy suggested by her neighbour. Both husband and wife belonged to the same Jamaat.

Shabina's husband had passed Xth standard and worked as a driver, earning Rs.3000/- per month.

Shabina's mother had seven daughters and Shabina also gave birth to two daughters. So, her husband and his relatives thought that Shabina would also give birth to a number of girls like her mother, so they started harassing her. Moreover, Shabina's husband remarried and with that her harassment increased.

Shabina's another complaint was that her husband's family was involved in drug / liquor business. She did not approve of such business because she came from a very conservative background. She was not even sent to school by her father because of his conservative attitude. Shabina said that even her mother-in-law used to encourage her husband's illegal activities. When she came to know of such activities and questioned them, he started beating her all the more.

Shabina had gone to police station but her complaint of harassment was not registered. She had gone to Kankaria Lake to commit suicide but did not find a lonely place. She had also taken sleeping pills but she was saved. She did not want to go to her husband's place nor to her poor father's. She wanted to stay separately and raise her daughters. So she went to the shelter. With Shabina's father's poor and conservative background it was difficult for him to keep her at home. So, she had no other alternative but to stay in the shelter. Meanwhile she had filed a maintenance claim in the Court.

Case - 7:

Twenty-five year old Purvi, a Hindu and Rajput by caste from Rajasthan stayed in Ahmedabad where her father worked as a jobber in a mill. Purvi's mother had died and she had a stepmother. Purvi's husband's family was in the business of selling biscuits and was economically fairly well off.

Purvi had two sons. Her husband, a drunkard, battered her mercilessly. Purvi's father-in-law was helpless about his son's habit of drinking. Purvi had gone to police station and initially the police had come to her home to 'counsel' her husband. But later the police advised Purvi to 'make adjustment' and stay at her husband's house. Even her father also advised her to do likewise.

Unable to accept beating from her husband, Purvi had tried to commit suicide thrice. Once she consumed poison, second time she slept on the railway track and third time she tried to strangle herself. Each time she was saved. Ultimately her father-in-law took her to shelter. Her two sons stayed with their father.

Purvi was staying there for last one and half years. She did not want to go to her husband's place, nor did anyone from her husband's side come to meet her. It was not possible for her to stay at her father's house with her stepmother. So she had decided to stay alone with her two sons.

Case - 8:

Twenty-six year old Beena, a Hindu and Koli by caste, stayed in Bhavnagar with her husband, one son and two daughters. Her husband was a diamond worker and earned Rs.2500/- per month. Beena stayed separately from her in-laws but in a house next to theirs.

Beena complained that her husband was very suspicious about her character so he did not allow her to go out to work. Secondly, he was an alcoholic and often beat her. So, she had tried to commit suicide by dousing herself with kerosene but was saved from burning.

Beena had gone to the counselling center run by a local ngo on her own to seek help. The social workers of that ngo had visited her home and counselled her husband to treat her properly. Thereafter there was some improvement in their relationship and Beena stayed with her husband and children.

While interview with her was going on, Beena's mother-in-law was present. She said that her son (Beena's husband) had also tried to commit suicide because of the problem created by his wife (Beena). The mother-in-law said in our presence that a wife had to suffer silently the thrashing by her husband and should not complain.

Case - 9:

Twenty-four year old Vanita, a Hindu, Rajput by caste had studied upto IXth standard. She lived in Bhavnagar. Her first marriage was the marriage of her choice and her husband was not of the same caste as hers. He belonged to Valand (Barber) caste. Due to her inter-caste marriage her parents had disowned her. Hers was not only an inter-caste marriage; it was a marriage with a man of lower caste, which was difficult for her parents to accept.

Vanita was fair skinned and was of free and easy nature. After some time, her husband grew suspicious of her character and harassed her. She found life so very difficult that she left her son with her husband and went to a shelter run by an ngo in Bhavnagar. The social workers of the ngo called her parents who took her with them.

Then her parents got her married to a widower of their own caste who had three children and whose wife had committed suicide. Moreover, her second husband told her that he did not want any more children. This used to lead to frequent quarrels between them. So Vanita tried to hang herself with the help of her dupatta but the knot got loosened and she was saved. She came back to her parents' place where they wanted to get her married again, for the third time.

In such a situation, Vanita came back to her first husband mainly because of her son but soon she found life difficult with him, so she returned to the shelter where she was staying for the last three months. Vanita blamed her fate for her marital problems. She wanted to earn and be independent, on the strength of the training she had received in running a beauty parlour. This time she found her parents entirely non-responsive.

Case - 10:

Thirty-year-old Rima of Koli caste had studied up to Vth standard. Rima was only 15 days old when her mother died, so her father had married again.

Rima was married in her caste at a young age and she had one daughter from that marriage. Her husband died and Rima married again in her own caste. Her second husband made mattresses and earned Rs. 4500/- per month. He had studied up to XIIth standard.

According to Rima, economically her father's family and her present husband's family were at the same, average level.

Rima's main complaint was that her husband was very suspicious. Because of that he did not allow her to move out of her home. He used to beat her severely. At times he used to confine Rima to a room and lock it from outside. Her mother-in-law and other relatives were trying to speak to her husband but he would not listen to them.

Rima once poured kerosene on her body but her husband intervened when she started burning. She was saved but her husband warned her not to go to police station otherwise he threatened that he would not keep her in his house. Things did not improve thereafter also, so Rima left her home and tried to plunge into a well but an unknown woman, saved her and brought her to the shelter.

Rima's daughter from the first marriage lived with Rima's mother's mother. Rima did not intend to go back to her present husband. She was all praise for the social worker in charge of the shelter. From her father's side, she received no support because her stepmother did not want her. On her husband's side no one made any attempt to convince him not to be suspicious. Rima had decided not to stay with 'such a husband' but be independent.

Case - 11:

Twenty-two year old Meeta, a Hindu Ghanchi from Surat, had studied up to XIIth standard and attended college. She belonged to economically well-off family. Her husband had studied up to Xth standard only and belonged to the same caste. The couple had two sons.

Meeta's father had power looms and her husband's family was in grain business and also owned a bakery.

According to Meeta, her mother-in-law's brother did not look after his parents so she provided everything to her parents. Thus, household expenses doubled. Meeta's husband held her responsible for the excess expenditure. When Meeta told her husband about his mother's expenses for her parental family, he did not accept it and harassed Meeta. Once when her husband started beating her and she started crying, their neighbour (a woman) came and told her about an ngo which worked for women. With its help Meeta's problem temporarily got solved but again the same problem arose and she tried to

consume poison as well as gave it to her two sons but her neighbour saved her. She again went to the same ngo with her mother and registered her case. She then stayed with her parents. She wanted to stay with her husband provided the latter decided to stay separately from his parents. She held her in-laws responsible for her present problem. Her husband knew everything but did nothing. From her parents' side she had full support. She said, she was ready to seek divorce, in which case she would keep one son with her and one with her husband. She was ready to take up a job of insurance agent though her parents were against it.

Case - 12 :

Twenty-seven year old Sheela, a Vaishnav, had studied up to B.Com. and had also cleared first year of MBA. She, a Punjabi, had married a Gujarati, Anavil Brahmin by caste, who had also done his B.Com. and acquired a diploma in Industrial Electronics.

Theirs was a marriage of mutual liking, which was not acceptable to the elders on either side because both belonged to different caste and language group.

Sheela and her husband were staying in latter's joint family. Sheela was very stubborn by nature. Equally stubborn was her husband's mother. This gave rise to frequent quarrels. So Sheela wanted to get divorce. She had earlier attempted to commit suicide by taking sleeping pills but was saved. Earlier she had tried to commit suicide by cutting her veins also.

Her husband went to a local ngo, and presented his case. The ngo called Sheela also. When the divorce papers were ready, Sheela decided not to sign them but chose to live again with her husband. Both of them then decided to stay separately from the joint family. Both husband and wife were working at managerial levels.

They, then, decided to help other families facing similar problems.

Sheela's case was a psychological one. Sheela's mother and brother had also suffered from such psychological problems which appeared to be hereditary.

Case – 13:

Thirty-four year old Rakhi was a Hindu, of Darji caste; who had studied up to Xth standard. Her husband belonged to the same caste but had studied up to IInd standard. The couple stayed in Surat. Rakhi's husband earned Rs.5000/- per month as an electrician. Rakhi's father was killed in an accident so the family had received compensation. Due to that her family was economically well off. On her husband's side, the condition was good.

The couple had 3 daughters. Rakhi had two complaints to make. Her husband's elder brother had forced her to have sex with him. Rakhi was against that but her husband did not heed her complaints. It appeared that he also connived at it. Rakhi's mother-in-law knew about the illicit relationship but she did not say anything to her son.

Rakhi's husband was hot tempered. He used to quarrel with her and beat her.

Due to frequent quarrels Rakhi had gone to police station but her husband took help of a lawyer and saw that her complaint was dropped. Rakhi had three daughters but no son. May be, this was the reason for her husband's bad temper but Rakhi did not make any reference to it. Rakhi's mother-in-law connived at the relationship of her elder son with Rakhi possibly because Rakhi did not have a male child. Rakhi tried to commit suicide two times. Once she consumed rat poison and second time she consumed insecticides. But she was saved both the times.

Rakhi's uncle brought her to the government run shelter where she was staying for the last one month. She held her husband's hot temper responsible for the present discord. She was ready to divorce him if

he did not want her. She knew tailoring and thought that she would be able to maintain herself and her daughters.

Case – 14:

Thirty-three year old Bhanu, a Hindu and Prajapati by caste, was illiterate but worked in a factory in Bharuch. Her husband was about 17 years older than her. Bhanu's father belonged to Ajmeri Prajapati caste. He (the father) took money from Bhanu's husband and married her to a man of lower sub caste,

Bhanu's husband's first wife had left him. Bhanu was his second wife. They had 3 daughters and one son.

Bhanu's main complaint was that her husband had illicit relations with another woman. Because of that her husband wanted to get rid of her. He asked her to commit suicide. She tried to leave but her husband dragged her out of the bus and beat her with an iron rod. She had not tried to commit suicide but her husband had tried to kill her. Had she died then, the police might have registered her case as that of suicide!

Finally she went to Bharuch with her two daughters and took a job in a factory. But the owner of the factory was not ready to keep her because of her two small daughters. So she sought refuge in a government shelter. She had not received any help from her parent's family or from her in-laws. For her parents she had nothing but contempt. She said, 'they have sold me'.

She still wanted to go back to her husband provided he broke off his illicit affair with another woman and treated her properly. Aged husband, husband's love affair with another woman, marriage with a man of inferior sub-caste and 'bride-price' received by her father, unwillingness of parents on both sides to help and physical torture received from the husband, all these factors were behind the marital discord of Bhanu. But she still wanted to stay with her husband!

Case - 15:

Fifty one-year-old Sarita, a Hindu and Koli Patel by caste, was a widow who had studied up to Xth standard. She had one son and one daughter and both were married.

Sarita's husband and family members were engaged in agriculture. They had a farm in a village near Surat. After Sarita's husband's death, the land was sold for Rs. 85 lakhs. From that her son and Sarita's husband's younger brother purchased agriculture land in which Sarita was not given share.

In order not to give any share to Sarita, her own son used to beat her. He drove her out of their house. Sarita sought police intervention but she reported that her husband's relatives bribed the police who did not take action. Even when her husband was alive, due to his habit of drinking, her brother-in-law used to quarrel with her and her husband.

She wanted to commit suicide but she got shelter in an ashram. Then, she stayed in the government run shelter. From her savings, she purchased a small house and intended to stay there and live by selling vegetables. Her contact with the Ashram and the shelter gave her moral and spiritual strength to withstand the maltreatment by her son and brother-in-law. Sarita's case indicated her tenacity to face problems in life. She had received training as a nurse and had worked in a primary health centre but her husband did not allow her to go and collect her certificate of nursing. After her husband's death she was working as a casual labourer and also sold vegetables. She did not go to her father's house because that family was large and she did not want to be a burden on them. She was willing to remarry.

Analysis of the cases :

Though the incident of suicide takes place in a matter of seconds it is usually preceded by a series of events or situations directly or indirectly affecting the act. Some of these events/ situations take place or exist immediately before the act whereas some are separated by a span of years. In brief, all acts of suicides have a history of their own, either short or long and a researcher ignores it at his / her own peril. In the 15 cases of attempted suicides or suicide ideational (i.e. where thinking of suicide is involved) we shall examine the impact or significance of various events / situations narrated by the respondents.

Since the cases involved are those of married couples (except one), the events / situations are related to their marital status.

I. Type of marriage:

If husbands and wives belong to the same religion, caste / sub-caste (in case of Hindus), language group and cultural region, such marriages are called homogamous ones. It is commonly believed that such shared commonalities tend to facilitate mutual adjustment between the couples. On the other hand differences based on religion, caste, mother tongue and cultural region tend to work against such adjustment between the spouses.

In 14 cases of married couples we do not have any one in which husband and wife follow different religions. We have one couple (case No. 12) in which husband and wife belong to different castes and mother tongues. Moreover, theirs was a marriage of mutual choice. Both were well-educated and so mother tongue / caste differences did not seem to be barriers in their married life as their case study shows. Though both belonged to different castes, their castes enjoy more or less the same status in their respective regions viz., Gujarat and Punjab.

In one case (no. 14), the wife complained that her father got her married to a man who belonged to a sub-caste lower than theirs. But one more important point is that the woman's father accepted money (called bride price) from his son-in-law. Consequently, her status in her husband's family became lower. In the same case the woman's age was very much younger than her husband's (a difference of 17 years). However, the woman's main complaint was that her husband had extra-marital relation with another woman and so he used to physically torture her. In another case (no.3), the woman was a Kumbhar by caste and had married a man who was a Bhaiyya of Madhya Pradesh but lived in Mumbai. In her case, the caste difference was not very significant because, the woman had lacked stable family environment from childhood. One more case of inter-caste marriage was that of a woman who was Rajput by caste (case no. 9) and had married a man who was a Valand by caste. Such a marriage is against the prevailing norms of the region (Saurashtra) where Rajputs do not marry their daughters in lower caste. It is normatively accepted for a Rajput man to marry a woman from a caste which is lower than his caste. No wonder the woman had to take the help of a lawyer to legalize her marriage. Such a marriage is called hypogamous and invites resentment from both castes.

II. Love marriage :

In India, in almost all communities marriages are arranged by parents / elders. Love marriages do take place but they become acceptable only if consented by parents of the two concerned parties. Couples who marry on their own accord do not usually receive support from their respective parents, so when they start their married life and face the realities their marriages often do not succeed and the couples

start blaming each other. With no support from their parents / relatives, they often break up and seek divorce.

We have four cases (Nos. 2,3,9 and 12) of love marriage. In case No. 2 a Dalit woman married for love in her own caste. Due to that she did not receive support from her parents, when her elder and younger brothers-in-law tortured her. But love marriage, per se, had not created any discord between her and her husband. In case No.3, a woman of Kumbhar caste had married a man of Bhaiyya caste. But her poor and unstable family had made her less conscious of her caste identity and so caste difference did not seem to have affected her marriage. Case No. 9, as discussed earlier was a case of mutual consent. Due to that the woman's parents did not support her. The husband was suspicious and so he used to harass his wife. This led the woman to leave him and her parents got her married in her own caste.

In case no. 12, both husband and wife had married for love in spite of belonging to different castes and having different mother tongues. But the woman 's knowledge of Gujarati (her husband's mother tongue) and somewhat equivalent status of husband and wife's castes in their respective regional caste hierarchy did not create any distance in their married life.

III. Age difference :

Since marriages in India are usually endogamous, i.e. arranged within one's own caste / sub-caste, the choices for the parents of the bride and groom are restricted. This often leads to mismatch in terms of age, education, physical appearance, etc. But boys and girls have to accept the choices made by their parents in spite of the limitations.

In case studies, Nos.1 and 14, two women complained that their fathers had got them married to men who were older to them in age. In case No. 1 this led the woman to develop an affair with her co-worker with whom she ran away. In case no. 14, the woman's misery was compounded because her father had accepted bride price from her husband.

In both the cases, age difference was an important factor leading to marital discord.

IV. Infertility / absence of male child :

Married woman's infertility and / or her perceived inability to beget a male child are considered to be her two most important disqualifications as a wife in a patri-focal society. Though scientifically, it is proved that it is the husband and not the wife who is responsible for the sex of the child, and that both are equally responsible for the infertility of the wife, the blame is still laid on the latter for not giving birth to a male child and / or for not being fertile.

In the 14 couples included in our study there were two couples (case nos. 3 and 12) who did not have children. Case no.12 was of highly educated husband and wife. Not only was she stubborn but it also appeared that she was psychologically disturbed, which led to her marital discord. Childlessness as an issue was not mentioned by either of them during her interview where the husband was present. In case no. 3, the woman (Pinki) had no child but she had not stayed with her husband's family members and therefore had not faced any insulting remarks about her infertility.

There are four couples (nos. 2, 6, 10 and 14) who had daughters but no male child. The woman of case no. 6, Shabina had specifically mentioned that her husband married second time because she (Shabina) gave birth to two baby girls. Shabina's mother had seven daughters and no son, so Shabina's husband thought that her daughter (Shabina) would also give birth to girls only. Other 3 women have not

complained that their husbands and / or in-laws harassed them because they had no male child. However, in case no. 14, the mother-in-law's connivance towards her son's forced relationship with the younger son's wife Rakhi could be with a hope to get a male child in the family. In case No.2 Rama's in-laws called her inauspicious. It is possible that it was because of the birth of a girl child.

V. Drunkard husband :

Though Gujarat is a dry state, illicit liquor is easily available, because of the nexus between bootleggers and police in the prohibition department. Harassment by husbands and other male members of the family of their wives / daughters etc. due to formers' habit of drinking alcohol is fairly common, especially among the poor.

From 15 cases, four women (nos. 4,5,7 and 8) complained that their husbands consumed liquor and under its influence beat them severely. The drunkards usually did not work regularly and spent their earnings on drinking. They also misbehaved with their neighbours and used abusive language. In two cases (no. 4 and 7) relatives / neighbours had registered complaint with the police but that had not made any difference in the drinking habit of the persons. However, it should be noted that in case no. 8, the woman had not held her husband's drinking habit responsible for her marital discord. Instead she had complained against her husband's suspicious nature. In case no.1 the husband used to drink but his wife had not complained against him. In case no.15, Sarita's husband was habituated to drink but he was dead and his drinking habit was a matter of the past.

VI. Husband's suspicious nature :

In a patri-focal society like India, pre-marriage virginity and post-marriage fidelity on the part of the wife are highly prized among caste Hindus. In Hindu society, this fidelity goes beyond the death of the husband. A widow is not expected to remarry and must remain faithful to her dead husband. In such a society if the husband feels suspicious about his wife's character, even the parents of the woman so accused will hesitate to take their daughter's side. However, among many lower castes including scheduled castes, widow remarriage is permitted and practiced. With increasing spread of sanskritization (i.e. imitation of upper caste norms / values by the lower castes) some backward castes also do not allow widow remarriage.

A husband may feel suspicious if his wife happens to be beautiful, or if she had an affair before marriage and the husband knew about it, or if she was less inhibitive in her relationship with other males in the family or neighbourhood or lastly, his suspicion may be based on actuality.

In this study, there were three cases (nos.8, 9 and10) in which women had complained that their husbands were of suspicious nature and so they were not allowed to go out of house. In two cases (nos. 8 and 10) the women complained that their husbands used to lock them in a room and did not allow them to go out even to ease themselves. Another woman (no.9) complained that her husband used to beat her severely accusing her of loose character. In case no. 1, the husband used to suspect his wife's character but the latter did not mention it. The social worker of the government run shelter revealed it when she said that the woman had run away with her co-worker.

VII. Lack of support from women's parents :

In traditional Indian society, the parents marry off their daughters soon after they attain puberty. The bond between husband and wife is supposed to be life long and the wife has to maintain it in spite of all odds. Parents of the girls are enjoined to advise their daughters not to leave their husbands' residence till their death. Implicitly, it means that parents should not entertain any complaints of their married daughters against their husbands. Such a stance on the part of girls' parents is not helpful to girls in their hours of crisis and this compels them to commit suicide or seek refuge at some shelter.

In case of 14 couples included in this study, we found that parents of three women (no.s 3,4 and 5) were not alive, so any support from parents' side was non-existent. In two cases (no.s 1 and 14) fathers were not alive and mothers were their only support. In two cases (no.s 7 and 10) the women had stepmothers. So, in all these 4 cases, parental support was either very limited or did not exist. In cases where both parents were alive (no.s 9, 11, 12 and 15) only one woman (no. 11) said that she got full support from her parents. Other women did not receive any support for various reasons, like the woman's marriage with a person of her own choice or poor economic condition of the parents.

Concluding Observations:

We find that the marital discord between husband and wife in these 14 cases was caused by a number of factors and often the version given by the woman was only partly true. This was largely because many women were so socialized in their parental homes that in spite of severe ill treatment by their husbands and members of latter's family, they continued to suffer and did not complain and even when they did complain, they did not involve their husbands but blamed their mothers / sisters-in-law for the marital discord. Secondly, there were cases like childlessness in which women were wrongly held responsible. In such cases, they skirted the real issue at the root of discord and complained about issues, which actually did not exist or existed only tangentially. Thirdly, there were problems about which women were ambivalent. For instance, they were not sure whether consuming alcohol could be termed as a problem because their own father or brother might be drinking. In castes which are engaged in manual labour like many artisan castes and those belonging to other backward and schedule castes, consuming alcohol is not considered a vice though it is seen as an unwelcome habit. Women whose husbands are addicted to liquor often plead that they do not mind their husbands drinking. They even do not mind occasional thrashing but they complain only when they receive severe beating from their husbands, more or less regularly. Most of the women included in these case studies belonged to castes in which Brahminical values of fidelity, virginity and chastity are not upheld tenaciously. Divorce, for men as well as women, is easily sought and granted and widows also remarry quite frequently. A certain degree of sexual laxity is permitted, though more privately than publicly. In one case a woman was forced to maintain sexual relation with her husband's elder brother. She had three daughters and no son. It is quite possible that with the connivance or tacit approval of her husband and mother-in-law she was encouraged to have sexual relation with her elder brother-in-law to beget a son. There are cases in which women have complained that their husbands were suspicious of their character. Since most of the marriages are arranged ones they lead to high degree of incompatibility between husband and wife. It is also possible that a woman's aversion for her husband due to his advanced age, physical deformity, etc. may compel him to doubt her character.

The intimate bond between husband and wife which usually results due to permitted sexual relationship between them is weakened in India because of the customary practice of arranged marriages in a restricted endogamous group of caste and sub -caste, leading to various mismatches based on age, height, weight, skin colour, etc. It is further weakened in a joint family system where brothers rather than husband-wife are encouraged to stay together. But the conjugal bond between husband and wife is also to be maintained. This is done through the ideals of devoted, loyal wife where husband is treated as a god on earth. But this ideal is difficult to maintain, more so at the lower level of cultural system to which most of the women belong.

The relatively heavy burden placed on the not-so-strong shoulders of the young married women to maintain bonds among various affinal relatives in their husbands' families where the internal as well as the external conditions are not much favourable to them often lead them to commit or contemplate suicide.

VII. Conclusion

The present study is based primarily on the analysis of 3150 cases of suicide committed during the years 2004 - 2005 and registered with the police stations of four districts , Ahmedabad, Surat, Junagadh and Bhavnagar as well as two cities, Ahmedabad and Surat of Gujarat State. Besides this, the study also includes (i) interview-based information obtained from close relatives of 41 persons who had committed suicide during these two years and (ii) interview-based information of 15 women who had attempted to commit or thought of committing suicide during these two years.

The study was undertaken by AWAG as part of its multifarious activities for women and its concern about the discriminatory treatment meted out to them in their parental but more particularly at their affinal homes and in society at large. A somewhat similar, but wider in scope in that it covered all districts of Gujarat, study was commissioned by the Gujarat government in 1964 at the instance of the then leading social worker Puspabehn Mehta, who was perturbed by the pitiable conditions of women, especially young married girls, many of whom used to commit suicide due to harassment by their affinal relatives. That previous study was also instrumental in providing inspiration and impetus to the present study.

In what follows, a brief summary of the main findings of the study is presented and some broad observations/ suggestions concerning the problem of suicide are made.

Summary :

As mentioned in Chapter I, of all the districts of Gujarat state the four districts of Ahmedabad, Surat, Junagadh and Bhavnagar were included in our study because they had the highest number (in descending order) of female suicides recorded during the years 2001 to 2003. Since the total population of the four districts as per the 2001 census constitutes 30% of the population of Gujarat State, it also provided a fair representation of the latter. On the basis of that we decided to collect information of suicides committed during the years 2004 and 2005 because those cases are relatively recent. We obtained information from the respective police stations of the four districts and cities over a period of two years. Though the police officials were quite helpful and courteous, the quality and quantity of information available from them needed much to be desired. For instance information regarding marital status, education, religion, place of and reasons for suicide was not available for a large number of cases. To some extent, this affected our analysis of data for the present study.

In order to supplement the secondary information obtained from police records we included in our study primary information gathered from personal interviews of close relatives of 41 persons and 15 women as stated earlier. Whereas the quantitative information presented in the study was based on the secondary data of 3150 cases of suicide, the interview-based data helped us in understanding the qualitative aspect of the problem i.e. the process and wider ramifications of the phenomenon of suicide. Along with the analysis of the secondary data in quantitative form, we have also tried to compare it wherever possible with the analysis presented in the previous study commissioned by Gujarat government some 50 years back.

The four districts included in our study presented some interesting information when seen in the context of the previous survey. Barring Surat district, all the three districts had more female than male cases of suicide, as per the 1960-64 data. Fifty years later, all districts have more number of male than

female cases of suicide. Secondly as per the previous study, Surat district had the lowest (2.73) rate of suicide. In 2004-2005, the rate has gone up to 9.21. However, the two districts of Saurashtra, Junagadh and Bhavnagar, still have high rate of female suicide in 2004 - 2005, as they had during the 1960 - 64 years.

We shall present some significant findings based on the secondary-data of 3150 cases.

I. Profile of the suicide victims:

The total number (3150) of suicide cases included little less than 2/3rd (60.4%) males and slightly more than 1/3rd (39.6%) females. In other words the male -female ratio worked out to 6:4.

A large majority (95.1%) of suicide victims were Hindus. Caste-wise, information was not very adequate. However, upper castes (34.0%) and OBC (26.4%) together formed little less than 2/3rd of the total cases.

Age-wise information indicated that in the young age group of 10 to 24 years, there were 40.8% females as against only 24.4 % males. Conversely in the middle age group of 35 to 54 years, there were more (35.2%) males than females (20.9%). The age distribution in the previous study did not show any significant difference except that persons belonging to old age (55 - 64) constituted 12.8% as against only 5.1% in the present study.

In other words, fewer old persons commit suicide now than some 50 years back. This is in spite of the fact that life expectancy has increased from 47 for males and 46 for females in 1961 to 63 for males and 64 for females in 2001.

Two significant facts which were noted earlier were that, over the past 50 years, the number of suicide victims in these four districts have increased about five times (As per the 1960-64 data, the average number of suicide victims per year was 320; the corresponding average for the present study worked out to 1575) and secondly cases of male suicide have increased in three districts Ahmedabad, Bhavnagar and Junagadh where cases of female suicides were more as per the previous study. While the increase in the number of suicides may be partly due to the increase in population (in 1961, the total population of the four districts was 70,26,901; the corresponding figure as per the 2001 census, stands at 1,57,29,496) it may be partly due to improvement in recording suicide cases due to rapid means of communication (e-mail, mobile phone, smses, television, news, etc) and transportation and increased awareness about social problems. The diminishing number of female suicides and corresponding increase of male suicides is difficult to explain. Does it mean, that treatment of women especially in their affinal homes have improved? To an extent the answer is yes, and for that the credit goes to several NGOs like AWAG who have helped in increasing awareness among women. But, ironically, it is also true that the sex ratio has declined over the years from 940 in 1961 to 920 in 2001 for Gujarat state and so, we have fewer women to commit suicide! The increase in number of male suicide victims also needs explanation. We have tried to do that in the next pages.

II. Information about the time, place and method of committing suicide:

The study showed that the average rate of suicide was higher (8.3%) in summer than in winter (6.9%) and monsoon (6.2%) but it was not consistent for males and females. This was also the case in the previous study.

Information about the time of suicide showed that for about 44.3 % cases we had no information. For the cases about which information was available, it was found that more persons preferred to commit suicide in the morning than in the evening. However, no meaningful explanation can be put forward for it.

Information regarding the place of suicide was also inadequate in that for about 69.2% it was not available. But out of those about whom information was available, a majority (26.2%) had committed suicide at home.

Information regarding method of suicide was fairly adequate. It was found that consuming poison (35.3%), hanging (30.7%) and burning (15.6%) were the three main methods used by the suicide victims, though burning was not as common among males (8.9%) as among females (25.8%). In the previous study drowning or falling in well was the main method (47.7%) but more commonly used by females (54.5%) than males (39.5%).

Though injecting drugs, touching live wire and such other methods have become common now, in case of the present study, their use was almost insignificant.

III. Reasons for committing suicide:

As discussed earlier human behaviour is complex. An individual acts on his/her own will but at the same time there are individuals / groups, factors / conditions which help, prevent, induce, compel, force or fool him/her to act in a particular way. His/her behaviour may be in response to an immediate stimulus or in response to a series of events over a period of time.

When the police officials collect information about suicide cases, they depend upon the details provided by the victims' relatives, friends, neighbours, co-workers, employers-whoever is present on the spot as well as the suicide note (if at all) left by the victim. The reason provided by the informants or by a suicide note may be the immediate one but not the main one or it may not be the true reason at all. In spite of all such limitations police records remain the only source available for getting information about victims of suicide on a large scale and researchers world over use it for their studies.

The information received from police station, does not include reasons for 43.6% cases. Among the remaining cases, 29.6% committed suicide due to physical and mental illness. The proportion of both male and female victims was not much different. The next important reason covered family and marriage related problems (18.1%). More females (26.9%) than males (12.3%) committed suicide because of reasons included in this category.

When we compared the data provided by the previous study we found that the reasons were more or less the same. Physical and mental illness together was mentioned as reason for 43.5% cases in the previous study. 'Social' reasons, which essentially cover marriage and family relationships, were cited by more number of females (48.2%) than males (27.2%).

Age-wise, the data showed that females belonging to young age groups (15-19, 20-24, 25-29 and 30-34) mostly cited reasons relating to marriage and family. Males belonging to these age groups have very few cases in this category. Cases citing physical and mental illness have increased with age. For instance, of the 65 males and 47 females belonging to 65-99 age group 35 (53.8%) males and 36 (76.6%) females had committed suicide due to physical and mental illness. (See appendix - 1 D). District wise the data showed that Junagadh (32.8%) and Bhavnagar (39.3%) had large number of females committing suicide due to family and marriage problems. Corresponding percentages for Ahmedabad and Surat districts were 26.9 and 15.3 respectively.

For little less than 1/2 cases (43.6%) we have no information regarding reasons for suicide. We examined this information district wise and found that Surat district had 70.5% cases for which information is not available. Could it be due to high rate of urbanization and increasing pace of chaotic nature of growth in this district in the last few years? Compared to that, information from Junagadh and Bhavnagar is fairly adequate.

However, we also experienced the difficulty inherent in getting information about reasons for suicide. For cases of committed suicides for which we got information from their close relatives we found that inspite of our personal interviews of close relatives, in 10 cases we were not able to get information as to why the victims committed suicide.

Having sought interview-based information from 15 females and close relatives of 41 victims of suicide, we found that it was difficult to pinpoint the main reason for suicide or attempted suicide. The interview-based data also revealed that women who attempted/ thought of suicide were themselves not clear about the reason/s, which prompted them to think of committing suicides, or they deliberately wanted to conceal the real reason. However, as we have pointed out, in almost all case studies, a number of factors/conditions were involved in each case, some remaining in the background and some playing a precipitative role.

Concluding Observations:

Suicide is a social problem and like all social problems it affects different groups / categories / segments of the society, in differential proportion. (Merton and Nisbet; 1976: 9-10) Therefore its perception, causes and remedies also differ with different groups and categories. Gujarat and at a wider level India also is composed of a number of social groups based on caste, sub-caste, region, sect, language and religion. These groups are based on birth and therefore those who are born into them cannot cease to be their members during their lifetime. The caste-groups are hierarchical and therefore unequal in status. These ascriptive groups are segmental in that culturally they are closed / exclusive. The cultural diversity, which arises out of the segmental nature of these ethnic groups, makes it difficult for an inclusive society to develop. It also makes solution of any social problem difficult because all social problems affect different social groups differently. With large number of closed social groups the solution of any social problem including suicide also becomes difficult.

Another important point about social problems and also about suicide is that all such problems are largely the result of the dynamics of the internal system of the society. Therefore it is wrong to hold any other country / outside influence responsible for them and find their solutions elsewhere. If a problem arises, due to some external force or group, it is ultimately the inadequacy / inability of the internal system to face that situation squarely and effectively.

On the basis of the information obtained from the interviews of women and relatives of suicide victims, we can broadly divide suicide cases into two types:

- (i) those which are committed because of compulsion either of the individuals, groups or social norms / practices and
- (ii) (ii) those which are committed due to victims' own inadequacy / failures.

For instance a young women who is harassed by her husband and in-laws because she did not or could not give birth to a male child or is not liked by her husband, is forced to commit suicide against her will.

On the contrary a man who fails in his career, commits suicide because of his own limitations / failures.

The two types of suicides depend upon the relative freedom or lack of it a particular society allows / grants to its individuals. Society which allows very little freedom to its members is composed of groups / communities which are relatively more unequal and closed. Such a society gives primacy to groups at the cost of individuals. In such a society parents / elders decide for their children when and with whom the latter have to marry, which school they have to attend and what career they have to pursue. In turn the family members through the process of socialization train the young ones in such a manner that a majority of them accept the decisions of their elders and do not complain. But for some, problems do develop. The decisions of their elders do not work out well. This is more likely to happen in case of girls because if limited freedom is given, it is given to boys and not girls. So, we find that more girls than boys commit suicide because of marital discord and that too at young age.

In a society where individuals are given freedom (as in most western countries) to choose their mates and occupation / careers, they have to be responsible for their own choice. So if they make wrong choices, and if the situation becomes unbearable, some of them do commit suicide but not under duress of some customs / tradition or groups

The present day societies change fast and India is no exception to it. Gujarat is more prone to change because of vast changes taking place in its economy and a large number of persons from Gujarat, going to foreign countries and settling there. Young boys and girls in the cities and towns enjoy freedom during their school and college days often without the knowledge of their parents / elders. But once that period is over, their parents put them in the strait jacket of conservative mould. Ultra modern girls have to don the dress of dutiful wives, observing all the vows for the well-being of their husbands. Boys have some freedom left for them but they too are expected to follow all rites and rituals of the caste-groups they belong to. Thus the material culture (mobiles, laptops, e-mails) is easily accepted but the values of freedom, equality, secularism, discipline of the modern society, personal responsibility etc. that go with it are not accepted with the same speed.

Often the norms and values like freedom and equality are accepted in part and that also creates problems. For instance young boys and girls want to enjoy freedom but do not want to share the responsibilities, which go with it or they want equality with those who belong to higher social class but do not want to treat people at the lower level equally

Besides relative lack of freedom enjoyed by individuals in major activities of their life, religion finds a prominent place in our society. In some respect like providing moral values in life and psychological support like courage and strength to withstand difficulties, religion does play the role of a buffer. In one of our interviews of attempted suicide (case no.15 Chapter-V) we found that the woman who was driven out of her house by her own son and brother of her husband told us that because of her stay in a religious

ashram, she was able to banish the idea of suicide and could face the difficulties bravely. But religion also covers various non-rational rites, rituals, ceremonies and belief-systems, which hamper the rational and scientific understanding of the problems. Many who give importance to religion thus become ritualistic in their behaviors and are not in a position to find rational solution of their problems. People who suffer from physical ailment often resort to various religious rituals or depend upon the blessings of godmen / women. Many patients who take best medical treatment, in modern hospitals instead of feeling grateful to modern science, head for temple / mosque / church and make generous offerings there after recovery. With increasing complexities of present - day social life, individuals tend to depend more and more on ritualistic, non-rational explanation of social phenomena and thereby fail to seek possible coping strategies to face social problems which are the outcome of existing social realities.

For mental patients, resorting to 'miraculous cure' offered by *bhuva / sadhu / fakir* is still quite common. As a result such patients do not get cured and some commit suicide. In our study we found that even a doctor who was providing treatment to a mental patient believed in the influence of 'evil spirit' and told relatives of the patients that he could do nothing in the case (case no.6, chapter V).

Providing freedom to take major decisions in life / especially in the matter of selecting marriage partners was suggested by the authors of the previous survey (1966: 58) also. However, after 50 years, we find that the situation has not improved much. On the contrary organized resistance to inter caste and inter religious marriages has increased. Political parties, police and civil society have remained mute spectators to terror-tactics of some fundamentalist groups as well as caste panchayats belonging to both Hindu and Muslim communities who force couples seeking marriages of their choice to refrain from getting married.

Encouraging scientific thinking and practices and discouraging superstitious beliefs and practices was also indirectly suggested in the previous report (1966:58-59) when the team members recommended banning unjust customs and traditions like dowry, child marriage etc. We find that the scientific temper, instead of pervading among the educated class, is as if, on its way out. Even the scientists who work with satellites and rockets wait for 'auspicious' moment to start their work!

As mentioned earlier the present day society is very complex and it is getting more and more so. Individuals face problems in every walk of life. So we have counselors of various types, e.g. marriage counselors, family counselors, job/career counselors, counselors for patients and of course, legal counselors. Besides, there are ngos who work for various marginalized / victimized / vulnerable groups / categories / communities. They help persons who face problems in various walks of their life. Besides specialized knowledge in their respective fields, the counselors / specialists / consultants and ngos are required to work with devotion, commitment, empathy and compassion towards those who come to them.

Recommendations :

The persons who commit suicide very often seek help. The tradition of seeking and giving specialized counseling has not developed much in our society, though its need is keenly felt by people who face problems in their family, marriage, life, career / job selection etc. Parents need counseling for their children and teen-age sons/daughters; husband needs counseling for his wife and so does a wife for her husband, teachers need counselors for their students and teachers / principals themselves need counseling in dealing with their students. Thus a complex society needs specialized counseling in every walk of life. So, a generalized course containing some basic principles of counseling needs to be

introduced at the high school level. It is also necessary to make individuals aware that the content and definitions of their roles in familial and non-familial groups go on changing and they are now expected to play the role of a facilitator in all these areas. So, along with a generalized course in counseling at the high school level, a course introducing the complexities of modern society with the changing definitions and functions of major roles therein may also be introduced at the appropriate level.

Indian society has basically remained hierarchical one. At the same time in the field of employment, many posts based on achievement have come up. Therefore many persons who belong to ascriptively low position of their castes/ sub castes / tribes tend to occupy high positions due to their educational achievement. The lack of status integration which such a situation gives rise to also leads to depression, frustration and mental tension resulting in suicide. The obvious consequence is ill treatment of women, dalits and tribals by their superiors in the place of work. Fortunately, we have developed legislative mechanisms to prevent such maltreatment, though their implementation has remained half hearted and slow. It is necessary that officials dealing with the implementation of such legislative mechanism be properly sensitized to do their jobs with a measure of commitment and devotion.

The previous report had made a suggestion to enact social legislations to curb many evil practices like dowry, child marriage and restriction on widow remarriage. The same have been enacted but since they do not have teeth to punish they are not implemented properly and vigorously, leaving the social evils to be perpetuated unhindered. Here, we find that the unfinished task can be more adequately carried out by the NGOs, working in the respective areas with the support of some concerned and socially conscious government officials. We need more of such ngos in urban and preferably in rural areas.

The previous report had also suggested that rescue / shelters for the disadvantaged / vulnerable sections of the society (like old persons, deserted / divorced women, unwed mothers, beggars, etc.) be started by the government and ngos. We do have such shelter/ rescue homes now but not in sufficient number. More importantly, the value system of the organizers / managers of such institutions is still conservative and out-dated. They treat the inmates arrogantly and with a sense of superiority. The inmates resent such treatment and sometimes, they run away from such institutions also. Periodic sensitization program to inculcate right kind of values among the organizers / managers is the need of the hour.

Committing suicide due to fear of examination, failure to get desired marks or physical / mental torture by senior students by way of ragging are the new conditions which induce/ force the victims to commit suicide. Such instances were not found in the previous study based on 1960 - 64 data. The reasons are complex and interdependent. Often the students choose a particular branch (science, medicine, engineering etc.) not because they like it or have natural inclination for it but because their own friends / parents / teachers recommend it. Secondly, the present day teaching is based more on cramming rather than understanding the subject. As a result a student secures good marks at a lower level but not at a higher level. And thirdly, there is enough scope for copying and a student who secures good marks through copying is not able to sustain it at a higher level. Moreover, children have not developed the habit of expressing their difficulty and parents generally do not entertain complaints from their wards. So lack of proper communication is also the reason for students' attempt to commit suicide. In this context the two cases of students committing suicide are quite illustrative (chapter IV, case nos. 9 and 10)

Earlier, we have emphasized the need of counseling in various spheres of life. Needless to say that its importance is all the greater for the young adolescent boys and girls, who have to make important

decisions about their future career. So, we recommend that all schools, especially at the secondary level, should have counselors who are familiar with the complex problems of modern education.

Though the joint family system is gradually declining, more due to external forces outside the family than due to choice of the family members, the sex segregation which was / is observed in the former (joint) type of family still continues in the nuclear one with the result that males do not involve females in the decision making process, especially in economic matters. As a result the male head continues to cope with the economic problem of the family like unemployment, low wages, exploitation at work place, individually and when he is not able to find any dependable coping alternative he resorts to various other ways, one of which is suicide. The increasing number of male suicides is partly due to this lack of change in the society regarding the roles of females in economic sphere. A proper appreciation of changing role of women in the family can be highlighted by the ngos working among them.

Though in our study or in previous one, suicides due to economic reasons (like failure in business, poverty, unemployment, fear of losing job, etc) are / were not very common, it appears that in the times to come, such suicides will increase in number. Already we find farmers committing suicide due to crop failure, diamond polishers committing suicide because of closure of diamond polishing units, or traders / share-brokers committing suicide because of share market experiencing severe recession. Due to lack of knowledge about availability of jobs elsewhere or unwillingness to take up jobs, which are of lower skill, or less remunerative, these people commit suicide. They do not think of various other coping strategies like utilizing the skill of female members of their family (due to their conservative belief that it is below dignity to depend upon the earning of one's wife) or change one's life style and adopt a lower life style.

Suicides due to economic reasons (unemployment, low wages / remuneration, increasing exploitation of workers / employees by the employers in the absence of trade unions, scarcity of jobs, demand for higher skill / educational qualifications and increasing competitions) will increase in future largely because the choice of economic activities is still dictated by familial or community / caste factors rather than likes / dislikes of the individuals. Due to increasing uncertainty of economic forces, a large number of people have tended to be superstitious and fatalistic (see the bunch of lemon and green chilies in shops/ industries, the number of incense sticks being lighted day and night, the oil lamps kept burning before a large number of pictures of gods / goddesses). They have lost the ability to rationally analyze and understand the changes taking place in the economic system, which at times adversely affect them and consequently they are not able to think of proper coping strategies in the event of unfavorable changes.

The same situation operates in the case of health / education /marriage family problems. Even though more and more people (both male and female) get educated, they are not exposed to the scientific culture of rationally and logically analyzing various problems that come up in their life. Instead they look for auspicious moments, consult astrologers, seek advice of godmen / women, visit religious places, etc.

Though our constitution enjoins the state to encourage scientific thinking, the latter has miserably failed in that area. On the contrary, we find state governments indulging in irrational practices more often now than they used to in the past. Our educational system is also not adequately prepared to spread rational / scientific thinking among students because many of the teachers are themselves irrational in their views and beliefs. We have very few ngos which work in the area of spreading rational / scientific thinking. The future therefore does not appear to be very bright.

Once we accept the premise that the problem of suicide arises from within the systems or processes of our society, we have to first locate it. That requires a fair, balanced, unbiased and critical approach for

the meaningful understanding and analysis of our society. Once the systems / processes responsible for the problem of suicide are located, we need to examine their interconnectedness and their relations with other systems / processes of the society. One major difficulty in critical understanding of our social problems including suicide is somewhat over-adulation, which we hold for our past culture. Puspabehn Mehta who was pained by many cases of inhuman treatment of young married women especially from Saurashtra region expressed her thinking in this way when she wrote in her book, '*Pantha Bhulyan*'⁵ thus: 'I often wonder why a country which had such a glorious past, whose philosophy nurtured the likes of Buddha, Mahavir, Ram and Krishna and whose literature and philosophy is unparalleled in the world has treated its women in such low terms?' (emphasis added) (Mehta; 2005: 42). Pushpabehn's thinking was influenced by the then prevalent ideology and customs but it is necessary for us to come out from such self-adulatory process of thinking and face our problems squarely and boldly.

⁵ Pantha Bhulyan in English means 'Those who lost the way'. The quote here is translated from original Gujarati by the authors.

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Distribution of suicide cases district and year - wise, separately for Police Stations

Sr no.	Police station	Ahmedabad		Police station	Surat		Police station	Junagadh		Police station	Bhavnagar	
		2004	2005		2004	2005		2004	2005		2004	2005
1	Sarkhej Rural	21	12	Mangrol	06	10	ADivision	29	21	Gadhada	11	18
2	Sanand	12	08	Ucchal	08	08	BDivision	23	20	Alang	06	02
3	Dhandhuka	05	03	Songadh	12	12	Junagadh taluka	20	29	Gariyadhar	14	12
4	Kanbha	06	03	Olpad	13	13	Bhesan	08	07	Valbhipur	06	05
5	Koth	07	03	Kamrej	20	14	Visavadar	18	18	Palitana	05	08
6	Barwala	04	05	Bardoli	13	19	Bilkha	09	13	Vartej	18	14
7	Detroj	01	02	Mandvi	11	06	Keshod	37	34	BDivision	29	28
8	Dholka	11	24	Valod	05	13	Vanthli	08	12	Cdivision	06	11
9	Bavla	14	14	Palsana	24	18	Manavadar	09	09	DDivision	30	30
10	Aslali	05	11	Mahuva	11	16	Bantva	07	04	ADivision	11	17
11	Bagodara	-	02	Kosamba	08	07	Mangrol	09	10	Palitana Town	12	10
12	Dholera	01	07	Vyara	19	26	Shil	08	07	Botad	05	13
13	Viramgam Rural	-	02	Nizar	05	05	Chorvad	06	05	Khutavada	04	04
14	Vithalapur	01	02	Ukai	08	05	Maliya Hatena	16	16	Shihor	10	15
15	Ranpur	03	01	Kakarapada	12	05	Veraval	14	11	Umrada	07	04
16	Mandal	-	11	Chowkbazar	19	14	Prabhaspatan	14	09	Mahuva	31	14
17	Viragam Town	06	-	Salabatpura	13	10	Kodinar	10	08	Bagdana	3	09
18	Odhav	21	28	Varachha	28	38	Una	14	10	Datha	11	05
19	VatvaGIDC	05	08	Kapodara	40	40	Girgadhada	05	01	Jesar	04	06
20	Danilimda	13	08	Limbayat	47	33	Talala	11	12	Talaja	11	06
21	Satellite	20	27	Mahidharpura	11	11	Sutrapada	08	03	Padiyad	07	04
22	Sabarmati	20	20	Athava	14	01	Mendarda	10	10	Songadh	02	03
23	Narnpura	10	21	Umra	26	33				Ghogha	03	05
24	Shahibaug	12	16	Sachin	16	11				Velavadar	-	01
25	Ghatlodiya	22	16	Rander	30	29						
26	Madhupura	05	09	Udhana	18	19						
27	Kalupur	02	02	Pandesara	28	32						
28	Shapur	08	03	Icchapor	05	03						
29	Gaekwad	11	03									
30	Ellisbridge	15	11									
31	Karanj	03	01									
32	Khadiya	05	02									
33	Rakhiyal	03	08									
34	Bapunagar	20	19									
35	Gomtipur	15	08									
36	Shaherkotda	21	17									
37	Meghaninagar	21	19									
38	Kagdapith	44	67									
39	Vejalpur	17	19									
40	Sola	13	17									
41	Maninagar	08	10									
42	Sardarnagar	24	23									
43	Naroda	32	28									
44	Vatva	30	30									
45	Amaraiwadi	39	45									
46	Navrangpura	11	09									
47	Dariyapur	06	-									

Distribution of suicide cases by reasons separately for males and females (2004 - 05)

	Reason	Male	Female	Total
I	Economic			
1.	Unemployment	98	5	103
2.	Indebtedness	52	3	55
3.	Weak financial condition	70	25	95
4.	Business not proper/office tension	9	1	10
5.	Crop failure	2	1	3
6.	Afraid of being dismissed	4	-	4
7.	Brother refused borrowed money	1	-	1
	Total (87.1+ 12.9)	236 (12.4)	35 (2.8)	271 (8.6)
II	Family/marriage/social			
1	Scolding due to love affair	27	23	50
2	Death of husband / wife / son / nephew	17	19	36
3	Husband disallowed to attend marriage ceremony	-	2	2
4	Childlessness	6	22	28
5	Scolding by father - in - law / husband	-	9	9
6	Marriage related problems	11	23	34
7	Father refused new clothes ... etc	3	3	6
8	Husband married another girl / wife eloped	2	2	4
9	Tired of family quarrel	26	28	54
10	Scolding (rebuked) regarding work etc.	45	64	109
11	Ill treatment by husband / dowry	-	14	14
12	Not allowed to have phone / T.V.	4	2	6
13	Could not tolerate son staying in hostel	-	4	-
14	Husband - wife quarrel	75	103	178
15	Daughter's divorce	5	6	11
16	Not feeling happy with husband / wife	1	4	5
17	Sons not ready to keep domestic animals at home	-	2	2
18	Unemployed person denied pocket money	11	2	13
19	Transferred to another village	1	1	2
20	Could not see father's / son's illness	1	3	4
	Total (41.2 + 58.5)	235 (12.3)	336 (26.9)	571 (18.1)

III	Physical illness			
1	Illness / disease	221	172	393
2	Tired of physical labour	1	-	1
	Total (56.3 + 43.7)	222 (11.7)	172 (13.8)	394 (12.5)
IV	Mental illness / tension			
A	Mental illness			
1	Mental illness / instability	196	138	334
2	Mental weakness	7	6	13
3	Possessed by spirit	2	6	8
4	Tired of loneliness	8	4	12
5	Tired of life	12	7	19
6	Tired of son who is mentally imbalance	3	1	4
	Total	228 (12.0)	162 (13.0)	390 (12.4)
B	Tension due to examination			
1	Son not going to school	-	3	3
2	Failed in exam / got less marks	20	17	37
3	Failed to get 1st class / 90% marks	-	1	1
4	Could not adjust to hostel	-	1	1
5	Study tension	2	1	3
	Total	22 (1.6)	23 (1.8)	45 (1.4)
C	Stigma / accusation			
1	Father's incestuous relation with daughter	2	1	3
2	Accused of wife's murder	9	-	9
3	Accused of theft	7	-	7
4	Husband / son sentenced to jail	1	3	4
5	Quarrel with neighbour	7	1	8
6	Alcoholism	71	3	74
	Total	97 (5.1)	8 (0.6)	105 (3.3)
	Mental illness/tension Total (64.3 + 35.7)	347 (18.2)	193 (15.5)	540 (17.1)

Appendix - 1 - C

Distribution of suicide cases by reasons separately for males and females (1960 - 64)

Sr.No	Reasons	Male	%	Female	%	Total	%
I	Economic						
1.	Limited income	74	3.6	26	1.1	100	2.2
2.	Unemployment	122	5.9	19	0.8	141	3.1
3.	Starvation death	06	0.3	05	0.2	11	0.2
4.	Prolonged indebtedness	58	2.8	04	0.2	62	1.4
5.	Lack of steady employment	05	0.2	1	(1)	06	0.1
	Total	265	12.8	55	2.2	320	7.1
II	Social						
6	Failure in marital adjustment	35	1.7	97	3.9	132	
7	Unhappy family life	302	14.6	869	35.2	1171	25.8
8	Ill-treatment from family members	59	2.9	70	2.8	129	2.8
9	Grief due to death in family	21	1.0	51	2.1	72	1.6
10	Ill-legitimate pregnancy	-	-	24	1.0	24	0.5
11	Failure in love	28	1.4	16	0.6	44	1.0
12	Loss of social prestige	117	5.6	65	2.4	182	
	Total	562	27.2	1192	48.2	1754	38.7
III	Physical illness						
1	Prolonged illness	500	24.2	501	20.3	1001	22.1
2	Physical disabilities	12	0.6	15	0.6	27	0.6
3	Insomnia	02	0.1	-	-	02	(2)
	Total	514	24.6	516	20.9	1030	22.7
IV	Mental						
1	Mentally unwell	431	20.9	513	20.8	944	20.8
V	Miscellaneous	177	8.6	180	7.3	357	7.9
	Not known	116	5.6	16	0.6	132	2.9
	Total	293	14.2	196	7.9	489	10.8
	Grand total	2065	100.0	2472	100.0	4537	100.0

Summary Table							
		Male	%	Female	%	Total	%
I	Economic	265	12.8	55	2.2	320	7.1
II	Social	562	27.2	1192	48.2	1754	38.7
III	Physical Illness	514	24.6	516	20.9	1030	22.7
IV	Mental illness	431	20.9	513	20.8	944	20.8
V	Miscellaneous / not known	293	14.2	196	7.9	489	10.8
	Total	2065	100.0	2472	100.0	4537	100.0

Source : Gujarat Government Report (1966 : 19-20)

Distribution of suicide cases by age, sex and reason separately for males and females 2004 - 2005

Age	Reason	Sex		Total
		Male	Female	
NI	0. NA	35	24	59
	1. Economic	1	1	2
	2. Family / marriage	7	7	14
	3. Physical illness	2	0	2
	4. Mental illness	3	2	5
	Total	48	34	82
10 - 14	0. NA	6	13	19
	2. Family / marriage	3	9	12
	3. Physical illness	0	1	1
	4. Mental illness	3	4	7
	Total	12	27	39
15 - 19	0. NA	64	87	151
	1. Economic	7	4	11
	2. Family / marriage	32	49	81
	3. Physical illness	9	18	27
	4. Mental illness	34	23	57
	Total	146	181	327
20 - 24	0. NA	158	138	296
	1. Economic	32	11	43
	2. Family / marriage	51	103	154
	3. Physical illness	23	21	44
	4. Mental illness	43	28	71
	Total	307	301	608
25 - 29	0. NA	136	93	229
	1. Economic	36	5	41
	2. Family / marriage	53	56	109
	3. Physical illness	15	20	35
	4. Mental illness	43	26	69
	Total	283	200	483

30 - 34	0. NA	121	48	169
	1. Economic	33	7	40
	2. Family / marriage	30	58	88
	3. Physical illness	19	20	39
	4. Mental illness	55	18	73
	Total	258	151	409
35 - 44	0. NA	163	59	222
	1. Economic	79	5	84
	2. Family / marriage	38	37	75
	3. Physical illness	52	31	83
	4. Mental illness	79	48	127
	Total	411	180	591
45 - 54	0. NA	114	28	142
	1. Economic	36	2	38
	2. Family / marriage	11	10	21
	3. Physical illness	42	22	64
	4. Mental illness	56	18	74
	Total	259	80	339
55 - 64	0. NA	43	12	55
	1. Economic	9	0	9
	2. Family / marriage	6	5	11
	3. Physical illness	33	15	48
	4. Mental illness	23	14	37
	Total	114	46	160
65 - 99	0. NA	23	9	32
	1. Economic	3	0	3
	2. Family / marriage	4	2	6
	3. Physical illness	27	24	51
	4. Mental illness	8	12	20
	Total	65	47	112
	Grand total	1903	1247	3150

Appendix - 2 (1 to 4)

No. 1 - Interview schedule for male suicide victims

(a)

- 1.1 Name of the interviewer :
1.2 Date of interview :
1.3 Place of interview . 1.4 Village / town : 1.5 Taluka
1.6 District :

(b)

- 2.1 Interviewee : Male : _____ Female : _____
2.2 Relation with the suicide victim _____

(c) Information about male suicide victim

- 3.1 Name of the suicide victim :
3.2 age : 3.3 education : 3.4 marital status:
3.5 Religion / sect 3.6 caste :
3.7 If the person is married, age at marriage :
3.8 Wife's age at marriage :
3.9 Date of suicide : 3.10 Time :
3.11 Place of suicide :
3.12 Method of suicide :
3.13 Why committed suicide? :
3.14 Was there any difference of opinion about suicide?
Yes No don't know
3.15 If 'yes' what was the real situation?
3.16 Had the person attempted to commit suicide before ?
Yes No don't know
3.17 If 'yes' how many times ?
3.18 Describe how? (give brief description)
3.19 If the man was married, had his wife remarried? Yes No
3.20 Did he have children ? Yes No
3.21 If yes, how many? sons daughter total

(d) **Interpersonal relations**

- 4.1 How was person's relation with other members of his family?
Intimate: normal: not very close:
- 4.2 Were you or any other person from your family present at the time the person committed suicide?
At the time of suicide:
After suicide :
- 4.3 No one was present at any stage :
- 4.3 As his relative, what was your opinion about him?
- 4.4 Did you or any other person from your family help him in solving the problem for which he committed suicide? Yes : No :
- 4.5 If yes, what type/
- 4.6 What was the result ?
- 4.7 If 'no', why not ?

(e) Information about other institutions / organization

- 5.1 Was police investigation properly conducted ? Yes No don't know
- 5.2 If 'no' what needed to be done ?
- 5.3 How was the treatment of the police ?
neutral : partial : don't know :
- 5.4 Did any voluntary organization approach for help ? Yes : No :
- 5.5 If yes, whose help was sought ?
- 5.6 Please give details about the help sought ?
- 5.7 What suggestions do you have to solve the problem of suicide ?

No. 2 - Interview schedule for parental relatives of the female suicide victim

(a)

- 1.1 Name of the interviewer :
- 1.2 Date of interview :
- 1.3 Place of interview . 1.4 Village / town :
- 1.5 Taluka : 1.6 District :

(b)

- 2.1 Interviewee : Male : _____ Female : _____
- 2.3 Relation with the suicide victim _____

(c) Information about female suicide victim

- 3.3 Name of the suicide victim :
- 3.4 age : 3.3 education : 3.4 marital status:
- 3.5 Religion / sect 3.6 caste :
- 3.7 If married, age at marriage :
- 3.8 Husband's age at marriage :
- 3.9 Date of suicide : 3.10 Time :
- 3.11 Place of suicide :
- 3.12 Method of suicide :
- 3.13 Why committed suicide? :
- 3.14 Was there any difference of opinion about the act of suicide?
Yes No don't know
- 3.15 If 'yes' what was the real situation?
- 3.16 Did she attempt to commit suicide, previously ?
Yes No don't know
- 3.17 If 'yes' how many times ?
- 3.18 How did she do that (give brief description)
- 3.19 Has the husband of the woman remarried ? Yes No
- 3.20 Did the woman have children ? Yes No
- 3.21 If yes, how many? sons daughter total
- 3.22 With whom do the children stay ?

(d) Interpersonal relations

- 4.1 How were the interpersonal relations between the woman and her parental relatives?
Intimate : normal : not very close:
- 4.2 Were you or any member of your family present at the time the woman committed suicide?
At the time of suicide:
After suicide :
- No one was present at any stage :
- 4.3 As relative, what was your opinion about her?
- 4.4 Did you or any other person from your family help her in solving the problem for which she committed suicide? Yes : No :
- 4.5 If yes, what type/
- 4.6 What was the result ?
- 4.7 If 'no', why not ?

(e) Information about other institutions / organization

- 5.1 Was police investigation properly conducted ? Yes No don't know
5.2 If 'no' what needed to be done ?
5.3 How was the behavior of the police ?
Neutral : partial : don't know :
5.4 Was any voluntary organization approached for help ? Yes : No :
5.5 If yes, whose help was sought ?
5.6 Give details about the help sought ?
5.8 What are your suggestions to solve the problem of suicide ?

No. 3 - Interview schedule for affinal relatives of the female suicide victim

(a)

- 1.1 Name of the interviewer :
1.2 Date of interview :
1.3 Place of interview . 1.4 Village / town :
1.5 Taluka : 1.6 District :

(b)

- 2.1 Interviewee : Male : _____ Female : _____
2.2 Relation with the suicide victim _____

(c) Information about female suicide victim

- 3.1 Name of the suicide victim :
3.2 age : 3.3 education : 3.4 marital status:
3.5 Religion / sect 3.6 caste :
3.7 If married, age at marriage :
3.8 Husband's age at marriage :
3.9 Date of suicide : 3.10 Time :
3.11 Place of suicide :
3.12 Method of suicide :
3.13 Why committed suicide? :
3.14 Was there any difference of opinion about suicide?
Yes No don't know

- 3.15 If 'yes' what was the real situation?
- 3.16 Had the woman attempted to commit suicide previously ?
 Yes No don't know
- 3.17 If 'yes' how many times ?
- 3.18 In what way ? (give brief description)
- 3.19 Has the husband of the deceased woman remarried ? Yes No
- 3.20 Did the woman have any children ? Yes No
- 3.21 If yes, how many? son daughter total
- 3.22 Where do they stay at present ?

(d) Information about inter personal relations

- 4.1 How was the relation between the woman and her husband / husband's relatives?
 Intimate : normal : not very close:
- 4.2 Was someone from your family present when the woman committed suicide?
 At the time of suicide:
 After suicide :
 No one was present at any stage :
- 4.3 As her relative, what is your opinion about her?
- 4.4 Did you or any other member of you house ever helped her in solving the problem for which she committed suicide? Yes : No :
- 4.5 If yes, what type?
- 4.6 What was the result ?
- 4.7 If you / any other member did not help, why ?

(e) Information about other institutions / organizations

- 5.1 Was police investigation properly done ? Yes No don't know
- 5.2 If 'no' what should have been done ?
- 5.3 How did police behave ?
 neutral : partial : don't know :
- 5.4 Was any help from voluntary organization / agency sought ? Yes : No :
- 5.5 If yes, whose help was sought ?
- 5.6 Give details about such help ?
- 5.7 What are your suggestions to solve the problem of suicide ?

No. 4 Interview schedule for women inmates of Naari Sanrakshan Grih

(a)

- 1.1 Name of the institution :
1.2 Village / town : 1.3 taluka :
1.4 District : 1.5 Date :

(b) Primary information

- 2.1 Name of the woman inmate:
2.2 age : 2.3 marital status :
2.4 Education : 2.5 other skill / training
2.6 Religion : 2.7 Caste :
2.8 If married ; does she have children ? Yes No
2.9 If 'yes' how many ? sons daughter total
2.10 Where do they stay at present?
2.11 Village / town :
2.12 taluka : 2.13 district :
2.14 husband's caste:
2.15 husband's education :
2.16 husband's occupation :
2.17 husband's income : Rs.

(c) Information about woman's Parents

- 3.1 Name of the father /mother:
3.2 Age : 3.3 Religion:
3.4 Caste : 3.5 Education :
3.6 Total members in the family :
Males: Females: Total:
3.7 Father / mother's Occupation :
3.8 Income Rs.
3.9 Economic position of the family from inmate's viewpoint:
Very good good poor
3.10 How was your parents' treatment with regard to all that happened to you in your husband's home?

