

## CHAPTER VI

### FACTORS RESPONSIBLE FOR SUICIDE

Suicide can be classified into several types of which the most important being completed suicide; in which the individual dies as a result of the self-destructive act , attempted suicide, in which the individual survives the act; and suicidal ideation, which refers to the individual thinking about and planning suicidal behavior, though not putting these thoughts into action.

Suicide cuts across all sex, age, and economic barriers. People of all ages complete suicide, men and women as well as young children, the rich as well as the poor. No one is immune to this tragedy. Why would anyone willingly hasten or cause his or her own death? Mental health professionals who have been searching for years for an answer to that question generally agree that people who took their own lives felt trapped by what they saw as a hopeless situation. Whatever the reality, whatever the emotional support provided, they felt isolated and cut off from life and friendships. Even if no physical illness was present suicide victims felt intense pain, anguish, and hopelessness. John Newer, author of *After Suicide*, says, "He or she probably wasn't choosing death as much as choosing to end this unbearable pain."

Were there financial burdens that couldn't be met? ...marriage or family problems? ...divorce? ...scholastic goals that weren't achieved? ...loss of a special friendship? ...the death of a close friend or spouse? A combination of these or other circumstances could have precipitated suicide, or it could have been a response to a physiological depression. Although many people face similar problems and overcome them, your loved one could find no solution other than death.

It is estimated that about 87,000 people die by suicide each year world wide. (WHO, 2006). For each completed suicide there are 20 times more suicidal attempts. Each suicide, on an average leaves 20 times more people in severe distress.

Suicide is one among the ten leading causes of death world over. The risk of suicide after a non fatal suicide behavior is 100 times more than that of general population. Most of the attempts are planned and precautions are often taken to ensure discovery. That is, often a suicidal patient gives a warning, signal or feelers often to more than one person.

A lot of factors are found to be associated with suicidal behavior. Suicides are found to be more in men, while attempts are about four times more in female. The suicide rates usually increase with age, but the adolescent peek is now becoming more and more significant. There are percentage differences among different religious groups. A marriage was assumed to get more stable with the birth of children. However, some findings contradict it, especially in unhappy married life.

It has been observed that, individuals becoming suicidal have identified psychiatric disturbance as the strongest predictor of future suicidality. In particular, both unipolar and bipolar depressions are associated with the greatest suicidal risk. It is also common in schizophrenics and substances abusers. In both groups with high suicide rates, depression is the strongest catalyst for definite suicide (Maris, Berman, and Silverman 2000).

The family plays a critical role in each of these factors. Physiological and psychological theories of psychiatric disorder, say that, the role of parents are important in either passing on the genetic disorder (in physiological theories) or in

creating a pathological home environment (in psychological theories) (Maris, Berman, Silverman 2000). Family members are often the cause of much of the stress that suicidal individuals experience.

There are many features of family life that have an impact on suicidal behavior. Abuse of children, both physically and sexually, appear to result in an increase in later suicidal behavior as well as other psychiatric disorders and symptoms. Loss of parents during childhood, especially between the ages of six and sixteen, increases the risk of suicide. David Lester (1989) found that exactly half of a sample of famous suicides, for whom detailed biographies were available, had experienced such loss, such as the poet Sylvia Plath whose father died of natural causes when she was eight. If the parent dies from suicide, then suicide is even more likely in the children. The focus is the presence or absence of internal constructing social parts as reflected in indicators like family instability, marital status, number of close friends, loss of crucial significant other as sometimes having on one who causes of the person live or dies, feeling of shame or intolerable guilt, the belief of sacrificing one's life for a higher causes are reasons for military suicide.

### **Medical model**

The medical model accept that the causes for suicidal behavior are multiple and complex and interesting with each other. It includes mental disorders, physical illnesses, alcohol, substance related problems sociological, psychological and biological factors.

The common mental disorders associated with suicide are mood disorders (depressive disorders), alcohol or drug dependence and abuse. It is estimated that

about 6% of people with mood disorders commit suicide. More rates are seen in depressed patients. If there is a past history of deliberate self harm, the chances for further attempts and suicide rates are more. With alcohol or other psychoactive substance abuse or dependence there is a continuing and increasing risk of suicide. In such situation, the suicide rates are more in males, of older age with a long history of drinking and past history of deliberate self harm.

In schizophrenic disorder individuals, suicide rates are more in young men, early in the course of illness. If the disorder is associated with depressive symptoms, or more number of relapses and more academic failure due to illness, the suicide rates are high.

### **The social model of suicidal behavior**

The landmark study of Emile Durkheim on suicidal behavior was initiated by the observation of differences in suicidal rates among individuals of different religious belief systems. The sociological model has remained highly influential for many years.

It is held that social integration of the individual and the strict regulations of the society were central to suicidal rates. The causative factors for suicide were viewed as social causes and extra social causes. The psychological constitution of the individual and the external physical environment were described as the extra social causes. This theory dismissed pathological states as cause for suicidal behavior. This can well be understood keeping in mind the popular thinking of the time.

The rapid development of IT, visual media, telecommunication, the changing world order into a more unipolar world (globalization) compelled micro societies

world over to get more organized in its functioning. More over, the matriarchic and matrifocal joint family systems have progressively broken into nuclear or single parent families. As the culture barriers started to crumple, and societies started getting more and more reorganized, into small units family support for the disadvantaged in the joint family disappears. So it becomes mandatory to view suicidal behavior as a pathological manifestation, that needs correction.

In general, suicide and suicidal behavior are seen as manifestation of ill health, needing intervention, help and correction. To intervene, help and correct, proper scientific study of all the factors leading to suicidal behavior has to be carried out. The medical model approach of suicide prevention strategies take into consideration all the physical, psychological, medical, social, economic, interpersonal and other stress related belief system and cognition factors under one umbrella. This approach does not deny but accept and study the multifactor causation of suicidal behavior.

### **Psychological factors in suicide**

More recent psychological theories of suicide explains the suicidal behavior as resulting from fantasies about what would happen if they commit suicide. It may include wishes for revenge, power, control, punishment or sacrifice. It may also be thought of as an escape or sleep. Again imagination of rebirth or reunion with dead or a new life might lead people into such act.

In general, researcher found that married couples in which one partner attempts suicide have poorer communication between each other and more destructive conflicts (such as avoiding discussion and fleeing the home), and that the suicidal partner is more psychiatrically disturbed. What makes Kerala a more suicide prone

state has not yet been conclusively established.. The suicide proneness among the people of the state is definitely related to the social changes taking place in the region. This has regional, sub-regional, or district level variations as well. Some of the major social changes that have taken place in the state which have probably influenced the suicide scenario in the state are: a) the transformation in the family b) the changes in the educational system, c) the influence of the media, d) the gulf boom, e) women's employment, f) increased use of alcohol, are g) the consumer culture sweeping the state. In this chapter the researcher tries to analyze various factors responsible for suicide. The researcher analyzed social, economic and psychological factors responsible for suicide.

The table (6.1) shows the relation between marital status and the experiences faced. Generally saying, marriage is an institution which provides solace to the people. Durkheim also believed that due to family integration, the married show less suicidal rates than the unmarried. But this study reveals that the married are affected by various problems in life than the unmarried, widowers, separated and divorced. It is clear that 2% of the married are highly affected, 13% of the unmarried are affected by the separation of the beloved one as mentioned above. It is not only separation by death, but the process of migration also affects the respondents directly and indirectly. These indirectly affected respondents feel that they are isolated not only in the family setting also from the societal environment. The table shows how the sudden death of the family members highly affected to 5% of the married and 25 %of the unmarried. Because they were too much depended on their family, the sudden loss of the depended one highly affected them. It is a general saying that when the members of

the family come together there is warmth and happiness. But it is not so. Now most the familial relations are becoming impersonal and materialistic which causes negative impact on the stability in family relations. The table reveals quarrels within the family indiscriminately. The table shows 57% of the married respondents were highly affected by quarrels within their family. The problem arises mainly between spouse and in-laws. In this study dowry and its related issues did not directly lead to suicide. But it indirectly caused quarrels within the family. In the case of married male respondents' alcoholism, economy related issues, and extra marital relations cause quarrels within the family. But in the case of married women emotional instability, husband's alcoholic behaviour, his irresponsibility towards family and his illicit relations are causes of suicide. It also noted that a small percentage of women respondents have faced sexual harassment from their superiors which may have led to suicide. Losses of money or debts are reasons for 28% of total respondents out of which 20% constitute married respondents and 32% were affected by economic reasons that do not directly affect them. It's only an indirect cause for suicide. Debts mainly occurred due to bank loans which has been taken for building of houses, maintenance of home, buying of home appliances and for the marriages of daughters. In Thiruvananthapuram marriage of daughter is highly expensive. Dowry given to the girls and its related customs is a heavy financial burden on the parents. For repaying these debts they borrow loans from banks, private institutions and from money lenders with high interest. When they are unable to repay the amount, there are problems between family members, thus it turned to suicide.

**Table no. 6.1 : Marital status and factors of suicide**

Marital status	Sudden death of family member			Separation of beloved one				Quarrels with in the family					Sexual harassment			Failure in Exam				Failure in love			Losses of money debts			
	*** **	*	T	****	***	*	T	*** **	****	***	*	T	****	*	T	*** **	****	*	T	*** **	*	T	*** **	****	*	T
Single	7 31.8% 100%	15 68.2% 16.1%	22 100% 22%	2 9.1% 100%	19 86.4% 90.5%	1 4.5% 1.3%	22 100% 22%	12 54% 16.2%	9 40.9% 90%	1 4.5% 10%	- - -	22 100% 22%	3 13.6% 27.3%	19 86.4% 21.3%	22 100% 22%	3 13.6% 100%	1 4.5% 100%	18 81.8% 18.8%	22 100% 22%	10 45.5% 83.3%	12 54.5% 13.6%	22 100% 22%	6 27.3% 33.3%	0 - -	16 72.7% 28.1%	22 100% 22%
Married	0 0 -	63 100% 11.8%	63 100% 11%	0 - -	2 3.2% 9.5%	61 96.8% 79.2%	63 100% 63%	55 87.5% 74.3%	1 1.6% 10%	1 1.6% 10%	6 9.5% 100%	63 100% 63%	8 12.7% 72.7%	55 87.3% 61.8%	63 100% 63%	0 0 -	0 0 -	63 100% 65.5%	63 100% 63%	- - -	63 100% 100%	63 100% 11%	12 19% 66.7%	23 36.5% 92%	28 44.4% 49.1%	63 100% 63%
Widowed	0 - -	4 100% 4.3%	4 100% 4%	- - -	- - -	11 100% 14.3%	11 100% 11%	3 27.3% 4.1%	0 - -	8 72.7% 80%	0 0% -	11 100% 11%	0 - -	11 100% 12.4%	11 100% 11%	0 - -	0 - -	11 100% 11.5%	11 100% 11.5%	0 - -	11 11% 12.5%	11 11% 11%	0% 0% 0%	1 9.1% 4%	10 90.9% 17.5%	11 100% 11%
Separated	0 - -	4 100% 4.3%	4 100% 4%	0 - -	0 - -	4 100% 5.2%	4 100% 4%	4 100% 5.4%	0 - 0%	0 - 0%	0 - 0%	4 100% 4%	0 0% -	4 100% 4.5%	4 100% 4%	0 - -	0 - -	4 100% 4.2%	4 100% 4%	0 - -	4 100% 4.5%	4 100% 4.5%	0 - -	1 25% 4%	3 75% 5.3%	4 100% 4%
Total	7 7%	93 93%	100 100%	2 2%	21 21%	77 77%	100 100%	74 74%	10 10%	10 10%	6 6%	100 100%	11 11%	89 89%	100 100%	3 3%	1 1%	96 96%	100 100%	12 12%	88 88%	100 100%	18 18%	25 25%	57 57%	100 100%

Highly affected = \*\*\*\*\*

Affected = \*\*\*\*

Not affected = \*\*

Slightly affected = \*\*\*

Not applicable = \*

**Table No 6.2: Sex and factors responsible for suicide**

sex	Sudden death of family member			Separation of beloved one				Quarrels with in the family					Sexual harassment			Failure in Exam				Failure in love			Losses of money debts			
	*** **	*	T	****	***	*	T	*** **	****	***	*	T	****	*	T	*** **	****	*	T	*** **	*	T	*** **	****	*	T
Male	2	36	38	0	6	32	38	23	2	8	5	38	2	36	38	0%	0%	38	38	3	35	38	2	2	34	38
	5.3%	94.7%	100%	-	15.8%	84.2%	100%	60	5.3%	21.1%	13.2	100%	5.3%	94.7%	100%	0%	0%	0%	100%	7.9%	92%	100%	5.3%	5.3%	89.5%	100%
	28.6%	38.7%	38%	-	28.6%	41.6%	38%	31.1%	20%	80%	83.3%	38%	18.2%	40.4%	38%	0%	0%	39%	38%	25%	39.8%	38%	11.1%	8%	59.6%	38%
Female	5	57	62	2	15	45	62	51	8	2	1	62	9	53	62	3	1	58	62	9	53	62	16	23	23	62
	8.1%	91.9%	100%	3.2%	24.2%	72.6%	100%	82.3%	12.9%	3.2%	1.6%	100%	14.5%	85.5%	100%	4.8	1.6	93.5	100%	14.5%	85.3%	100%	25.8%	37.1%	37.1%	100%
	71.4%	61.3%	62%	100%	71.4%	58.4%	62%	68.9%	80%	20%	16%	62%	81.8%	59.6%	62%	100%	100%	60.4%	62%	75%	60.2%	62%	88.9%	92%	40.1%	62%
Total	7	93	100	2	21	77	100	74	10	10	6	100	11	89	100	3	1	96	100	12	88	100	18	25	57	100
	7%	93%	100%	2%	21%	77%	100%	74%	10%	10%	6%	100%	11%	89%	100%	3%	1%	96%	100%	12%	88%	100%	18%	25%	57%	100%

Highly affected = \*\*\*\*\*

Affected = \*\*\*\*

Slightly affected = \*\*\*

Not affected = \*\*

Not applicable = \*

While analyzing sex and factors responsible for suicide, more female are prone to suicide than male respondents. Sudden death of the family members and separation of beloved one more intensely affected female respondents. It may be due to their emotional characteristics. They feel completely isolated from the social settings after the loss of near and dear one. It leads to a lack of social support among them. The sum total of these experiences lead to suicide among women. While analyzing quarrels within the family, the data shows almost 51% of the female respondents and 32% of the male respondents. Failure in exam and failure in love also affect female respondents more than male respondents. Failures in exam affected only 3% of the respondents while failure in love affect 11% of the respondents. Another notable trend is that before four years, failure in exam was the cause for suicide among adolescence but now failure in love affairs also lead to suicide. Let us hope the introduction of grading system lessens the competition among students. A wide spread use of mobile phones and impact of media gives enough opportunity for boys and girls to get close. When their relations grow in a healthier way and betray relations, it contributes to the negative reactions in life. Gender differences are noteworthy in the social world of adolescents. Males are more likely to spend time in groups of males. While, females are more likely to interact with a single other female. This pattern reflects difference in level of emotional intimacy. Teenage males are less likely to develop strong emotional ties than females. Males are more inclined to share in group activities.

While analyzing economic factors, male members are more prone to suicide than female members. NCRB (2008) observed economic causes leads men to commit suicide but emotional factors leads women to commit suicide.

Family is the most important social unit of man. It is the important institution which provides security and resort to its members. Family structure plays important role for the betterment of its members which contributes to change in roles with in the family. Disappearing of joint families and emergence of nuclear families increase tensions within the family and it affect psyche of individual and relations within family also which turns to increase suicide in the nuclear families.

While analyzing the experiences, members in the nuclear family show greater incidence than the extended family. In the present study the sudden death of family members affect 7% of the members in nuclear family. It may be due to lack of proper internal supporting mechanism within the family. In older days joint family itself served as shock observer of all family members, but now increasing individualization in nuclear families increase the risk of suicide among them.

While analyzing quarrels within the family 69% of the members of the nuclear family quarrel within the family and 13% of the respondents in the extended family are highly affected. Members in nuclear families are generally egocentric and they do not get enough time to spend with their fellow beings. Generally the family works as a stress relieving mechanism. But these days the family adds stress. Another visible thing in the nuclear family is absence of grand parents. They could give support to their little ones when they are in crisis. Increase in number of old age homes and emergence of nuclear family causes negative impact on the change in life style of youngsters but older generation play a vital role in inculcating values of morality to the younger ones. These institutional changes affect the youngsters more than the older one, loss of money or debt mainly affects the nuclear families more than extended families. Increasing indulgence towards children makes parents take loan for educational purposes and marriage thereby increasing the expenses of family, causing an economic burden to the family. It is also seen that single earning member in nuclear families lead to insufficiency when the family grows.

While analyzing the relation between the experiences faced by the respondents and their occupation, it is clear that sudden death of the family members affect students more than other occupational categories. In this study one of the case says she was so emotionally attached to her mother. For everything she depended on her . Whenever any tension took place she approached her mother first. She lost her mother in an accident. Her death made marks in her life. Then several times she contemplated to suicide. But she was afraid. Whenever somebody quarreled with her she remembered her mother and felt haunted by her memory. When she felt alienated she yearned for her mother . One day father scolded her for a silly matter and added that these type of children were of no use not only to family but also to society. His words wounded her . Now after a year since the mother's death, she still misses her mother. The separation of beloved also affected self-employed people and students, the separation may be due to death or migration of dear one. It is noticed that migration is a type of social change that affects a web of relations in the society and social network pattern of relation in society.

While analyzing quarrels with in the family the table reveals that 98.27% of the house wives are affected by quarrels with in the family, and 40% of the coolies are affected by quarrels within the family. In the case of private and government employees all the respondents face ill effects of family breakdown. The increasing suicides among house wives are mainly due to the problem with the husband and in – laws. The main problems faced by the housewives are the alcoholic behaviour of their husband, his illicit relations, his irresponsible behaviour in family matters, physical violence and mental torture faced from the part of both husband and also ill treatments

from in-laws, making the situation more vulnerable. From observation the researcher found another thing is that the house wives more engaged in unpaid house hold activities which cause increasing economic dependency to her husband or other family members. Here researcher wish to co-relate Marx's dialectic materialism is "mind s not the product of matter but matter is the most advanced product of mind." that is material benefits increases the satisfaction in social life. It also noted that the housewives often spend their time with television serials which increase their tendency to imitate the acts of heroines which makes them silent option as the suicide when the life in a crisis or problems was unsolved. In the case of coolie workers 40% of them are highly affected by quarrels with in the family an in depth analysis revealed economics constraints arising due to alcoholism the main cause instability in familial relation. The failure in exam or failure in love highly affected the students than other occupational categories. Losses of money or debts highly affected the coolies than others and house wives also yours this economic burden. It may due to unexpected death of husband or accidents. Another notable thing is that due to irresponsible behaviour of husband, women are forced to take loan from self help groups and other private agencies. They face difficulty to repay this loan and are trapped by money lenders, which make the situation more pathetic.

In this study when the researcher analyzed the relation between education and experiences faced by the respondents. It is realized that most of the experiences highly affected the respondents of low educational background. The table shows that the sudden death of family member highly affected 33.3% of the respondents who are high school educated and 50% of the respondents who have qualification upto S.S.L.C. But the separation of beloved ones affected those who had high school education. It is the fact that even though people were educated they faced difficulties to solve the problems in life. The problems within the family indiscriminately affected all educational groups. The table reveals that 80.4% of the respondents who are secondary educated are highly affected by quarrels within the family. In the case of high school educated 26% are highly affected by quarrels within the family and 80% of pre-degree educators. It is evident that family breakdown indiscriminately affect people of all educational category. For an individual the family is most important institution expected to give support, care and protection. When the family fails to perform the expected functions, or the members under the same roof show antagonistic behaviour it negatively affects the members in the family.

**Table No. 6.3: Place of residence and factors of suicide**

Place of residence	Sudden death of family member			Separation of beloved one				Quarrels with in the family				Sexual harassment			Failure in Exam				Failure in love			Losses of money debts			
	*** **	*	T	****	***	*	T	*** **	***	*	T	****	*	T	*** **	****	*	T	*** **	*	T	*** **	****	*	T
Rural	7	61	68	2	13	53	68	56	4	8	68	3	65	68	3	1	64	68	12	56	68	21	17	16	68
%with in place of residence	10.3	89.7	100.0	2.9	19.1	77.9	100.0	82.4	5.9	11.8	100.0	4.4	95.6	100.0	4.4	1.5	94.1	100.0	17.6	82.4	100.0	30.9	25.0	23.5	100.0
%within experiences	100.0	65.6	68.0	100.0	100.0	62.4	68.8	65.9	57.1	100.0	68.0	100.0	67.0	68.0	100.0	100.0	66.7	68.0	100.0	63.6	68.0	72.4	68.0	50.0	68.0
Urban	0	32	32	0	0	32	32	29	3	0	32	0	32	32	0	0	32	32	0	32	32	8	8	16	32
%with in place of residence	0	100.0	100.0	0	0	100.0	100.0	90.6	9.4	.0	100.0	0	100.0	100.0	.0	.0	100.0	100.0	.0	100.0	100.0	25.0	25.0	50.0	100.0
%within experiences	0	34.4	32.0	0	0	37.6	32.0	34.1	42.9	0	32.0	0	33.0	32.0	.0	.0	33.3	32.0	.0	36.4	32.0	27.6	32.0	50.0	32.0
Total	7	93	100	2	13	85	100	85	7	8	100	3	97	100	3.0	1.0	96.0	100.0	12	88	100	29	25	32	100

The table shows the sudden death of family members and separation of beloved one highly affected to the people in rural area than in urban area. The quarrels between family members highly affected to people in rural area than urbanites. Ruralites suffered with poor relation with family members and low social support within family. The ruralites showed tendency to interfere in family matters of others. Which may caused negative impacts on family relation than the positive effects. Urbanites have support seeking mechanism than ruralites. Their busy schedule and sought professional help while in a crisis failure in love and failure in exam highly affected to youngsters in rural area. Their over aspiration to towards life and lower achievement may causes suicidal tendency among them.

### **Relation with family members and suicide**

Everyone is trying to have the abundance of friends which is believed to be the major driving force in society. Over the years, people have begun to pursue relationships with friends and acquaintances rather than with their own family. It is in the family that the true values and lessons of life are learned. People have long forgotten that relationships within the family are of far greater importance than relationships outside the family. To analyze the relation with family members the researcher has formulated a seven point scale. The questions were rated on a seven point scale by giving points. Family members ,friends, peers, teachers, neighbours, others and self are given scores as 14,12,10,8,6,4 and 2 respectively and it was rated that the respondents who have scored 140-120 enjoyed good relation with family members, 120-80 enjoyed moderate relation and 80 & below have poor relation with family members.

**Table no. 6.4**

**Sex and relation with family member**

Sex	Relation with family members		Total
	Low	Moderate	
Male	22	16	38
%within Sex	57.9%	42.1%	100%
%within relation	32.4%	50%	38%
Female	46	16	62
%within Sex	74.2%	25.8%	100%
% within relation	67.6%	50%	62%
Total	68	32	100
%within Sex	68%	32%	100%
%within relation	100%	100%	100%
%of Total	68%	32%	100%

While analyzing the relation with family members and sex, it was noticed that the female respondents enjoy better relation with family than male members. On the one hand women were harassed by husbands and in-laws or she becomes hopeless due to increasing alcoholism of the husband- irresponsible in family matters and lack of proper attention, concern to children and improper financial management and more over her husbands bad words remind her that she is a burden to the family. On the other hand her children's love towards her and their silent response to the father's irritating behaviour and their dependency to her lessen the chance to commit suicide.

But in the case of male, his alcoholism, strict and authoritative behaviour weakens the family networks. For some men problems with the spouse is a cause to

begin alcoholism which in turn leads to family instability. Men comparatively enjoys weaker relation with women counter parts and children. They have better relation with their friends rather than family members.

**Table no. 6.5**

**Family Income and Relation with Family Members**

Family Income	Relation with family members		Total
	Low	Moderate	
Below 2000	38	21	59
%within Family Income	64.4%	35.6%	100%
%within family	55.9%	65.6%	59%
2000-3000	11	10	21
%within Family Income	52.4%	47.6%	100%
%within family	16.2%	31.3%	21%
3000-4000	2	1	3
%within Family Income	66.7%	33.3%	100%
%within family	2.9%	3.1%	3%
4000-5000	9	0	9
%within Family Income	100%	0%	100%
%within family	13.2%	0%	9%
5000-6000	3	0	3
%within Family Income	100%	0%	100%
%within family	4.4%	0%	3%
6000&above	5	0	5
%within Family Income	100%	0%	100%
%within family	7.4%	0%	5%
Total	68	32	100
%within Family Income	68%	32%	100%
%within family	100%	100%	100%
% of Total	68%	32%	100%

Income signifies psychological well being and also to some extent it is the one of the causative factors in determining the network of relationship. People from low income families do not enjoy a good relation with the family members. These economic constraints were one of reasons for weakening the relation. Here the researcher wishes to quote “mind is not advanced product matter but matter is the most advanced product of mind”. Another fact is that in low income families over workload of working members and its related alcoholism may lead to weakened relations in the family. This instability later leads to vulnerable situations.

**Table no. 6.6**  
**Age and Relation with Family Members**

Age	Relation with family members		Total
	Low	Moderate	
Below 20	0	10	10
% within age	0%	100%	100%
% within family	0%	31.3%	10%
20-30	10	1	11
% within age	90.9%	9.1%	100%
% within family	14.7%	3.1%	11%
30-40	39	14	53
% within age	73.6%	26.4%	100%
% within family	57.4%	43.8%	53%
40-50	15	1	16
% within age	93.8%	6.3%	100%
% within family	22.1%	3.1%	16%
50-60	4	4	8
% within age	50%	50%	100%
% within family	5.9%	12.5%	8%
60 & above	0	2	2
% within age	0%	100%	100%
% within family	0%	6.3%	2%
Total	68	32	100
% within age	68%	32%	100%
% within family	100%	100%	100%
% of Total	68%	32%	100%

In this table the researcher tries to cross age and relation with family members. All the respondents belonging to the age group below 20, show and enjoy moderate relation with the family members. In the age group 20-30, 90.9% of respondents did not enjoy any relation with the family members but 9.1% enjoys only moderate relation with the family members. While the respondents belonging to the age group 30-40, 73.6% do not enjoy any good relation with the family members .the younger age groups enjoys low relation with family members due to marital conflicts and problem with in-laws.

**Table no. 6.7**

**Type of family and relation with family members**

Type of family	Relation with family members		Total
	Low	Moderate	
Nuclear	52	20	72
% within Type of family	72.2%	27.8%	100%
% within family	76.5%	62.5%	72%
Extended	16	12	28
% within Type of family	57.1%	42.9%	100%
% within family	23.5%	37.5%	28%
Total	68	32	100
% within Type of family	68%	32%	100%
% within family	100%	100%	100%
%of Total	68%	32%	100%

In nuclear families the respondents do not entertain good relation with family members as in extended families. In nuclear families the people are highly individualized. And also in nuclear families there is no alternative mechanism when

the relation with parents or children are strained. But in case of extended families support of grandparents and elders is a great relief. So people in the extended families enjoy better relations than that in nuclear families.

**Table no. 6.8**

**Place of Residence and Relation with Family Members**

Place of residence	Relation with family members		Total
	Low	Moderate	
Rural	40	28	68
% within Place of residence	58.8%	41.2%	100%
% within family	58.8%	87.5%	68%
Urban	28	4	32
% within Place of residence	87.5%	12.5%	100%
% within family	41.2%	12.5%	32%
Total	68	32	100
% within Place of residence	68%	32%	100%
% within family	100%	100%	100%
%of Total	68%	32%	100%

While analyzing place of residence and relation with family members, the urbanites enjoy comparatively better relation with the family members. As they have a busy schedule they were more dependent on family members. But in the case of rural areas the family relations were weakened due to quarrel over simple matters thus they depend on the neighbours or peers for their personal needs. But in case of urban area there is less chance to opt neighbours for personal affairs. Sometimes these neighbors may be dangerous also.

**Table no. 6.9****Occupation and Relation with Family Members**

Occupation	Relation with family members		Total
	Low	Moderate	
Govt. employed	2	0	2
% within Occupation	100%	0%	100%
% within family	2.9%	0%	2%
Pvt. employed	5	0	5
% within Occupation	100%	0%	100%
% within family	7.4%	0%	5%
Quasi employed	1	0	1
% within Occupation	100%	0%	100 %
% within family	1.5%	0%	1 %
Self employed	2	5	7
% within Occupation	28.6%	71.4%	100%
% within family	2.9%	15.6%	7%
Unemployed	1	1	2
% within Occupation	50%	50%	100%
% within family	1.5%	3.1%	2%
Housewife	47	8	55
% within Occupation	85.5%	14.5%	100%
% within family	69.1%	25%	55 %
Student	0	6	6
% within Occupation	0%	100%	100%
% within family	0%	18.8%	6%
Coolie	10	12	22
% within Occupation	45.5%	54.5%	100%
% within family	14.7%	37.5%	22%
Total	68	32	100
% within Occupation	68%	32%	100%
% within family	100%	100%	100%
% of Total	68%	32%	100%

While analyzing occupation and relation with family members, housewives maintained low relation with other family members than other occupational categories. Housewives were always engaged in house hold activities. But these are non-income generating activities. So she is forced to depend on other members in the family even for silly matters. On the other hand as non-income generating member in the family, the family members withdraw themselves, they are not bothered about her problem. An alcoholic husband makes the situation worse. At home nobody takes care of her or shares her dreams. She has to wipe her tears in silence. The family was always inclined to find fault with the hopeless girl than being understanding and helpful. It is also noted that the women who succumb to the urge to fall must have cried for help from near and dear ones. Their pleas however, fell on deaf ears.

While analyzing marital status and relation with family members, married women did not have a much better relation with family members than other categories. While studying suicides it needs to be taken note of, whether these tragedies occur due to the marriage. Generally marriage is an institution of protection against pressures of everyday life. But now marriage itself is becoming an instrument of distress. It is also expected that the institution of marriage provides adequate support and care to the partners and children. The marriage can be a bitter experience where the couples cannot consider each other as equal and consequently the burden of running the family gets thrust on the girl. The selfishness and lack of understanding displayed by either of the partners can often cause irreparable damage. An alcoholic husband can trigger the worst. All these put together can drive the girl to a wall and quite often she becomes lonely and desperate. Suicides among young women are mainly due to family related problems.

It is observed that people from low socio-economic background comparatively enjoy lesser relation with the family members. Education helps to maintain a better relation with the family members. Through education people get the capacity to adjust with the changing situation at home.

**Table no. 6.10**

**Religion and family relation**

Religion	Relation with family members		Total
	Low	Moderate	
Christian	13	5	18
% within Religion	72.2%	27.8%	100%
% within family	19.1%	15.6%	18%
Hindu	42	27	69
% within Religion	60.9%	39.1%	100%
% within family	61.8%	84.4%	69%
Muslim	13	0	13
% within Religion	100%	0%	100%
% within family	19.1%	0%	13%
Total	68	32	100
% within Religion	68%	32%	100%
% within family	100%	100%	100%
% of Total	68%	32%	100%

People from Hindu religion enjoyed poor relation with family than Christians and Muslims because for the later group institutional leaders arrange different programmes and training for people. In the case of Muslims the family itself is highly conscious about inculcating values of family relations among its members.

## **Social support and Suicide**

Social support is the physical and emotional comfort given to man by his family, friends, co-workers and others.. Social support is a way of categorizing the rewards of communication in a particular circumstance. An important aspect of support is that a message or communicative experience does not constitute support unless the receiver views it as such.

The term “social support” is often used in a broad sense, including social integration. However, Social integration refers to the structure and quantity of social relationships, such as the size and density of networks and the frequency of interaction, but also sometimes to the subjective perception of embeddedness. Social support, in contrast, refers to the function and quality of social relationships, such as perceived availability of help or support actually received. It occurs through an interactive process and can be related to altruism, a sense of obligation, and the perception of reciprocity. Social support in the narrow sense has been defined in various ways. For example, it may be regarded as resources provided by others, as coping assistance or as an exchange of resources. Several types of social support such as instrumentl have been investigated.

According to Wan *et al* (1996) Social support research has consistently distinguished four types of support, emotional, informational, companionship and tangible. So far, social support research has found that it is highly unlikely that any one member of an individual’s network provides all the four types of support. According to Wellman and Hiscott (1985), most ties convey only one or a few kinds of ,support and those that provide emotional support are unlikely to provide any other type of support Emotional as well as companionship support are primarily found

through strong ties, whereas tangible and information support are accessed through weak ties (Walker *et al.*, 1993). In other words, the strength of the tie and type of support provided are highly correlated.

Emotional support is associated with sharing life experiences. This type of support conveys that an individual is valued for his or her own worth and experiences and is accepted. Behaviors expressing esteem, affect, trust, concern and listening constitute support. Emotional support helps to enhance an individual's self-esteem. According to Campbell and Lee (1990) among others, women are more likely than men to provide emotional support Wellman and Wortley (1989) found that it is also most likely that kin rather than friends provide emotional support since a certain amount of intimacy is needed in order to share what they call 'life experiences'.

Companionship support serves to help distract persons from their problems or to facilitate 'positive affective moods' (Wan *et al.*, 1996). Activities such as spending time with others in leisure and recreational activities are subsumed under this category (Schwarzer and Leppin, 1988). According to Wan *et al.*, (1996), such activities reduce stress and provide affiliation and contact with others. (Schwarzer and Leppin, 1988). According to Wan *et al.*, (1996), such a Wellman and Wortley (1989) found that providers of companionship support are primarily close friends, colleagues and neighbours. Spending time in leisure and recreational activities with friends, colleagues or neighbours, e.g. exercising or watching a movie may provide a relaxed context in which individuals undertake networking activities that provide support (Wellman and Wortley, 1989).

Tangible (or material) support refers to the provision of financial aid, material resources and needed services, indeed all the various types of physical resources

needed for running a business. Any behaviour providing money, labour or any kind of direct resolution of a problem can serve this function

Informational support concerns the provision of knowledge that might help an individual to increase their efficiency in responding or generating solutions to a problem (Cross, 2000). It may also bolster an individual's belief in own capacity to handle challenges. Associated with this are thus behaviors that provide *feedback, advice, suggestions* and *direction* (Wan *et al.*, 1996). Wellman and Walker (1990) found that individuals with similar status are more likely to exchange small services such as information. In as network context this means that women and men with the same status should be more likely to exchange information with each other and unlikely to exchange information with individuals of their own sex with a different status. Wan *et a l.* (1996) observed women may be more likely to reach out to men for information and tangible/material support because men are perceived as higher status individuals and in a better position to benefit the female entrepreneur's interests. The researcher measured social support by using the social support scale of Kulhtra Nehra and categorized it as High, moderate and low on the basis of scores.

**Table no. 6.11**

**Place of residence and Social support**

Place of residence	Social support			Total
	Low	Moderate	High	
Rural	40	28	0	68
% within Place of residence	58.8	41.2	0	100
% within Social support	67.8	87.5	0	68
Urban	19	4	9	32
% within Place of residence	59.4	12.5	28.1	100
% within Social support	32.2	12.5	100	32

Total	59	32	9	100
% within Place of residence	59	32	9	100
% within Social support	100	100	100	100

The table shows 58.8% ruralites have a low social support and 41.2% of them have moderate social support. But in the case of urbanites 59.4% have low social support, 12.5% suffer with moderate and 28.1% have high social support. In rural areas people are more conscious about their neighbours' affairs than their own. People like to interfere in the matters of others, this over concern to others' problem is sometimes a relief to them. At the same time it destroys support mechanism among them. But in the case of urbanites support seeking mechanism such as clubs and residential association help them to induce internal support.

**Table no. 6.12**  
**Sex and Social support**

Sex	Social support			Total
	Low	Moderate	High	
Male	21	16	1	38
% within sex	55.3%	42.1%	2.6%	100%
% within social support	35.6%	50%	11.1%	38%
Female	38	16	8	62
% within sex	60.3%	25.8%	12.9%	100%
% within social support	64.4%	50%	88.9%	62%
Total	59	32	9	100
	59%	32%	9%	100%

While analyzing sex and social support it is clear that females receive more support than their male counter parts. The table shows that 55.3% male members receive low social support, 42.1% have moderate and 2.6% high social support. In the

case of female members 61.3% of the respondents have low, 25.8% feel moderate and 12.9% perceived high social support from friends and family. It is also observed that women try to express her feelings and emotions, which increases her support mechanism. Men's alcoholism breaks his social networks, it leads to reduced support mechanism than their female counter parts. This may be the reason for more suicides among males than their female counter parts.

**Table no. 6.13**  
**Age and Social support**

Age	Social support			Total
	Low	Moderate	High	
Below 20	0	10	0	10
% within age	0	100	0	100
% within social support	0	31.3	0	10
20-30	10	1	0	11
% within age	90.9	9.1	0	100
% within social support	16.9	3.1	0	11
30-40	36	14	3	53
% within age	67.9	26.4	5.7	100
% within social support	61.0	43.8	33.3	53
40-50	9	1	6	16
% within age	56.3	6.3	37.5	100
% within social support	15.3	3.1	66.7	16
50-60	4	4	0	8
% within age	50	50	0	100
% within social support	6.8	12.5	0	8
60 and above	0	2	0	2
% within age	0	100	0	100
% within social support	0	6.3	0	2
Total	59	32	9	100

While analyzing age and social support from the table it is revealed that in the age group below 20 all the respondents feel that they get only medium social support. In the age group 20-30, 90.9% of the respondents have low social support and 9.1% feel medium social support. In the age group 30-40, 67.9% have low and 26.4% have

moderate social support only 5.7% have high social support. In the age group 40-50 56.3% have low, 6.3% have moderate and 37.5% have high social support. In the age group 50-60, 50% of the respondents have low social support and the same percentage have moderate social support in 60 above. Most of the respondents lack adequate social support. This study shows that the people who belong to the age group 50 and above and 40 and below show low social support than other age categories. The ill experiences faced by the respondents make them introverts. This introvert nature is the one of the reasons for low social support. This study shows that the people who belong to the age group 50 and above and 40 and below show low social support than other age categories. Because the ill experience faced by the respondents make them introverts. This introvert nature is the one of the reasons for low social support.

**Table no. 6.14**

**Marital status and Social support**

Marital status	Social support			Total
	Low	Moderate	High	
Single	10	10	0	20
% within	50	50	0	100
% within social support	16.9	31.3	0	20
Married	40	15	7	62
% within	64.5	24.2	11.3	100
% within social support	67.8	46.9	77.8	62
Widowed	5	5	1	11
% within	45.5	45.5	9.1	100
% within social support	8.5	15.6	11.1	11
Separated	3	0	01	4
% within	75	0	25	100
% within social support	5.1	0	11.1	4

Divorced	1	2	0	3
% within	33.3	66.7	0	100
% within social support	1.7	6.3	0	3
Total	59	32	9	100

From the table it is realized that the unmarried had low social support from family and friends. Strict, authoritative and unfriendly nature of parents gives a feeling of low social support from family. They feel that friends are not sincere to them. This feeling of low social support from friends is unbearable for them. In the case of the married ill-treatment from in-laws and husband, lack of support from spouse's family etc are the major reason for low social support. They feel that nobody is bothered about them. After marriage it was difficult for them to find relations which are dependable and sincere in their life. For some, even though they got support, sudden impulses constitute the reason for suicide. But in the case of the separated and the widowed, they respond during the all endure in life. They get only limited social support not only from within the family but also from outside the family.

**Table no. 6.15**

**Religion and Social support**

Religion	Social support			Total
	Low	Moderate	High	
Christian	10	5	3	18
% within	55.6	27.8	16.7	100
% within social support	16.9	15.6	33.3	18
Hindu	42	27	0	69
% within	60.9	39.1	0	100
% within social support	71.2	84.4	0	69
Muslim	7	0	6	13

% within	53.8	0	46.2	100
% within social support	11.9	0	66.7	13
Total	59	32	9	100

From the table it is clear that the Muslims and Christians receive more support than the Hindus. The main reason is that among the Muslims and Christians the religious institution and leaders try to inculcate internal support mechanism among people. Among Christians different organizations under the religious institution help the followers to promote support mechanism which also help to inculcate religious values among people. Among Muslims practices such as “Sakath” exist for helping economically weaker sections of the community. These support mechanisms act as tension relieving mechanisms for people in these religious communities. Among Hindus even though they have certain support seeking measure the religious leaders are not much involved in community activities as in the other communities. These increasing support seeking mechanisms are one of the reasons for less suicide rate among Muslims and Christians than other religious communities.

**Table no. 6.17**

**Education and Social support**

Education	Social support			Total
	Low	Moderate	High	
Primary	8	0	6	14
% within education	57.1	0	42.9	100
% within social support	13.6	0	66.7	14
Secondary	35	13	3	51
% within education	68.6	25.5	5.9	10
% within social support	59.3	40.6	33.3	51
High school	1	14	0	15
% within education	6.7	93.3	0	100

% within social support	1.7	43.8	0	18
S.S.L.C	0	4	0	4
% within education	0	100	0	100
% within social support	0	12.5	0	14
P.D.C	4	1	0	5
% within education	80	20	0	100
% within social support	6.8	3.1	0	5
Degree	2	0	0	2
% within education	100	0	0	100
% within social support	3.4	0	0	2
PG	3	0	0	3
% within education	100	0	0	100
% within social support	5.1	0	0	3
Technical	3	0	0	3
% within education	100	0	0	100
% within social support	5.1	0	0	3
Professional	3	0	0	3
% within education	100	0	0	100
within social support	5.1	0	0	3
Total	59	32	9	100

### **Depression and Suicide**

Depression is a serious condition that can impact every area of life. It can affect social life, family relationships, career, and sense of self-worth and purpose. Depression is not "one size fits all," particularly when it comes to the genders. Not only are women more prone to depression than men, many factors contribute to the unique picture of depression in women—from reproductive hormones to social pressures to the female response to stress. There is no one cause of depression. For some people, a single event can bring on the illness. Depression often strikes people

who felt fine but who suddenly find they are dealing with a death in the family or a serious illness. For some people, changes in the brain can affect mood and cause depression. Sometimes, those under a lot of stress, like caregivers, can feel depressed. Others become depressed for no clear reason. People with serious illnesses, such as cancer, diabetes, heart disease, stroke, may become depressed. They may worry about how their illness will change their lives. They might be tired and not able to deal with things that make them sad. Treatment for depression can help them manage their depressive symptoms and improve their quality of life.

### **Causes of depression**

Women are about twice as likely as men to suffer from depression. This two-to-one difference persists across racial, ethnic, and economic divides. In fact, this gender difference in rates of depression is found in most countries around the world. There are a number of theories which attempt to explain the higher incidence of depression in women. Many factors have been implicated, including biological, psychological, and social factors.

### **Biological causes of depression**

Premenstrual problems - Hormonal fluctuations during the menstrual cycle can cause the familiar symptoms of premenstrual syndrome (PMS), such as bloating, irritability, fatigue, and emotional reactivity. For many women, PMS is mild. But for some women, symptoms are severe enough to disrupt their lives and a diagnosis of premenstrual dysphoric disorder (PMDD) is made.

Pregnancy and infertility - The many hormonal changes that occur during pregnancy can contribute to depression, particularly in women already at high risk. Other issues relating to pregnancy such as miscarriage, unwanted pregnancy, and infertility can

also play a role in depression.

### **Social and cultural causes of depression in women**

- Role strain - Women often suffer from role strain over conflicting and overwhelming responsibilities in their life. The more roles a woman is expected to play (mother, wife, working woman), the more vulnerable she is to role strain and subsequent stress and depression. Depression is more common in women who receive little help with housework and child care.
- Unequal power and status - Women's relative lack of power and status in our society may lead to feelings of helplessness. This sense of helplessness puts women at greater risk for depression. These feelings may be provoked by discrimination in the workplace leading to underemployment or unemployment. Low socioeconomic status is a risk factor for major depression. Another contributing factor is society's emphasis on youth, beauty, and thinness in women, traits which to a large extent are out of their control.
- Sexual and physical abuse - Sexual and physical abuse may play a role in depression in women. Girls are much more likely to be sexually abused than boys. Sexual abuse in childhood puts one at increased risk for depression in adulthood. Higher rates of depression are also found among victims of rape, a crime almost exclusively committed against women. Other common forms of abuse, including physical abuse and sexual harassment, may also contribute to depression.
- Relationship dissatisfaction - While rates of depression are lower for the married than for the single and divorced, the benefits of marriage and its

general contribution to well-being are greater for men than for women. Furthermore, the benefits disappear entirely for women whose marital satisfaction is low. Lack of intimacy and marital strife are linked to depression in women.

- Poverty - Poverty is more common among women than men. Single mothers have the highest rates of poverty across all demographic groups. Poverty is a severe, chronic stressor than can lead to depression.

### **Psychological causes of depression in women**

- Coping mechanisms - Women are more likely to ruminate when they are depressed. This includes crying to relieve emotional tension, trying to figure out why you're depressed, and talking to your friends about your depression. However, rumination has been found to maintain depression and even make it worse. Men, on the other hand, tend to distract themselves when they are depressed. Unlike rumination, distraction can reduce depression.
- Stress response - According to Psychology Today, women are more likely than men to develop depression under lower levels of stress. Furthermore, the female physiological response to stress is different. Women produce more stress hormones than men do, and the female sex hormone progesterone prevents the stress hormone system from turning itself off as it does in men. Depression is measured on the basis of scale used by Arun Kumar, Psychiatrist, Thiruvananthapuram (1998) which has rated from Zero to three and categorized highly depressed (the score 24).moderately depressed (12-24) and not depressed (below 12) .

**Table no. 6.18**

**Religion and Depression**

Religion	Depression		Total
	Moderate	High	
Christian	10	8	18
% within Religion	55.6	44.4	100
% within Depression	27.8	12.5	18
Hindu	26	43	69
% within Religion	37.7	62.3	100
% within Depression	72.2	67.2	69
Muslim	0	13	13
% within Religion	0	100	100
% within Depression	0	20	13
Total	36	64	100
% within Religion	36	64	100
% within Depression	100	100	100

While analyzing religion people in the Hindu religion are found to be highly depressed than the other religious communities. Among Christians religion provides a lot of cultural and religious activities for both mental and spiritual development in women, children and youth. They also give special concern to their spiritual and social development and also show interest in the rehabilitation of destitutes and alcoholics. Religion has established itself as an institution not only for empowering them spiritually but also contributes to their psychological well being.

The religious leaders constantly interact and follow – up people to see whether the developmental activities are properly channelized, to ensure that funds go to the deserved hands. But in the case of Muslims the religious practices are strict and values the interference of religious leaders in the personal life of people – alcohol, one

of important factors for depression is forbidden to Muslims. More over Muslim families are also concerned about the feelings of fellow – beings than other communities. But in the case of Hindus, religious oriented activities and rituals have a vital role in mental and spiritual well-being of the people. Even though people were oriented to their religious activities, the leaders are not much concerned about the personal life of the people.

**Table no. 6.19**  
**Sex and Depression**

Sex	Depression		Total
	Moderate	High	
Male	9	29	38
% within Sex	23.7	76.3	100
% within Depression	25	45.3	38
Female	27	35	62
% within Sex	43.5	56.5	100
% within Depression	75	54.7	62
Total	36	64	100
% within Sex	36	64	100
% within Depression	100	100	100

While analyzing depression and sex the table shows that 23.7% of the males were moderately depressed and 76.3% were highly depressed. But in females 43.5% were moderately and 56.5% were highly depressed. From the table it is clear that male members are highly depressed than their female counter parts. Before the days of suicide they were highly unrest, sleepless and experience difficulty in daily routines. In this study most of the men were alcoholic. Their alcoholism is one of the reasons

for depression. Women of low socioeconomic status are likely to struggle due to financial problems, issues of unemployment or underemployment, discrimination, lack of education, and single parenthood. Additional risk factors include marital conflict and dissatisfaction, past sexual or physical abuse, and role strain

**Table no. 6. 20**  
**Age and Depression**

Age	Depression		Total
	Moderate	High	
Below 20	6	4	10
% within Age	60	40	100
% within Depression	16.7	6.3	10
20 - 30	1	10	11
% within Age	9.1	90.9	100
% within Depression	2.8	15.6	11
30 - 40	29	24	53
% within Age	54.7	45.3	100
% within Depression	80.6	37.5	53
40 - 50	0	16	16
% within Age	0	100	100
% within Depression	0	25	16
50 - 60	0	8	8
% within Age	0	100	100
% within Depression	0	12.5	8
60 and above	0	2	2
% within Age	0	100	100
% within Depression	0	3.1	2
Total	36	64	100
% within Age	36	64	100
% within Depression	100	100	100

While analyzing depression and age the elders were highly depressed than the younger generation. Among youngsters the major causes are separation of beloved ones, failure in love and lack of parental support. In the age of 30-40 the respondents

were mainly depressed due to problem with in – laws and spouse. But in the elder age group the cause of depression were alcoholism and inability to cope with children and spouse.

**Table no. 6. 21**  
**Family Income and Depression**

Family Income	Depression		Total
	Moderate	High	
Below 2000	22	37	59
% within Family Income	37.3	62.7	100
% within Depression	61.1	57.8	59
2000 - 3000	10	11	21
% within Family Income	47.6	52.4	100
% within Depression	27.8	17.2	21
3000 - 4000	1	2	3
% within Family Income	33.3	66.7	100
% within Depression	2.8	3.1	3
4000 - 5000	1	8	9
% within Family Income	11.1	88.9	100
% within Depression	2.8	12.5	9
5000 - 6000	2	1	3
% within Family Income	66.7	33.3	100
% within Depression	5.6	1.6	3
6000 and above	0	5	5
% within Family Income	0	100	100
% within Depression	0	7.8	5
Total	36	64	100
% within Family Income	36	64	100
% within Depression	100	100	100

While analyzing family income and depression most of the respondents were from lower income group. They had economic constraints such as inability to meet

daily needs, educating children, expense for the health of the family and inability to meet changing needs of children. These were the major causes of depression among lower income groups. Even though they have these economic constraints, in this study there were very rare cases of those who attempted suicide purely due to economic problems. But in the case of higher income the major cause of depression may be a change in life style and changing situations in family or workplace.

**Table no. 6. 22**

**Type of Family and Depression**

Type of Family	Depression		Total
	Moderate	High	
Nuclear	28	44	72
% within Type of family	38.9	61.1	100
% within Depression	77.8	68.8	72
Female	8	20	28
% within Type of family	28.6	71.4	100
% within Depression	22.2	31.3	28
Total	36	64	100
% within Type of family	36	64	100
% within Depression	100	100	100

While analyzing depression and type of family the respondents from nuclear families are more depressed than people in the extended families. In extended families there are more persons than in the nuclear families. In extended families if any one suffers from depression the elder members notice it and enquire about the reasons. But in nuclear families highly individualized life style and egoistic nature of family members cause depression more prone in the nuclear families.

**Table no. 6. 23**

**Place of residence and Depression**

Place of residence	Depression		Total
	Moderate	High	
Rural	31	37	68
% within Place of residence	45.6	54.4	100
% within Depression	86.1	57.4	68
Urban	5	27	32
% within Place of residence	15.6	84.4	100
% within Depression	13.9	42.2	32
Total	36	64	100
% within Place of residence	36	64	100
% within Depression	100	100	100

While analyzing the place of residence and depression the respondents hailing from rural areas are more depressed than urbanites. In rural areas most of them were at home and most of them were engaged in house hold activities and rest of time they spend with themselves which may cause to increase depression among them but in the case of urbanites their changing urban life style and busy schedule may be the cause of comparatively low depression.

**Table no. 6. 24**  
**Education and Depression**

Education	Depression		Total
	Moderate	High	
Primary	0	14	14
% within Education	0	100	100
% within Depression	0	21.9	14
Secondary	12	39	51
% within Education	23.5	76.5	100
% within Depression	33.3	60.9	51
High school	13	2	15
% within Education	86.7	13.3	100
% within Depression	36.1	3.1	15
SSLC	1	3	4
% within Education	25	75	100
% within Depression	2.8	4.7	4
PDC	1	4	5
% within Education	20	80	100
% within Depression	2.8	6.3	5
Degree	2	0	2
% within Education	100	0	100
% within Depression	5.6	0	2
PG	3	0	3
% within Education	100	0	100
% within Depression	8.3	0	3
Technical	1	2	3
% within Education	33.3	66.7	100
% within Depression	2.8	3.1	3
Professional	3	0	3
% within Education	100	0	100
% within Depression	8.3	0	3
Total	36	64	100
% within Education	36	64	100
% within Depression	100	100	100

Education provides opportunity to human being for self expression Education helps the human being to maintain balanced state in mind and body. This study clears that the people with low educational background are more depressed than others. Education is the all round development of personality. Depressive mood is reaction of immatured personality. The major cause of depression among low income groups were due to their economic constraints. The economic constraints are mainly due to instability in their jobs, less salaried jobs, and improper financial management.

**Table no. 6. 25**  
**Occupation and Depression**

Occupation	Depression		Total
	Moderate	High	
Govt. Employed	0	2	2
% within Occupation	0	100	100
% within Depression	0	3.1	2
Pvt. Employed	2	3	5
% within Occupation	40	60	100
% within Depression	5.6	4.7	5
Quasi employed	1	0	1
% within Occupation	100	0	100
% within Depression	2.8	0	1
Self employed	5	2	7
% within Occupation	71.4	28.6	100
% within Depression	13.9	3.1	7
Unemployed	0	2	2
% within Occupation	0	100	100
% within Depression	0	3.1	2
House wife	19	36	55
% within Occupation	34.5	65.5	100
% within Depression	52.8	56.3	55
Student	4	2	6

% within Occupation	66.7	33.3	100
% within Depression	11.1	3.1	6
Coolie	5	17	22
% within Occupation	22.7	77.3	100
% within Depression	13.9	26.6	22
Total	36	64	100
% within Occupation	36	64	100
% within Depression	100	100	100

While analyzing occupation and depression most of the respondents were housewives. For housewives lonely atmosphere in family and unpaid house hold work and dependency on others constituted factors of depression. Dependency causes to degradation from not only house hold activities but also from the whole family. Husband's alcoholism also makes the situation vulnerable. John Stoudenmire (2006) the most outstanding factor in most cases of housewife depression is that of suppressed anger or hostility. She may also resent her husband for not helping much with housework or children. She may resent being "merely" a housewife if she is not employed outside the home. "The depressed housewife frequently has one or more of these resentments.

**Table no. 6.26**

Marital Status and Depression

Marital Status	Depression		Total
	Moderate	High	
Single	10	10	20
% within Marital Status	50	50	100
% within Depression	27.8	15.6	20
Married	22	40	62
% within Marital Status	35.5	64.5	100
% within Depression	61.1	62.5	62
Widowed	0	11	11
% within Marital Status	0	100	100

% within Depression	0	17.2	11
Separated	1	3	4
% within Marital Status	25	75	100
% within Depression	2.8	4.7	4
Divorced	3	0	3
% within Marital Status	100	0	100
% within Depression	8.3	0	3
Total	36	64	100
% within Marital Status	36	64	100
% within Depression	100	100	100

While analyzing marital status and depression married people are highly depressed than others. Among married changing family situation and family burden were major causes of depression. Among married women, problem with husband, harassment from in-laws, constitute major cause of depression. In the case of male economic constraints and alcohol is itself become an instrument for depression.

## **CASE STUDIES**

### **Case I**

A male unmarried respondent aged 23 educated pre degree educated and belongs to the Hindu community. He hails from rural area and is a member of nuclear family. In his school days he was not much interested in his studies. His father died during his early childhood days. His uncle takes care of the family. He has a strict and authoritarian nature to all family members. He was not understanding, considerate, friendly and sharing to him. His mother also was not friendly, considerate and sharing to him. His siblings are too younger than him. During his childhood days his family failed to give love, care, affection, security, freedom and acceptance to give. Due to the economic constraints of his family and elder member, he was forced to go out for

work, to look after the family. His uncle was the head of the family he took decision in the whole family. Due to the work load and alcoholic friends he began to consume alcohol. Gradually he began to make quarrel with his family members and did not give much care to family matters. He spent with alcohol and friends. He couldn't maintain punctuality in his work, it negatively affects his family and personal relations. As he did not have enough money for drinks he borrowed and became indebted to everybody.

He was not interested in taking part in the religious activities of his religious institution. He was not interested in the religious teaching. The religious leaders did not influence his life. He never believed religion could bring behavioral modification. It never strengthens personal relation in life. The family never tries to cultivate the religious values He felt that nobody was bothered about what might happen to him. Even though he had friends he faced difficulties to find real friends in his life. He didn't feel that his family members were not helping him. He told that it was difficult to find out those who could believe in his life. He did not have any relation which is dependable in his life. He was totally isolated even among his friends. He felt that he was all alone in his life. He was helpless and hopeless in his life. He did not have a person to approach for advice in a crisis. When he is alone, he likes to consume alcohol. He doesn't have a person who can wipe out his tears.

One day his mother asked him some money for meeting the medical expense of the younger brother. But he refused to give it. She scolded him by connecting his alcoholic behaviour and irresponsible behaviour to family. She said that he was useless not only to the family but also to the society. He was a curse to the family. These words highly affected him. He would ruin the youngsters also. He felt that he

was burden to the family. The nights he spent were sleepless. He felt a type of unrest, and anxiety about what will happen to him. He was not interested in nothing. He always felt a type of fatigue without any reason. He unnaturally became angry recently. He talked these about things to his friends. But they couldn't console him.

The case study supports the empirical analysis. The case belongs to a poor socio-economic background. The case had got poor socialization in his family. He didn't enjoy good relationship with family members. His alcoholism destroys his family relations and personal networks. Religion did not influence him. Even though he had economic problem, the family instability connecting economic burden caused to his suicide. The respondent lacks with the social support. He was in depression in the days of suicide.

## **Case II**

Case A, age 36 is female. She is educated up to high school and is married. She is a house wife and is from a poor economic background. Her husband is an auto driver. She is residing in urban area. She lives with her husband and two children. When the researcher went back to her childhood days she always wished to sit alone and spend those days with in herself. She had lower participation and achievements in her curricular and co-curricular activities. Her mother died in her early childhood (when she was 3 years old). Later his father married another lady. She was bought up by her father, step mother and siblings. Her father was strict, aggressive, authoritarian and irresponsible not only towards her but to the whole family. He was heavily alcoholic and spends money, time and energy for it. He had a group of friends to promote these bad habits. He never tried to understand her feelings. He did not promote her studies. He was not of a friendly nature. He never shared the family

matters with others. He did as he wish. But in the case of step mother, she did not like to take care of these children. She felt the children a burden. She was a strict authoritarian and aggressive towards the respondent. She was not responsible for looking after the children. She never tried to understand the feelings of these children. She was not friendly or considerate towards them. The children were not friendly or sharing with her. They had their own friends and they lived within their world. In her words “the family was not bothered about what they give or not.” She does not wish to share her personal feelings with anybody. She alone goes for outing. While in any crisis .She tries to solve it her self. When she was alone she wished to spend her self. The respondent is not attached to her religious organization. She never thinks religion can bring behavioural modification. She believes religion can’t strengthen her personal relations. She sometimes believed strong faith in God can solve the problems in her daily life. She rarely feels religious involvement is an outlet for unwanted thoughts and she sometimes feel religion can give opportunity for the people to communicate with God.

She got married at the age of 23.Her husband was a Loori driver. The early days of marriage were colorful to her. Days later she observed certain behaviour changes in his life. She has two sons elder one is four years old and the younger is two years old. He came late at night. He began to use alcohol. From neighbours she knew that her husband had illicit relation with other ladies. She felt that nobody was bothered about what would happen to her. She faced difficulty to find the real friends. She failed to solve her problems. She has a feeling of trouble or sad mood. She got frightened without any reason. She always feels a type of unrest. She is always highly anxious about what will happen to her. She is interested in nothing. She

felt fatigue without any reason. She became angry unnaturally.

Recently he came home with certain friends and used drinks and made a fuss with them. One day a girl came to her home and told her that her husband had illegal relation with her mother. She requested her to warn him and not to spoil their family. This news shocked her .she told all these things to her husband. He fired against her and she was beaten bitterly, breaking all boundaries. She thought it better to end her life rather than live with miseries .she attempted for suicide by consuming acid, which was used to make rubber sheets.

This case reveals certain empirical finding that it was her first attempt but thousands of times she had thought about suicide. She did not give any suicidal notes but on many occasion talked about ending of her life. Her attempt was not a planned one, but based on a sudden impulse. Her husband is the head of the family; he took all decision about all family matters. While facing the bitter experiences, she feels that her family is a burden for her. But her husband says that the case is a burden to the family. The case study reveals that the respondent had poor socialization in the family. The case is not satisfied with the care, love, affection, security, freedom, and acceptance which she got from the family. The poor socializing pattern negatively affects her life's experiences. He used to make quarrel with her. She is difficult to find special reason to begin alcoholism. Her husband's these habits highly affected both family and personal relations. She is helpless and hopeless in all endure in her life. She sometimes frustrated due to unemployment. She thinks if she employed the condition shall not have much worsened. His alcoholism, illicit relations and irresponsible behaviour towards children and the whole family matters constitutes the major causes. The family has the economic problem as every family has economy not

directly forced her suicide attempt. The respondent didn't get proper social support. She was in depressive mood. The sum total of all experiences clutches to suicide.

### **Case III**

A woman who is the age of 35, coming from lower income family. Her husband is a rubber tapper. She is house wife. She has two children. One is an age of 10 and other is of 8 years old. On early childhood days her father passed away. She was bought up by her mother and grand mother. They are two daughters. Her mother strived a lot for fulfilling needs of the family. Her mother's income unable to meet daily needs of the family. Her participation and achievements in curricular and co-curricular activities were rated average. Her mother was strict, and authoritarian. Her mother promoted in her studies but she couldn't complete her studies as mother wished she think about her childhood day which is filled with tears of mother. They are two sisters. She got married at the age of 22, and then her mother settled with sister. Her husband was good at her. He can earn the livelihood and responsible in r taking care of children. They have taken loan from bank for building of their house. And have to pay it back @ 6000/- per month. They could afford this amount, because he daily went for work and was not an extra wagent.

Before her marriage she didn't have close friends, after her marriage her husband was her close friend. She likes to share her dreams are ambitions with her husband. She likes to spend her precious moments with her husband. She likes to travel or go for outing with her husband. She believes only her husband can wipe out the tears in her eyes. She rarely goes to temple with children or alone. But she believes indepth faith in god can solve the problems in life. She never believe religion can bring behaviour modification in her life. It can't strengthen the personal relation

in her life. It is difficult to believe religion is leisure to people and holds people together. She knows religion give an opportunity to communicate to God but most of them she fails to communicate her miseries with God.

One day in an afternoon her husband was resting at the home. Then a neighbour come to home and she asked him picking out a coconut for cooking. He was not an expert in climbing over the tree. But he used to do it for domestic purpose. Unfortunately he slip out from the tree and broken back bone. He became bedded. After her husband's accident at the initial stage the family members and his extend help as they can. Day by day number of helping hands diminished. . This incident added the financial burden to the whole family .She has to look after the whole family. Education of children, daily expenses of home and medical expenses of husband.

She felt that nobody bothered about will happen to her. She faced difficulty to find real friends in her life. She wished it may be better one those who dear to me more like to understand me. She faced difficulty to find the relations dependable in her life. She felt isolation among her family members. Day by day the situation became worsen. Several questions come across to her mind how can look after the family? How can education the children? Who will meet the expense for medicine? Who will repay the loan? these questions turned a great question mark to her. The nights spend were sleepless, emptiness filled in her life. She tried to answer herself.

One day after lunch her husband was sleeping and children were at school. She felt it is the best time to escape from her. She attempt for suicide by consuming sleeping pills which was used by her husband. When children came back from school they saw their mother was unconscious with the help of neighbours she was

hospitalized in the Medical College hospital

This case study supports the empirical analysis that the respondent is from poor socio-economic background. The respondent was not much attached to religion. Poor socialization in the family is a contributing factor to suicide. The respondent was in depressive mood. She failed to receive social support. The economic burden and unexpected financial crisis were contributing factor to her suicide. The respondent felt the family is burden to her. She alone shares her personal feelings she did have any one to approach while in a crisis. She felt she is all alone in her she is in hopeless and helpless in her life circle. She always feels type of unrest. She could never sleep without sleeping pills. She can't concentrate or interested in nothing. She always feels fatigue without any reason and become angry unnaturally. Thus she is depressed in her life setting. Her all unfavorable circumstance led her into a type of depressive mood. Here another notable thing is that even though the respondent enjoyed good relation with family economic burden forced her to think about suicide.

#### **Case IV**

Case A, age is 42, female. She is high school educated and married. She is house wife and from poor economic background. Her husband is an auto driver. She is residing in rural area. She lives with her husband and two children. The elder boy is 20 years old and younger girl is 17 years old. Her father died at eight years old by an accident. Her mother was cancer patient and she died when she was fifteen years old. Then she was bought up by her grand parents. The younger uncle and his family were with them. She dropped out her studies and engaged in domestic chords. The case is not satisfied with the care, love, affection, security, freedom, and acceptance which

she got from the family. Because her uncle and family much care about their children. She also faced degradation and ill treatment from her cousins. She got acquainted with a neighbor named Babu and they became friends. When their friendship grew and falls in to love. The family showed dissatisfaction in this relation. But she eloped with this man. Thus she lost support from her and his husband's family.

They lead happy life. After the birth of second child she knew her husband have illicit relation with other ladies. He came late at night and was used to take food from out side. This causes disagreements between them. She also knew before their marriage her had the same behaviour this shake their family ties. Gradually he began drinking habits. He always showed anger to her. He quarreled with her even for simple matters. The children are growing up she requested to him to end all the bad habits. One day after noon he came to home for taking lunch. The food was not ready but she was preparing it. The quarrel started relating to late preparation of lunch . He complained that the case is not properly engaged in family matters. She is wasting time by gossiping and engaged in unnecessary conversation with neighbours. Then he threw away all the prepared food. She burst with anger and tears. She murmured the children will come for lunch. How can I feed them? Due to heavy consumption of alcohol he was in unconscious stage. He beat her bitterly. It was unbearable to her. She felt no body for her. She thinks ending lives rather than living with all these difficulties.

From this case the researcher could under stand the fact that, her attempt was not planned one, which was occurred due to sudden impulse. She consumed acid, which was used in rubber sheets. It was her first attempt but a number of times she thought about suicide. She did not give any suicidal notes but several times. But each

drastic situation she told that she will die because she can't bear these painful experiences. Her husband is the head of the family. He takes all decision about all family matters. While facing the better experiences she felt she is burden to the family.

She does not wish to share her personal feelings to anybody. While in any crisis, she tried to solve herself. When she was alone she wished to spend by her self. Her husband is heavily alcoholic. He is hot tempered. He used to quarrel with them with and without reasons. She believes that it is his bad company is the reason for cultivating drinking habits. Her husband's these habits highly affected both family and personal relations. She is helpless and hopeless in all endure in her life. She sometimes frustrated due to unemployment. She thought if she were employed the condition is not this much worsened. Quarrels with in the family highly affected by the respondents. The quarrels mainly with her husband. His alcoholism illicit relations and irresponsible behaviour towards children and the whole family matters constitutes the major causes. The family has the economic problem as every family has economy not directly cause her suicide attempt. The respondents are not attached her religious organization. She never thinks religion can bring behaviour modification. She believes religion can't strengthen her personal relations. She sometimes thinks strong faith in God can solve the problems in her daily life. She rarely feels religious involvement is an outlet for unwanted thoughts and she sometimes feel religion can give opportunity for the people to communicate with God.

Her family faced difficulty to meet daily needs, dressing needs, educational needs and health needs of the family. Her husband has taken loan from bank and private institution, his irresponsible behaviour reflects in these matters. It never

directly constitutes the cause to her suicide. She felt nobody bothered about will happen to her. She faced difficulty to find the real friends. When she failed to solve problems then from nobody she got proper attention from any one to solve the problem. She faced to the relation which is dependable in her life. She is isolated whole in the family.

The case study supports the empirical analysis. The case belonged to poor socio-economic background. The case study reveals the respondent had poor socialization in the family. The poor socializing pattern negative affects life experiences. She didn't enjoy good relationship with family members. She suffered with low social support. The problem with spouse: his illicit relation and irresponsibility towards family main cause to suicide. She wished to spend with in herself. These things psychologically affected the respondent. She felt she was in a trouble or sad mood. She feared without any reason. She always feels a type of unrest. She is always highly anxious about what will happen to her. She is interested in nothing. She felt fatigue without any reason. She became angry unnaturally. Thus the respondent was totally depressed. The sum all the experiences lead her to suicide.

#### **Case V**

A case of age 25, female respondent coming from middle class family. She is living with one brother mother and grand mother. Her father is no more. In her childhood days s she didn't get fortune to live with her parents. Because after death of father mother is forced to go abroad as a house maid to look after family. Thus she was brought up by her grandmother. Grand mother cared her as she could. But the girl's heart thrust for parental love, care, protection and over all nearness of them. In her school day's with fascination she was looking how her friends dealing with their

parents. Even she couldn't much concentrated on studies she is no much bad on it. She didn't have enough friends to share feelings. She felt, she was alienated not only in her classrooms but also in the family.

She wished to sit alone and share the feelings herself. She is not much religious oriented. She only got primary lessons which have been shared by grandmother in form of stories or keerthanas. This couldn't bring behaviour modification in life. She knows religion gives opportunity to communicate with God, but she was not in a position to communicate her feelings with God. It never help to solve problems in her life.

Days passed at the age of sixteen a man came into her life. She got the love which was denied in her childhood days. She fell in love with a man. She is highly satisfied with love, care, protection affection and support which she received from her lover. The moments she spent with him are precious to her. The man got a job as an army man. He went to Andhra Pradesh, even he went at distance which didn't affect their love. She opened her heart with grand mother with hesitation but by discussing with her mother grandma agreed this relation whole heartedly. The marriage was fixed. Her mother planned to come back. she cleared the visa. The days spend were colorful days in her life. She felt she is the one of the happiest person in the world, she dreamt the coming days in her life. But she was shocked by hearing the news that her would be's marriage was fixed with other girl. Because he suspected in her chastity. She was out of control. Her gay of sea end in tears. Her grand mother tries to console her as she could. But she felt nobody was bothered about what will happen to her. She faced difficulty to real friends to share her feelings. She felt it is difficult to find out the relations which are dependable in her life. the case felt she is alone in

his life.

It reveals the girl didn't get proper social support. It automatically affects the psycho of the respondent. She was always in a sad mood. She felt a type of unrest. She was always anxious about what will happen to her. She was interested in nothing. She felt fatigue without any reason. One day took strong decision to commit suicide, by cutting vein in her hands but fortunately or unfortunately the grandmother saved her.

This case study supports the empirical analysis of the researcher. She got poor socializing from her family. The respondent failed to receive social support. She was alienated and isolated in her settings. The respondent was not attached to her religion. The social factor such as failure in love is main cause of her suicide and the respondent was depressive during the days of suicide

## **Conclusion**

“Suicide is a paradoxical phenomenon. On the hand it appears to be the most personal action an individual can take. On the other hand, it is ubiquitous, has occurred throughout human history in all corners of the world and often under circumstances that show such a striking similarity that one has but to conclude that social factors play an important, if not decisive role in its causation. As important as those who lost their lives by suicide are those who have failed in their prior attempts kill themselves. It is said that about ten times as many as those who commit suicide are those who fail in such attempts and continue to live with different degrees of physical, mental and social disabilities. Whether there is any substance in the oft-repeated view that more women fail in their attempts to kill themselves than men is

not yet clear. In addition to those who attempt suicide are those who carry suicidal thoughts and consider such deliberate self-harm as an option available to them also. Fifteen times as many as those who attempt suicide are estimated to be carrying suicidal ideas and think of it as a possible option to be tried out as and when needed. One urgent need is to undertake a comprehensive study on the suicide proneness among the people of the state and come up with realistic data

The difficulties can be overcome by taking into consideration, the increased risk indicators of suicide behavior. Being a psychiatric patient carry increased risk. The psychiatric diagnosis is also important as Depressive disorders carry a particularly high risk. A history of previous suicide attempt and the feeling of hopelessness or associated alcohol or other psycho active substance use are high risk indicators. Those individuals with a self oriented motivation, and those who communicate a suicide intent are at high risk. High unemployment, those who have never married, or divorced and widowed may carry relative increase in risk. What ever may be the multiple interesting causes and contributory factors, at the time of the act, the behavior is totally destructive to the individual and hence it is a definite sign of psychological ill health. Durkheim concluded that the greatest barrier against committing suicide in time of personal stress in a sense of involvement and identity with other people. The likelihood of suicide increases, he maintained among individuals who lack strong group ties and it also increase under condition of normlessness or anomic, when traditional group standards and expectations no longer seem to apply. Since the causative factors are multiple, the management approach in suicidal behavior also should be multidisciplinary. A psychiatric team should be involved in the management. The team should consist of a psychiatrist, psychologist,

social worker and sociologist. A well coordinated and functioning legal, psychiatric and social support system is most essential in the management of suicidal behavior.

In this chapter the researcher analysed major factors of suicide, such as social factors: family instability, separation of beloved one, failure in love, failure in exam and sexual harassment and indebtedness. Among these factors, family problems constitute major cause of suicide. Both women and men were victims of a problem with family members, in the case of women husband's illicit relation, heavy alcoholism, suspicious nature and related domestic violence prone to suicide. In the case of men: alcoholism, breaking of support mechanism within family, economic crisis mainly due to improper financial management of individual leads to suicide. The researcher analysed the economic factors most of the respondents faced difficulty in meeting educational needs of children, dressing needs family, provide adequate food in the family, to meet health needs of family. Some were took loan from banks and private institutions for building house for the maintenance of home or buying home appliances such as furniture, fridge, television and for educating children. These economic factors never make direct cause to suicide; along with other problem economic problem also boost up breaking family ties. This study shows in only a few cases economy is direct cause of suicide, but economic factors indirectly played a vital role to lead social causes of suicide. In this chapter researcher found quarrels within the family followed by economic problems, failure in love, failure in exam, sudden death of a family member and sexual harassment. It also found alcoholism of male members break the family ties and also shook the economic stability of family. The study shows only 29% of the respondents economy problems are direct cause of suicide but for others economy indirectly constitute the cause of suicide. In

this chapter the researcher partly rejected the hypothesis that “*Economic factors are main cause of the suicide*”. The researcher measured the relation with family members most of them were not enjoyed better relation with family members. They were like to spend alone. The researcher measured the social support the scale used by Kulhra Nehra. From this researcher found most of the respondents have low social support. Another notable thing is that most of the respondents were depressive. The depression is mainly due their social milieu rather than the psychological distress. Unhealthy social situation and family conditions geared men in to depressive mood rather than the psychological traits.