

Analysis of Self Slaughter

Umang Ghildyal¹

Department of Law, Galgotias University, Yamuna Expressway Greater Noida, Uttar Pradesh, India¹

umang.ghildyal@galgotiasuniversity.edu.in¹

ABSTRACT: Suicide brings in immense social, mental and economic suffering. There have been several suicide stories released and yet the knowledge and approaches to curb it are still out of focus. Numerous studies show that suicide activities are far more common than what is formally articulated. The techniques for committing suicide were poisoning, hanging and self-destruction. The key causes for suicide were physical and mental illness, strained marriages and financial concerns. Females, teachers, farmers etc. were considered to be the vulnerable group. In order to deter suicidal behaviour in India, a social and public health approach is necessary in addition to a mental health response.

KEYWORDS: Depression, Mental health, Suffering, Suicide.

I. INTRODUCTION

The nearly equivalent suicide rates of young men and women and the consistently narrow male: female ratio mean that more Indian women die by suicide than their Western counterparts. Two major epidemiological verbal autopsy surveys in rural areas of India show that the annual suicide rate is six to nine times the official rate. This number, if extrapolated, would mean that there are at least half a million suicides per year in India. This includes both persons who have tried to commit suicide and others who have been affected by the suicide of a close family or friend. Suicide is also a big social and mental health problem which calls for urgent action.

Reports varied from old literature references to suicide to epidemiological reports and prevention methods to suicidal psychobiological factors.

Publications are divided into:

- (1) Research on frequency and prevalence
- (2) Profiling of the risk factor and recognition
- (3) In real cultures, suicidal and suicidal actions
- (4) Self-harm of non-fatal type (DSH)
- (5) Strategies for suicide prevention
- (6) and other suicide publications.

Four international studies that were not included in this analysis were released, including a study of women from Trinidad and Tobago, an American study of teenage girls in suicidal adolescent girls of the Kingdom Proposed pesticide suicide studies.

Public funded primary health-care facilities are not well established in developing countries. Government run primary health-care facilities are poorly staffed and poorly run. Many lack basic essential drugs and are accessed only by the poorest of the society. There is no system of referral to secondary or tertiary care. The 'gatekeeper' role that primary health-care facilities play in developed countries does not exist in developing countries.

International Journal of Innovative Research in Science, Engineering and Technology

(An ISO 3297: 2007 Certified Organization)

Website: www.ijirset.com

Vol. 6, Issue 6, June 2017

For example, in Pakistan most health care is out-of-pocket expenditure and people are free to approach secondary or tertiary care directly. Every person who can afford it seeks private medical care. Similarly, as primary care physicians give fee-for-service, it is not in their interest to 'lose' patients by referring them to specialists. In India 87% of the health-care cost is borne privately.¹

With such a disparate and poorly established primary care system, it would be unrealistic to expect mental health care or suicide prevention programmes to be linked to primary health care or to succeed in any coherent way.

Similarly, mental health services in most developing countries are poorly developed. The mental health professional to population ratio is extremely low with one psychiatrist to a million people—in some sub-Saharan African countries it is one psychiatrist to 5 million people. Also, most psychiatrists are located in large urban centres while the majority of the population lives in rural areas, devoid of any access to mental health facilities

II. DISCUSSION

Indigenous group suicide intervention interventions (e.g. gatekeeper training) have the ability to have a positive effect on suicidal behavior, but lack systematic assessment and randomized clinical trials. Links with family members and being on the ground are protective for Inuit elders, while disconnection from family, crime, problematic use of drugs or alcohol, and sexual harassment are risk factors.

Increased physical injury or disease-related suicidal risk (higher-risk males), stress, social alienation, functional impairment, neurological defects. Suicide thoughts are very common in residences for elderly (e.g., nursing homes), but suicide is uncommon. Efficient interventions: collaborative treatment, psychiatrist's community-based follow-up (twice as effective for women if delivered by a general practitioner)

Peer victimization (especially in the form of cyberbullying) is related to an increased risk of suicide and youth suicide attempts. The most critical risk factors: age, composition of the personal, family background, life events. School connectivity defends against suicide/suicide attempt ideas; but prevention measures focused on school appear to have little proven impact on suicide rates. The post-discharge follow-up helps pediatric individuals who self-harm.

The socio-demographic and psychosocial factors of suicide are discussed by many reported suicide studies and recognize people who commit suicide. Some of these have sought to define the distinctions between the two definitions. There were mainly hospital-based trials. Various approaches, from psychological strategies to interviews to documenting findings, have been studied. A psychiatric disorder and a tumultuous intimate relationship is established as the key cause. Events of out-of-marriage have also been established as risk factors for suicidal attempts by partners.

Investigate the relationship between the supply and rate of suicide of lethal pesticides. The study concluded that there was no link between the supply of deadly pesticides and the high suicide rate, but rather the cause for the real determination of the suicide incidence. He concluded that unemployment could be the major cause of suicide, after researching the connection between unemployment and suicide, but it does not appear to be the cause. This research speculated that certain common psychopathological causes may be related to unemployment and suicidal conduct.

However, unemployment, the occurrence of traumatic life activities in the past six months, injury, and idiopathic discomfort have been reported as specific risk factors for attempted suicide. In Ludhiana, their study revealed that single men and married women were more likely to attempt suicide. They did not, however, consider family form, financial status, and level of education to be major variables. All of them were diagnosed with mood disturbances and disorders of adaptation. In their study, Khan and others described the existence of mental illness and traumatic life experiences as the two most significant factors for committing suicide using the same clinical autopsy process.

International Journal of Innovative Research in Science, Engineering and Technology

(An ISO 3297: 2007 Certified Organization)

Website: www.ijirset.com

Vol. 6, Issue 6, June 2017

III. CONCLUSION

A positive and substantial link between depression, early parental neglect, suicidal ideation, recent grieving and a positive history of suicide in the family has been identified. The most prevalent triggers were financial tension, rejection in love and broken family relationships.

Provide a profile against DSH suspects who, after a suicide attempt, plan to die. Many who pursued DSH were younger, used less deadly suicide attempt strategies, were more impulsive, had a better and more dysfunctional attitude, and had no suicide attempt family background.

Deliberate self-harm suggests that most students were married, educated, worked or unemployed, belonged to a nuclear family, and had an ordinary socio-economic status. Had, and the 'urban climate' arrived. Mutual conflicts between family members and partners were the most prominent factors for this initiative. The use of pesticides accompanied by corrosion materials was the most prevalent situation. Depression was the most common psychiatric condition in this population. Chaudhry, which is the most widely used process, also documented the use of organ phosphate pesticide for DSH. Woman victims of domestic abuse have been described as a vulnerable group in a research of intentional non-lethal self-harm

REFERENCES

- [1] World Health Organization. The World Health Report 2001. Mental Health: New Understanding, New Hope. Geneva: WHO, 2001
- [2] Wilson JF. Finland pioneers international suicide prevention. *Ann Intern Med* 2004;140: 853-6 [PubMed] [Google Scholar]
- [3] World Health Organization. Mortality Database. Geneva. WHO, 2003. [www.who.int/mental_health/prevention/suicide/suiciderates/en/]
- [4] Department of Health. National Suicide Prevention Strategy For England. London: DoH, 2002
- [5] Bertolote JM, Fleischmann A. A global perspective on the epidemiology of suicide. *Suicidologi* 2002;7: 6-8 [Google Scholar]
- [6] Phillips MR, Li X, Zhang Y. Suicide rates in China, 1995–99. *Lancet* 2002;359: 835-40 [PubMed] [Google Scholar]
- [7] Girdhar S, Dogra AT, Leenaars A. Suicide in India, 1995–1999. *Arch Suicide Res* 2003;7: 389-93 [Google Scholar]
- [8] Mello-Santos CD, Bertolote JM, Wang YP. Epidemiology of suicide in Brazil (1980–2000): characterization of age and gender rates of suicide. *Rev Bras Psiquiatr* 2005;27: 131-4 [PubMed] [Google Scholar]
- [9] Khan MM, Prince M. Beyond rates: the tragedy of suicide in Pakistan. *Trop Doct* 2003;33: 67-9 [PubMed] [Google Scholar]
- [10] Ndosi NK, Mbonde MP, Lyamuya E. Profile of suicide in Dar es Salaam. *East Afr Med J* 2004;81: 207-11 [PubMed] [Google Scholar]
- [11] Nwosu SO, Odesanmi WO. Pattern of suicides in Ile-Ife, Nigeria. *West Afr J Med* 2001;20: 259-62 [PubMed] [Google Scholar]
- [12] NishaPandey, B. S. Chowdhary, Bhagwan Das, D. M. Akbar Husain, Vishal Jain, Tanesh Kumar, “Design of Data Processing Device on Low Power SPARTAN6 FPGA”, *International Journal of Control and Automation (IJCA)*.
- [13] SujeetPandey, PuneetTomar, LubnaLuxmiDhirani, D. M. Akbar Hussain, Vishal Jain, NishaPandey, “Design of Energy Efficient Sinusoidal PWM Waveform Generator on FPGA”, *International Journal of Signal Processing, Image Processing and Pattern Recognition (IJSIP)*, Vol. 10 No. 10, October, 2017, page no. 49-58 having ISSN No. 2005-4254.
- [14] P. Lavanya, R. Meena, R. Vijayalakshmi, Prof. M. Sowmiya, Prof. S. Balamurugan, “A Novel Object Oriented Perspective Design for Automated BookBank Management System”, *International Journal of Innovative Research in Computer and Communication Engineering*, Vol.3, Issue 2, February 2015.



ISSN(Online) : 2319-8753
ISSN (Print) : 2347-6710

**International Journal of Innovative Research in Science,
Engineering and Technology**

(An ISO 3297: 2007 Certified Organization)

Website: www.ijirset.com

Vol. 6, Issue 6, June 2017