7.1 CONCLUSION

Suicide is a universal phenomenon and is not confined to a single region or country of the world nor is it peculiar to any age-group. However it appears that modern age has given rise to more suicides. Perhaps the modernity has rendered the social structure in shambles in which a person finds it difficult to adjust himself to his social environment. The individual is subject to hardships, tyranny and comfortlessness on every side. To add to his problems, he is finding it difficult to adjust himself to the society because the society itself is not intact – it has been bruised and rendered ineffective — the result is social anomie. As a consequence there has been an increase in the rate of suicide. It has been observed that with the increase in the complexity of social life, the rate of suicide is increasing. In simple societies, the social structure is in equilibrium and as such people are calm consequently the rate of suicide is less.

Throughout human history numerous theories have been advanced in an effort to explain or understand why people seek to take their own lives. In general, these theories can be classified into three groups:

- **Biological Theories**
- **Psychological or Psychiatric Theories** &
- **Sociological Theories**

**Biological Approach**

Biological theories postulate that certain physiological, biochemical or genetic factors exert an important influence on the etiology of suicide (sometimes in combination with environmental factors). Examples include genetic predispositions, chemical imbalances, abnormal levels of neurotransmitters, neurological damage due to infections, and nutritional disorders.
Psychological and Psychiatric Approach

Psychological and psychiatric theories focus on the states of mind, psyche, or feeling and beliefs about the world of individuals who commit or attempt suicide. Often these theories give little prominence to the broader social relations or the socio-cultural context of suicidal behaviours.

Sociological Approach

Sociological theories focus on the significance of the social environment, social relationships and other social, economic and cultural factors in the etiology of suicide.

All the three perspective biological, psychological and sociological are right in their respective domains. Biological theories postulate that the causes of suicide are rooted in physiological, biochemical or genetic factors. The biological factors (physiological, biochemical or genetic) may become some pronounced as to instigate a person into committing suicide.

The psychological or psychiatric theories on the other hand focus on psychological or psychiatric tendencies or conditions which may become a cause of a person’s commission of suicide. These theories focus on the mental set up of a person and the upheavals the mind of a victim goes through.

Sociological approach is at variance with these two perspectives. Sociological approach looks upon the problem which has its inception in social forces. It cannot be doubted that suicide has biological or psychiatric causes. The sociological approach rightly claims that it is social set up, social forces and social imbalance which are a causative factor for suicide.

The present study, carried out in Kashmir Valley, looks at the suicide as a social problem and thus makes a sociological study of the phenomenon.
The present study comprises of the following chapters:

- An Introduction
- Review of Literature
- Methodology of the Study
- Findings of the Study
- Case Studies
- Secondary Data
- Conclusion

The introduction provides a general outline of the phenomenon of suicide. It traces its history in different time periods. The chapter also provides the causes of suicide in modern times and also takes into account the theoretical aspects of the suicide. Various approaches like biological, psychological and sociological have been discussed at length with particular emphasis on sociological approach commencing from the studies of Emile Durkheim in this regard. This chapter also delineates the global trends of suicide wherein suicide rates of various countries have been mentioned and discussed and an overview of suicide in India is also been discussed at length along with the suicide rates of different states and union territories of India. The Indian scenario has been further fortified by the statistical data provided by National Crime Records Bureau and Registrar General of India. And finally an overview of suicides in Kashmir is given wherein the history, culture and geography of Kashmir along with the relationship of these parameters with suicide has also been subtly discussed.

The next chapter ‘Review of Literature’ provides the gist of various studies on the topic in order to understand the phenomenon of suicide properly. The researcher had to wade through voluminous books and scores of sociological journals and magazines and surf thousands of websites to hunt
for the relevant literature. The gist of the review of literature so sifted through is presented in this chapter. The chapter is indispensable for proper understanding of the phenomenon of suicide because the research of many great minds belonging to different cultures is discussed in this chapter and benefit availed.

‘Methodology’ is a chapter of paramount importance. It discusses firstly the relevance of the study, and then points out the hypotheses which are to provide the guidelines for determining the relationship between variables. It provides the tentative explanation of the research problem (here suicides in Kashmir) or a guess about the research outcome and after the hypotheses the objectives of the study are mentioned. The main thing discussed in the chapter is the methodology used for testing the hypothesis and arriving at the conclusions. The chapter discusses as to which methods are to be used for the collection of data, what are the sources of data collection, the sample of the study and it discusses problems encountered during the course of data collection.

In the next chapter ‘Findings of the Study’, analyses of different elements which influence the rate of suicide have been discussed at length. The statistical data collected during the field work has been drawn thereof.

The next chapter, ‘Case Studies’ is closely related with the preceding chapter i.e. ‘The Findings of the study’ because in this chapter too field work has been discussed. However, in this chapter thirty five cases of suicide attempters have been presented in the form of case studies. The case studies provide the background information of the victim and also the circumstances which are relevant with regard to the attempting of suicide.

The next chapter, ‘Secondary data’ is based on the police and hospital reports regarding the suicides from 2000-2009 and discusses the trends in the change in the rate of suicide during this period. This chapter also provides figures about the rate of suicides in the Muslim world and the same has been
compared with the rate of suicide in Kashmir which is predominantly populated by Muslims.

Finally, the summary and analysis of the findings of the study is presented and the inferences have been drawn. The major findings have been outlined as under:

1. Majority of the suicide victims i.e. 64.34 percent were females. The police reports also reveals that number of females who committed suicide were 535 while that of males were 387 and the data obtained from hospitals reveals the number of females who have committed suicide were 4932 while that of males were 3561 and out of the 35 suicide attempt cases chosen from case studies 21 were females and 14 were males.

   It can be inferred that the rate of suicide is highest among females as far as Kashmir is concerned. The reasons seem to be more emotionality of women and that women are subject to oppression as is also evident from the case studies.

2. Majority of the suicide victims who committed suicide were from the age-group of 25-35 and substantial portion of the suicide victims who committed suicide were from the age-group of 15-25. And a small portion of the suicide victims were from the age-group of 35 and above, and no case of suicides were found above the age of 55 and below 14 years of age. Police and hospital reports and the case studies also reveal the same trend.

   It can also be inferred that the suicide is committed by the people mostly in the age-group of 15-35. It can be presumed that the age of 15-35 is the age when a person has to face the real challenges of life. It is in this age-group that he has to think of settling in life and when he fails, he might be tempted to commit suicide. Above the age of 45 there are some cases of suicide but above the age of 55 no suicide case came into the notice of the Researcher. The scrutiny of case studies also delineates the
same trend. It appears that after the age of 55 a person is often settled in life, he attains emotional maturity and stability and is much attracted towards religion which might provide stability in his life. Sociologically it can be said that during the age of 15-35 a person is still grappling for a place in society and when he does not seem to go anywhere he might be tempted to commit suicide. Moreover, during this age a person is immature mentally as well as socially. He is unable to make right decisions. Below the age of 15 a person lives under the loving care of his parents and family members. Above the age of 55 a person is already settled in society and has found a place for himself.

3. Majority of the suicide victims i.e. 59 percent were from the rural areas and 41 percent were from the urban areas. (A point needs clarification here: In Kashmir the urban population is 26.94 percent and rural population is 73.06 percent.) So the rate of suicide per unit of population is higher in urban area.

4. Majority of the suicide victims i.e. 67.67 percent were from the nuclear families and only 32.33 percent of people were from joint families.

It can be inferred that urban people are more prone to suicides. The reason might be that the life in urban areas is harder. In rural areas life is simpler and rural life style also provides immunity against inclination towards suicides. In joint families, which are mostly found in rural areas, a person does not have to face much economical problems because the earning sources are common and so there is some economical security. Besides there are responsibilities towards joint family and there is a sense of belonging to something which provides shield against the suicides.

People support each other in joint families (joint family is characteristic of rural life) and share burden of each other. Moreover, the people of rural areas are religious minded, selfless, compassionate
towards each other, social bonds are strong which keep the society cohesive and people are simple. Against it in urban areas a person (or for that matter a family which is also small) has to face the life individually, there is no one to lighten the load of others nor is there an atmosphere of companionship and love; everyone has to bear his burden alone. Moreover the urbanites are exposed to modern life and the various vices which the modernity brings in its wake. The social bonds are weak rendering the society in-cohesive. All these causative factors explain the high rate of suicide among urban people. This fact is also borne out by the trend that in nuclear families the rate of suicide is higher.

5. Majority i.e. 55.67 percent suicides were committed by those whose educational qualification was Matric to under-graduate and minority of the suicide victims i.e. 11.67 percent were graduates and post-graduates.

It can be inferred that suicide is mostly committed by those who were less educated (Matric to under-graduate) and least among those who were well-educated i.e. graduates and post-graduates. It can be inferred those who are illiterate and under-Matric are socially well settled. Often they work as labourers, hawkers or set up road side make shift shops or work as drivers. They have simple lives and have no economic worries as their life standard is low. Moreover, they get married and beget children in very young ages which also provides them shield against suicide. Graduates and post-graduates are generally matured emotionally as well as mentally and generally they get some paid jobs. That is the reason why suicide is not much known among them.

Regarding those whose educational qualification is Matric to under-graduation, socially they are not well settled. It is the age when a person might face problems in school or college; he might get involved in love affairs. They might get frustrated due to variety of social and
physiological reasons. Such things are the causes of suicide in this age-group.

6. Considering the income and professional aspects of the suicide, the Researcher found that the highest number of suicides are found among unemployed (40.34 percent) followed by students (17.66 percent). It was also found that highest number of suicides (43 percent) occurred among the people whose family income was between 3000-9000 per month and it was lowest 3.67 percent among people whose family income was above 30,000 per month.

   It can be inferred that economic constraints do play a part in driving a person to suicide. The significant occurrence of suicide among businessmen may be due to failure in business, he might suffer economic loses or he might get frustrated in other ways (for instance he might not be able to control his business properly). Government/semi-government/Private sector employees have relatively economic security (though they are not too well off) they are less prone to suicides. The analysis of the study reveals that the prevalence of suicides among high income groups is 20,000 and above is small. Moreover, a close scrutiny of the case studies also make it clear that there is high prevalence of suicide among lower income people and those who are not economically secure. It can be inferred that being economically well off provides immunity against suicides.

7. Majority of the suicide victims i.e. 47.66 percent were unmarried and only 19.67 percent of the suicide victims were married.

8. The suicides were also found among widowed/divorced women but the figures were not alarming. It is also evident that suicides are less among those who have children.
It can be inferred that marital status too has a definite relationship with the commission of suicide. It was found that the rate of suicide is lowest among married people and those who are living a normal married life. It can be inferred that marital status (and particularly good marital life) can be an antidote against the suicide. It was also found that children provide a shield against the suicides.

9. Majority of the suicide victims i.e. 47 percent were found to have signs of depression before committing suicide and 42.66 percent had shown no signs of depression before commission of suicides. A perusal of the case studies also makes it clear that almost all of the victims, whose case studies were conducted, had causes of mental depression. There was a cause for grief or depression in each of the cases.

10. Majority of the suicide victims i.e. 79 percent had no signs of mental illness before committing suicide and only 14.64 percent of the suicide victims were found to have signs of mental illness.

The relationship of depression with the rate of suicide cannot be ignored. Though the figures show that there was a certain percentage of victims who showed no signs of depression before committing suicide, but it is not necessary that a person who is suffering from depression should also show signs of it. May be a person might be depressed but he might appear composed to others. If the depression persists it may lead to some psychiatric disorder whereby a person loses the balance of mind and he feels it difficult to live a balanced life and small incidents may make him vulnerable to suicide. Moreover, it was also found that whenever there was depression; it too had social causes behind it. It is because of social circumstances that a person may get depressed or in other words we can say that the ultimate causes of suicide are to be found in society.
11. Minority of the suicide victims i.e. 5.67 percent were alcoholics and majority 89 percent were not.

12. Minority of the suicide victims i.e. 7 percent were drugs addicts and majority i.e. 85 percent were not. A look at case studies also makes it clear that none of the suicide victims was alcoholic or drug addict.

It can be inferred that drinking and drug addiction does not have much impact on the rate of suicide in Kashmir. Looking through another perspective, it can not be denied that alcohol and drugs are not easily available in Kashmir Valley, so alcoholism and drug addiction have not been a potent cause of suicide.

13. The dominant mode of suicide was found to be poisoning (66 percent). From the case studies, it also appears that the dominant mode of suicide was poisoning. ‘Burning’ as a method was found only in 11.33 percent suicide victims. ‘Shooting’ method of suicide was absent among the suicide victims.

It can be inferred that when committing suicide people try to opt for the easiest and the least painful method of suicide which is by consuming poison. Moreover, the availability of means of commission of suicide is also important e.g. shooting a method of suicide was totally absent as people generally do not have access to such means. It was also found by the researcher that painful methods like self-immolation were used by the victims when the victim was extremely rash. The same was also found in case studies. Hanging was used when poison was not available and only availability to the victim was hanging himself/herself.

The apparent causes of suicide: The Researcher tried to find out the apparent causes for the commission of suicide and the gist of findings in this regard is as under.
1. Majority of the suicide victims 126/300 committed suicide because of economical problems and out of them 47 committed suicide because of poverty, 39 because of unemployment, 33 because of business failure and 7 victims committed suicide because of debt.

2. A substantial portion 81/300 of suicide victims committed suicide because of marriage related problem and out of them 79 were females. The reasons were failure to get married (10), strained marital relations (11), harassment of women by in-laws (29), spouses’ extramarital affairs (9), divorce (16) and death of husband (6).

3. Youth related problems were cause of suicide for 69 persons. These problems were heated argument with the parents (19), compulsion for marriage (24), continuous quarrel between parents (5), father’s death (3) and failure in examination (18).

4. The problem which was cause of the least number of suicides was ‘conflict’. Only 8 persons committed suicide because of ‘conflict’ related problems. 5 of them were physically tortured and 3 mentally.

As regards the apparent causes of suicide the most common reason for the commission of suicide was economical problems. The various reasons for commission of suicide as evinced by the field work (case studies, including) are as under:

- Domestic violence
- Dowry demand
- Divorce
- Widowhood
- Unemployment
- Business breakdown
- Examination failure
- Poverty
- Debt.
- Broken families
- Failed love affairs
- Conflict situation
- Suspicious about spouses extra-marital affairs
These are the immediate and apparent causes but what has caused these trifling incidents to inflate so harshly as to cause a person to attempt suicide is to be explored. The case studies elucidate the matter that the real causes behind the suicide are social. Whatever causes appear prima facie but the underlying reasons are social. In every society certain things are harsh and it is the values of the society that are determining factors of suicide.

From the above analysis and discussion it is evident that ultimately it is the social chaos which is responsible for suicides. Our society is in doldrums, is imperfect that is why people are unable to live as they wish and ought to. Everyone is facing problems of one or another type: everyone is burdened by heavy millstones; people lack peace of mind and some are suffering from mental problems; it is all because of incoherence in our society. More the incoherence and the chaos in the society more would be the suicides; and in a harmonious and balanced society the suicides will be less. As is evident from the study of our past the society was more harmonious there were fewer suicides. Today’s society is riddled with injustice, fraud, deception, dacoity, the deserving are not getting what they deserve. Killers and oppressors are roaming free; All this is causing chaos in the society which is the ultimate cause behind the chaos in the society and as such provides a fertile ground for suicides. Those who are unable to cope up with such a type of society feel uneasiness and as such prefer to die rather than groaning in such a society.

Considering all these facts, the Researcher came to the conclusion that whatever might be the physical background and circumstances of a person, the reasons behind the suicide have their social correlates and the root cause of suicides can be found in social set up.
This work is concluded with the suggestion that the present work should not be regarded as an end but serve as a beginning and impetus for further research on the topic.