



SOCIO-DEMOGRAPHIC PROFILE OF ELDERLY WHO COMMITTED SUICIDE IN A DISTRICT OF CENTRAL INDIA.

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ABSTRACT **BACKGROUND-** The 21st Century is often called as the —Age of Ageing. The elderly population has grown considerably due to increase in the life expectancy of people and decrease in fertility rates, achieved primarily because of medical interventions. But in the elderly population, the health problems are complicated to a greater extent by the social, economic and psychosocial interaction, as compared to the younger population. The lethality of method of suicide is very high among the elderly and it is more likely to be missed due to their indirect method of communication regarding the suicide intent.

METHODOLOGY – A community based cross-sectional study was conducted in Wardha district of Central India from July 2015 to October 2017. The study participants were the survivors of suicide.

RESULT- It was found in the study that out of the 71 elderly who committed suicide 56.3 % elderly were in the age group of 60-69 years, 38.0 % were educated up to primary level, while 29.6 % were illiterate and only 05.6 % had education of high school or above. Majority of the deceased were farmers (35.2 %) and labourer (33.8 %).

KEYWORDS :

INTRODUCTION-

India has been labelled as an ageing nation with 11.8% of elderly population. The population projection of India shows that the growth rate of older adults is comparatively faster than other regions of the world. According to the United Nation Population Division the population of people above sixty years in India is expected to rise dramatically and it may reach to 19 percent in 2050. The problems in the elderly are usually multiple and often masked by sensory and cognitive impairments, which contribute to worsening of morbidity and mortality. Suicide is a global problem and it is the final outcome of interaction between genetic, biological, psychological, sociological and environmental factors. It is a complex human behaviour and it involves different aspects of an individual's personality, state of health and life circumstances. The reported suicide trend among elderly in India is increasing. However there are very few studies done on the elderly suicide and there is need of more studies to be done on the issue of elderly suicides for better understanding of risk factors and circumstances leading to suicide.

METHODOLOGY-

The study was a community-based Cross-Sectional Study conducted in the Wardha district of Central India from July 2015 to October 2017. The total cases of suicides among elderly population of more than or equal to sixty years, recorded in the District Health Office, District Magistrate's Office and the Superintendent of Police Office of Wardha district during 2013 to 2015 were included in this study. The names in these three lists were matched and a final list of suicide by the elderly population was prepared accordingly for all the eight blocks. The block wise list was again divided according to the villages in the block. All the villages of the one block were covered at a time and subsequently each block was covered. The study tool included Socio-demographic profile of the elderly which had age, sex, marital status, religion, education, occupation, the type of family of the deceased and wealth index as variables. After reaching the village the name and address in the list was confirmed from a volunteers of the village. After reaching the house, inquiry about the name of the deceased was done and again the address was confirmed. One of the survivors of suicide was contacted and after self introduction and explaining the rationale of the study and taking written informed consent and explaining about the

confidentiality of the information, data collection was done through the pre-designed semi-structured questionnaire.

OBSERVATION AND RESULTS-

Total of 86 elderly suicides were enlisted. 15 survivors of suicides could not be contacted or did not gave consent to participate in the study. So the information obtained from 71 survivors of suicides was analysed further.

Table 1 – Socio – demographic profile of the deceased

S. No.	Variables	Groups	Frequency (Percentage)
1	Age (in completed years)	60–69 years	40 (56.3 %)
		70–79 years	24 (33.7 %)
		> 80 years	07 (10.0 %)
2	Sex	Male	62 (87.3 %)
		Female	09 (12.7 %)
3	Marital status (at the time of suicide)	Married	48 (67.6 %)
		Widow	06 (8.5 %)
		Widower	17 (23.9 %)
4	Religion	Hindu	52 (73.2 %)
		Muslim	05 (7.0 %)
		Buddhist	14 (19.8 %)

Table 1 shows that out of the 71 elderly who committed suicide 56.3 % elderly were in the age group of 60-69 years, 33.7 % elderly were in the age group of 70-79 years and 10 % were 80 years or above. 87.3 % were male while only 12.7 % were female. 67.6 % were married at the time of suicide, 23.9 % were widower and 8.5 % were widow. 73.2 % were Hindu by religion, 19.8 % were Buddhist and 7 % were Muslim by religion.

Table 2 – Education and Occupation of the deceased

S. No.	Variables	Frequency (Percentage)	
1	Education	Illiterate	21 (29.6 %)
		Primary	27(38.0 %)
		Middle School	19 (26.8 %)
		High School	04 (05.6 %)
		Graduation and above	00

2	Occupation at the time of suicide	Home maker	02 (02.8 %)
		Farmer	25 (35.2 %)
		Labourer	24 (33.8 %)
		Pensioner	07 (09.9 %)
		Private Job	07 (09.9 %)
		Shopkeeper	06 (08.4 %)

Table 2 shows the distribution of education and occupation of the deceased. Amongst elderly who committed suicide 38.0 % were educated up to primary level, 29.6 % were illiterate, 26.8 % were educated up to middle school and only 05.6 % had education of high school or above.

Majority of the deceased, 35.2 % were farmers and 33.8 % were labourer while private job and pensioners accounted for 9.9 % each. It was found in this study that along with the occupation mentioned in this study some elderly owned farm, but farming was their family occupation at that point of time or the elderly used to practice farming earlier.

Figure 1 - Socio economic classification according to Wealth Index

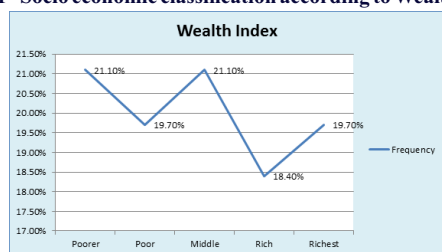


Figure 1 shows the socio economic classification according to the wealth index. The distribution was almost equitable in wealth quintiles. Of the 71 study participants 21.1 % were in the poorer and middle quintiles each. 19.7 % study participants were in the poor and richest quintiles respectively, 18.4 % belonged to rich quintile.

DISCUSSION:-

In the present study it was found that out of all the elderly who committed suicide and included in this study, 56.3 % of elderly belonged to the age group of 60-69 years, 33.7 % belonged to the age group of 70-79 years and 10 % were 80 years or above. Similar decreasing trend of suicide with increasing age of elderly was observed in the study of Colin Pritchard and Lars Hansen. According to the Census 2011, there is decrease in population strength as the age group increases which can be a reason to find the same trend in terms of suicide.

In this study, male suicide was found to be more than the female suicide. 87.3 % of the elderly who committed suicide were male while only 12.7 % were female. The National Crime Records Bureau data of 2015 also reports more male suicide than female suicide in the age group of sixty years and above.

The marital status at the time of suicide shows that 67.6 % were married, 23.9 % were widower and 8.5 % were widow. A study by Suresh Kumar et al found that most suicide attempters in the elderly category were married, which was similar to this study.

CONCLUSION:-

Elderly is most vulnerable population due to lack of attention from family members. Despite public interest in youth suicide and the extensive research regarding this phenomenon, suicide among the elderly is a significant cause of death. As the elderly are the fastest growing segment of the population, therefore the absolute number of suicides in the elderly will continue to increase and it is expected to double by 2030. This makes it necessary to improve awareness of risk factors in old age in order to mitigate this prediction to some extent.