

An Observational Analysis of Suicidal Deaths during COVID 19 Pandemic Lockdown at Lucknow, India

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Abstract

COVID 19 Pandemic has affected the global population. . In this paper we have tried to study the possible contributing factors to suicides along with the demographic data of people committing suicides. **Aim of the study-** to analyse the role and magnitude of severity of these factors contributing to suicides and devising possible strategies to help the vulnerable groups to cope with such situations in future. **Material & methods-** We had conducted an observational analysis of suicidal deaths which occurred in Lucknow during the Lockdown period in India. **Observations-** A total 59 suicides were reported in Lucknow during the lockdown period of 69 days. Majority of suicides were done by Hanging (93.2%), Economic factors accounted for 49.2%, domestic conflicts 23.7%, psychological and emotional factors (27.1%). **Conclusion-** we should try to develop strategies and appropriate and timely interventions to eliminate the contributing predisposing factors to suicide.

Keywords –Suicides, Lockdown, Hanging

Introduction

COVID 19 Pandemic has affected the global population. Various countries have taken different measures to deal with the situation and mostly a lockdown was implemented to prevent the community spread. Government and other institutions throughout the world are intensely focussed on saving the physical bodies from COVID 19. Along with the physical threats and the compelled containment strategies along with it has inflicted deep hurt to our emotional well being. As it was noted that many individuals worldwide started developing suicidal ideations during this Global Pandemic and they tried all sorts of suicide prevention trainings to deal with the psychological crisis during the lockdowns ^{1, 2}. Lockdowns did help in halting the progress of the disease in India, but at the same time it

had a detrimental effect on the lives of various people leading to 300 suicides during the lockdown period ³. In this paper we have tried to study the possible contributing factors to suicides along with the demographic data of people committing suicides. The aim of the study was to analyse the role and magnitude of severity of these factors contributing to suicides and devising possible strategies to help the vulnerable groups to cope with such situations in future, keeping the Indian scenario in mind⁴.

Material & Methods

We had conducted an observational analysis of suicidal deaths which occurred in Lucknow during the Lockdown period in India, which was taken as a preventive method to contain the spread of Corona Virus. The Lockdown period lasted for around 69 days, beginning from 24th March 2020, and continuing till 31st May 2020. Data was collected from all the four zones of Lucknow, with the assistance of Joint commissioner Police, Lucknow.

We used a standardized data extraction procedure to collect data on the following parameters

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1. Contributing Probable stressors during the lockdown

- a) Interpersonal conflicts
- b) Financial losses
- c) Emotional loss-death of a loved one /relationship breakups
- d) Heightened anxiety/corona fear
- e) Extreme poverty/starvation

2. Demographics: Age; sex; occupation & living conditions

3. Clinical variables:

- a) pre existing mental health illness-depression, anxiety disorder,
- b) substance abuse, including alcohol, drugs, or both
- c) co morbid medical conditions.
- d) COVID 19 status

4. Method of suicide

Observations

A total 59 suicides were reported in Lucknow during the lockdown period of 69 days.

Table-1:Suicides according to age and sex; age standardized suicide rates

Sno.	Age range	Male	Female	Total number
1.	<18years	0	3	3(5.08%)
2.	18-35 years	16	22	38(64.4%)
3.	36-60 years	13	1	14(23.72%)
4.	>60 years	4	0	4(6.77%)
5.	Total	33(55.9%)	26(44.4%)	59

33 suicides were by males, 26 suicides were by females

Table-2: Manner of Suicide

S.no	Manner of suicides	Male	Female	Total
1.	Hanging	32	23	55(93.2%)
2.	Poisoning	0	2	2(3.3%)
3.	Drowning	1	1	2(3.3%)

Majority of suicides were done by hanging (55 cases),only 2 cases of suspected poisoning and two cases of suicides by jumping into the river were noted.

Table-3: Probable Contributing Factors leading to suicide

S.no	Reason for suicide	Male	Female	Total
1.	Financial losses/job loss	13	3	16(27.1%)
2.	Domestic conflicts & violence	4	10	14(23.7%)
3.	Poverty and hunger	12	1	13(22.2%)
4.	Anxiety & depression	4	12	16(27.1%)

Economic factors accounted for 29 cases, followed by domestic conflicts with 14 cases, psychological and emotional factors accounted for 16 cases

Table-4: Occupations linked to suicides

S.no.	Occupation	Male	Female	Total
1.	Business /self employed	9	1	10(16.9%)
2.	Daily wages worker	13	2	15(25.4%)
3.	Govt. employee	2	1	3(5.0%)
4.	Domestic help	3	6	9(15.2%)
5.	Housewife	-	10	10(16.9%)
6.	Farmer	4	-	4(6.7%)
7.	Student	1	4	5(8.4%)
8.	Health care worker	1	2	3(5.0%)

Discussion

In our study, we found 59 cases of suicides which occurred during the lockdown period of 69 days, in Lucknow, the capital of largest state of India. Among these, 55.9% suicides were seen in males and 44.4% suicides were done by females. Maximum suicides were reported in the 18 -35 year group (64%). The younger less than 18 age group and above 60 age group had the least

number of cases. The possible logical explanation is that the productive adults bore the maximum grunt related to hurdles and stress arising because of the lockdown, whereas the children and the elderly felt protected and secure within their family environment.

The most common method which was used for suicide commission was found to hanging (93.2%). We would again attribute this to the lockdown effect,

as people had limited accessibility to other means. There were only two cases which were suspected of self ingestion of a toxic substance, and two individuals committed suicide by jumping into the river.

The possible contributing factors which triggered these suicides were mainly financial or related to loss of income during lockdown (49.2%). There was a significant increase in the number of domestic violence cases which triggered the plug in many vulnerable females (23.7%). Though the government arranged for free distribution of essential commodities to the poor, there were some unfortunate who couldn't access these facilities and therefore ended their life because of extreme poverty and hunger. Psychological and emotional factors as a result of isolation and separation from partner, relationship break ups led to severe anxiety and depression which acted as a catalyst for triggering the suicide in 27% cases^{5,6}.

The daily wagers and the self employed citizens were badly stuck by the lockdown (36%). The future uncertainties and the increasing toll of COVID 19 worldwide drew the strings of unemployment, hopelessness and helplessness, and forcing them to take such drastic steps. The domestic helps which are an integral part of the working middle class families in India and the housewives ended their lives mainly because of increased domestic conflicts as most the husbands were staying at home .the subtle seeds of frustration and anger against an invisible enemy led to a volatile temper and increased episodes of domestic violence.

The forefront health care workers went through a different dilemma. They were the true corona warriors and they were expected to be on duty while the others were having a forced vacation and apparent good times during lockdown^{7,8}. The ethical obligations of medical profession, along with anxiety and fear of contracting the infection while treating the COVID 19 positive patients acted as a predisposing factor and led to three suicides among health care workers^{9,10}.

Conclusion

The Corona Pandemic has fuelled anxiety and loneliness, without any clues related to its end point. Mental health services in India were highly inadequate in the pre Covid times, with only 4000 Psychiatrists

to cater to such a large population. The government along with help of various NGOs should work on the development of mental awareness of individuals. The health care sector needs to strengthen its suicide screening services. Community based gatekeeper training programmes for early identification of suicidal ideations should be implemented. If we could work on appropriate and timely intervention for the prevention of risk factors precipitating suicides, we could save a significant number of precious and valuable lives in foreseeable lockdowns.

Conflict of Interest-None

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