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Mental Depression of Indian Women and High Suicide Rate in South-East Asia--is a Big Concern Today: An Anthropological Perspective

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Overview

In order to tackle severe depression and eventual death from depression-induced suicide, we need to investigate the underpinning issues of depression, and that will be done not only in the light of socio-economical situation of a society, also the issues of anthropology. Cultural context is one of the determinants that regulate a person's mood and mind and that influences females' mind significantly, the reason, there is an interrelation between culture and anthropological factors of a society affecting the female population in South-East Asian countries differently. However, anthropological factors for causation of suicide are still unclear. But we cannot simply ignore them, especially in understanding of individual motive of suicide of a female in South East Asia and higher suicidal tendency among certain ethnic group of population, such as Mongoloid race. If we look at the global statistics of suicide, we find, although Japan, Hungary and Lithuania have highest rate of suicides--observed during the past six decades, currently it has been shifted to South Korea having higher suicidal rate among all the countries including many countries in South-East Asian region [1] Therefore, this agonizing problem of suicide is no more prevalent in Western and Eastern Europe, and the current incidence of suicide has extended to Asia, and particularly in South Korea, China and India. At present China and India are badly affected with highest death toll of suicide in the world [2-4].

Indian Scenario of Suicide

Suicidal rate in India is higher comparing to other countries in the world. In each year over a half million people put their own lives down globally, of them 20% are Indians (17% of world population) [5]. However, during last two decades the rate of suicide has increased from 7.9 to 10.3 per 100,000 [5]. A large proportion of adult population, age ranging between 15 years and 29 years have committed suicide [6]. During 2010 the estimated number of suicide was 187,000, and until date it's on rise [7,8]. Therefore, if we look at the situation in India, we find that, the country is heavily loaded with quite high number of suicide i.e., 1,35,445 people committed suicide in 2012. The National Crime Records Bureau (NCRB) of India reported that in the state of West Bengal, 79,773 men and 40,715 women had taken the extreme step of self killing [9]. And the males have overtaken the number from female. It has been reported that the rate of suicide during 2012 is 11.2 cases for a population of 100,000. Therefore, according to them, on an average, 15 peoples are committing suicide in an hour, in another way 371 suicides per day in West Bengal state of India is accounted [9]. Sikkim is an independent state has also got higher rate of suicide. I think, in Sikkim's case an anthropological interpretation is needed to analyze their situation on suicide. It has been observed that, there is higher tendency of suicide among Mongoloid race. Having said that, if we look at the North-Eastern states of India, where a significant proportion of Mongoloid races are living has got a higher suicidal rate, as well as among people of Sikkim, and most of them belong to Mongoloid race. However, if we read the statistics of NCRB of India, we find 1,35,585 persons committed suicide in the country during 2011. NCRB statistics of 2002 shows that the annual suicide number in the country always stood above the 100,000 mark and the highest number of cases was 1,10,417 in 2012 [9]. Why the suicide rate is high in West Bengal, as well as among Mongoloid races--need to be investigated in the light of anthropological and cultural factors especially among Mongoloid population. Although the state of West Bengal does not have many people of Mongoloid race, but why the suicidal rate is so high in Bengal--needs to be investigated too. For example, is there any cultural influence of the neighboring North and North Eastern States or any anthropological factors plays a role at all--needs in-depth study. But, specific cause-related suicide for example: (1) To a particular age group of population if there is an imposition of a huge social, emotional and economic burden; (2) Domestic violence related suicide (3) Preferred method of suicide (4) any ideology motivated suicide e.g. Suicidal human bomb (5) Suicide among Indian farmers (6) Sever psychiatric disorder related suicide (7) Disrupted/disturbed love among couple etc. Should be investigated properly in order to explore the real cause of suicide rather searching for an anthropological links, and that can help prevent and control of terminal episode of a life largely.

Psyche of suicide

In order to investigate a correlation/interrelation between anthropological elements and suicide we may approach variety of ways to understand the psyche of suicide. And in this context, if we want to determine the 'legitimate (!)' aspects of a suicide, perhaps it will not be wise to simply overlook the anthropological perspective, but this factor should not be over-acted. On the other hand, several studies on depression related suicide shows that there are certain circumstances, a group of people commit suicide, for example: a suicidal person expect his/her loved one to respond in an expected manner [10]. There may have significance in South East Asian Population, because, this part of the world has got strong influence of male dominated feudalistic-democratic society (a bad mix of feudalism and democracy), and the society creates lot of psychological pressure to their females, interestingly the male shows a "love" to female--the distressed female expects that illusion of "love". In my opinion, this factual societal conflict (silently prevalent among female folk) could have a hidden role--needs to be explored while investigating any anthropological and cultural elements for causation of a suicide. Of course, genetic factor will also be taken into consideration, because, there are number of

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reports on genetic and hereditarily link on suicide have been published elsewhere [11].

Depression-related suicide (DRS) and cultural link

A DRS is so much integrated in the culture of a society; sometimes we cannot completely ignore the anthropological aspects and genetic link as well. But simply we cannot separate this suicidal episode from cultural factors of a society, which is again linked with racial character (anthropological connection). And if we cannot detect these cultural and anthropological elements, probably we will be picking up a wrong signal for high depression related suicide, especially among female group of population. In this context, few studies reveal that suicide is overtly connected with the cultural pattern of some societies, for example: in Kaliai, West New Britain, Papua New Guinea [12,13]. The factors, such as, long-standing wrong believes, prejudice, myths and religion, delusive superstition, folk tales-talks may induce a female to kill by herself 'legitimately' - the occurrence of such episode is really shocking. But we do not know what exact elements of anthropology may help promote suicide in a particular group of population. Whatsoever, there is a huge concern of depression-related suicide (DRS) in South East Asian female, and that is largely related to feudalistic attitude of the male towards females, and the female (jobless house-wives) are helpless, because, there is no alternative shelter for them except husband or a male-led family.

Socio-economic perspective of suicide

Apart from anthropological aspects, if we look through the socio-economic context, we shall see a disturbing profile. There is a belief that the people (especially the women) in South-East Asian countries (including India) are less stressful comparing to west, and stress related suicide is less--which is not true. Recent WHO statistics reveled that burden of depression is 50% higher in female than males, and report says that the Indian women are more depressed. The study conducted by watchdog, and they found that around 9% of people in India have an extended period of depression in their life-time. Nearly 36% people are suffering from major depressive episode (MDE) [14]. The manifestation of MDE may appear in different ways, it may a combination of signs-symptoms or single. Usually MDE is manifested by sadness, loss of interest or pleasure, loss of libido, feeling of guilt or low self-worth, thin sleep or loss of appetite. Poor concentration at work is another manifestation--is a big problem for the employer and service-takers. We thought that people in developing countries, especially the women are free from depression, but it has been investigated that in many developing countries, for example if we look at Indian women, we find that, they feel depressed for 31.9 years compared to 18.8 years in China and 22.7 years in the USA during their life-span. My concern is that, if we probe the associated factors of depression in them, the situation will go bad to worst after 10 years--as WHO rightly projected, and I also see there are many underpinning issues of gender inequalities exist deeply in developing society [15]. In this context, we better check with the report of world psychiatric association (WPA). They find--one out of 10 people in the world suffers from major depression and almost one out of five people (both male and female) have suffered from mental disorder in their life-time. It should be a major public health concern in many developing countries; for example, in India the hidden burden of depression could lead to many number of suicide--already it's happening badly. Having said that, I would reiterate---in each year nearly one million lives are lost due to suicide, and surprisingly it comes into a figure of 3,000 suicidal deaths daily, says WHO, and in this concern WHO already came –up with a framework on how to prevent suicide. However, the report stated that "350 million people suffers from depressive disorders and often start at a young age and manifest with different depressive characters as they grow, and the pattern of depressive characters keeps on changing". World Health Organization (WHO) conducted the study among more than 89,000 subjects in 18 countries by 20 different researchers, and they maintained the uniform and validated pre-tested questionnaire. The results concluded that nearly 121 million people in the world is suffering from mental illness, and that is the second leading cause of shorter lifespan, found in the age group of 15-44 years old. Again, the wealthier group of women (28.1%) is more susceptible to depression than low-income group (19.8%) [16]. And it has been a forecast by WHO, that if the associated factors of depression is not controlled-depression will be the forth leading cause of disability in many countries by 2020, especially in developing countries, where suicidal rate is increasing rapidly, then it will be the second leading cause of disability, because, only less than 10% mentally depressed people go for a treatment. Therefore we should have a proactive role to tackle this disabling health condition.

Conclusion

It will be wise not only to focus on cultural and anthropological aspects of severe depression related suicide among female in South East Asia, the issue of economic inequalities and elimination of feudalistic attitude among male towards their females at home and work-place needs to be tackled properly.

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