

Suicide among mizo youths with special sociology essay

[Sociology](#)



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Chapter 1

Introduction

Statement of the Problem

Suicide is a disturbing global phenomenon which is a serious concern for all societies. Though suicide was rare in the traditional Mizo community, there is an increasing suicide rate in the recent times, particularly among the youths. This increase in suicide has become a disturbing phenomenon and needs to be addressed with adequate research and practical approach for the welfare of the members of the Mizo community.

Elaboration of the Problem

" Suicide is a singular act with a plural effect," writes John H. Hewett in his book *After Suicide*. One's act of suicide can send many other people into serious shock and grief.[1] Yet, this does not stop many from attempting to end their lives even though they may have not done it to hurt others. The level of shock and grief suicide causes to the loved ones and friends is usually much greater than the pain in a natural death. They experience the pain of " sudden loss, shame, guilt and self-blame." Relatives and friends are emotionally wounded and they themselves become high risk until proven otherwise.[2] Even though people have been committing suicide since the beginning of recorded history and still continues to do so, the suicide rate has increased enormously to a point that it needs urgent attention. The WHO report states, Every year, almost one million people die from suicide; a ' global' mortality rate of 16 per 100, 000, or one death every 40 seconds. In the last 45 years suicide rates have increased by 60% worldwide. Suicide is

among the three leading causes of death among those aged 15-44 years in some countries, and the second leading cause of death in the 10-24 years age group; these figures do not include suicide attempts which are up to 20 times more frequent than completed suicide.[3]Suicide is one of many choices open to human beings. Joost Meerloo asserts, " Eighty per cent of people admit to having played with suicidal ideas." [4]Earl A. Grollman also opines that every individual has a tendency to self-murder, which varies in degree of intensity from person to person and from one society to another. [5]However, a sound, healthy and well integrated personality terminate such kind of thought and it does not stay with them for long.[6]With regards to an instinct of self-destruction, Sigmund Freud believes there are two kinds of drives in human beings - one is the life instinct/drive or ' Eros' and the other the death instinct/drive or ' thanatos,' and there is a constant shifting of the balance of power between the two drives.[7]Although, suicide is a singular act and almost everyone contemplates suicide at one point or the other, it is not only a problem of the person involved alone but a problem of the family and the society as well. However, it remains a taboo in most society and has a very negative connotation till today. Suicide today has become one of the most alarming trends in the Mizo society. Although the suicide rates in Aizawl may not be as high as some of the states in India, it nevertheless needs urgent attention since there is an alarming increase in the suicide rates when compared to the previous years. The law enforcement officials in Mizoram described the increase of suicide rate in the state, especially in the capital Aizawl, as disturbing and alarming. Nearly five people on average commit suicide each month last year among whom the majority were

between the ages of 20 and 30.[8]The report also states that an average of more than two cases of suicide occurs every week in Aizawl district[9], having a population of barely four lakh (2011 census) and that the majority of those who commit suicide are from Aizawl city,[10]having a population of 291, 822 persons.[11]Aizawl District, according to the 2011 census, has a population of 4, 04, 054. Out of these, according to the report given by the Superintendent of Police[12], Aizawl District, there are 58 persons who have committed suicide in the year 2011, which means that the suicide rate is 14.35/1, 00, 000 persons.[13]In the previous 5 years the suicide rate of Aizawl District were 8.4/1, 00, 000 persons in 2010, 5.6/1, 00, 000 in 2009, 5.1/1, 00, 000 persons in 2008, 6.9/1, 00, 000 persons in 2007 and 6.6/1, 00, 000 persons in 2006.[14]It is clear from the statistics that the suicide rates have enormously increased during the last two years. In the year 2011, the suicide rate in Aizawl (14.35/1, 00, 000 person) is higher than the suicide rate in India which is 11.2/1, 00, 000 persons.[15]When compared to other countries like USA (12.4/1, 00, 000 persons according to the 2010 record), [16]Germany (9.9/1, 00, 000 persons in 2009),[17]and UK (6.4/1, 00, 000 persons in 2010),[18]the suicide rate of Aizawl is much higher. Followings are the age group of suicide victims in Aizawl from 2004 - 2011 as reported by the Police Department.

Table no. 1

Age Group of Suicide Victims from 2004 - 2011[19]Age

Group20042005200620072008200920102011

Grand Total**%**

1 - 1963734368

40**16. 59**

20 - 391711181613172138

151**62. 65**

40 - 59380743610

41**17. 01**

60+02220012

9**3. 73**

Total2624272821233458

241**100**

The above table shows that the age group 20 - 39 years have the highest percentage with 62. 65% of the total suicide cases. The age group of 40 - 59 years have 17. 01%, 1 - 19 years have 16. 59% and 60 and above have 3.

73% of the total suicide cases.[20]One may observe that the percentage of the age group between 20 - 39 years is quite high compared to the other

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age groups. If we look at the table for the last 3 years, we may also observe that suicide increased by 47.82% from 2009 - 2010, 70.58% from 2010 - 2011. The increased percentage from 2009 - 2011 is 152.17%. It is clear from this report that suicide has increased tremendously during the past few years. Apart from the increase of suicide rate, the following table shows the number of men and women committing suicide in Aizawl District from 2004 - 2011.

Table no. 2

Percentage of Male and Female committing suicide from 2004 -

| Year | No. of Suicide | Male | Female | % of Male | % of Female |
|-------|----------------|------|--------|-----------|-------------|
| 2004 | 26 | 24 | 4 | 84.6 | 15.4 |
| 2005 | 115 | 38 | 77 | 33.0 | 67.0 |
| 2006 | 153 | 162 | 83 | 66.7 | 33.3 |
| 2007 | 209 | 232 | 129 | 64.6 | 35.4 |
| 2008 | 211 | 147 | 66 | 69.7 | 30.3 |
| 2009 | 282 | 103 | 179 | 36.5 | 63.5 |
| 2010 | 343 | 229 | 115 | 66.8 | 33.2 |
| 2011 | 451 | 377 | 74 | 83.6 | 16.4 |
| Total | 2412 | 1408 | 1004 | 58.3 | 41.7 |

The above table shows that men are more susceptible to suicide than women. From the total cases of suicide between 2004 - 2011, 83.40% are male while only 16.59% are female. Therefore, in Aizawl District, men committed suicide five times more often than women. In the light of these statistical data, another question which arises is, "why are men more prone to suicide than women?" Adina Wroblewski also states that, "women attempt suicide three times more than men, but men kill themselves four times more often than women." [22] According to New Life Charity Society, [23] there are more suicide deaths than the sum of deaths caused by AIDS, malaria, and drugs overdose which are the common means of death among the youths in other years. [24] This high percentage of suicide rate among the youths exhibits the gravity of the issue which is a serious socio-religious-political concern. It

must also be added that there may be numerous suicide incidents which are not reported or misreported to avoid stigmatization. For instance, in the police record there are cases of people falling from the rooftop, cliff, etc. Although these cases were reported as accidents, there is a possibility of someone committing suicide and tries to cover it up as accidents. In this regard, Mohan Isaac said, " as long as suicide attracts a stigma, many suicidal deaths are likely to be registered as accidental or undetermined death." [25] The late Dr. Gregory Ziloorg, Psychiatrist-in-chief of the United Nations also said that, " statistical data on suicide as they are compiled today deserve little if any credence; it has been repeatedly pointed out by scientific students of the problem that suicide cannot be subject to statistical evaluation, since all too many suicides are not reported as such." [26] Self-destructive behaviour caused by loneliness, depression and other disturbing events were usually not found among the Mizos. The community life, social experience, and peer group encounters facilitate to develop a healthy person with apt intellectual, emotional, social and spiritual formation. The social institutions, Zawlbuk, which is the " bachelor's house or dormitory" in the olden days and the Young Mizo Association, today, served as a means for shaping the Mizo youths into a responsible members of the society. [27] In addition the church and its youth groups/ fellowship provide an excellent centre for imparting a healthy spiritual and strong community life. Sipra Sen, a former member on the staff of Anthropological Survey of India comments, The Mizos are very much disciplined people. Some excellent social custom is found among them. These are based on some good principles of self-help and co-operation of one Mizo with another. This helping attitude and co-

operation is almost nil among other societies. This rare social customs are really appreciable which teaches a man (sic) to be kind, hospitable, unselfish, brave, equality of status and energetic habit.[28]This helping attitude and co-operation facilitate a healthy mentality, character, temperament, personality and a positive approach toward life. Therefore, suicide was never a crucial issue in the traditional Mizo society. However, viewing from the current statistics of suicide rates, particularly in Aizawl city, one can infer that this has changed tremendously. The youths, who are supposed to be the future of the society, are faced with the problem of coping with life itself which force them to succumb to suicidal ideation and action. It is however, suggested that suicide could be prevented. So Christians cannot neglect this problem and turn a deaf ear but rather deal with open mind so that the situation and the problems that a suicidal person is going through may be apprehended. Positive personal formation, social experience, the ability to handle day to day failures, frustrations and crisis situations can be facilitated through preventive measures and positive way of affirming life. So, the need for a careful study of the problems to find out the present condition of the youth in Mizoram is crucial so that measure could be taken by the church to prevent suicide through Pastoral Care and Counselling.

Purpose of the study

The purpose of this study is to try to identify the causative factor which increases suicide among the youths with due psycho-social exploration. There are multiple factors that make an individual vulnerable to commit suicide and therefore this study aim at identifying the common

psychological, socio-economic and political hardships which are central to this study. Attempt will also be made in identifying the cultural settings which may influence the people to have suicidal ideation. For instance, in India one cultural practices which influenced people to commit suicide is marriage. Personal choice of marital partners against family's approval often leads to suicide. Also, dowry is also one of the main cultural factors in the India society. Likewise, there may also be some socio-cultural factors which may have a direct or indirect influence. In addition, this study also aims at bringing out the necessary measures which must be taken by the church and other social institutions for bringing awareness in the prevention of suicide which will help in determining the role of Pastoral care and counselling in the intervention and handling of a suicidal person. It is often said that a suicidal person needs someone in whom he can pour his/her hearts out so that the intensity of his/her feelings gets abated. This may serve as an important means for preventing suicide. As such the role of Pastoral care and counselling in intervening and handling a suicidal person needs to be made clear so that timely intervention may be carried out by Pastoral care givers. Unfortunately, Christians have largely ignored the issue of suicide and how it can be prevented. Few mention about suicide, much less offer any rational comment on it. Few preachers have addressed the matter from the pulpit partly because they are not sure about the Christian position and what the Bible says about suicide and partly because the opinion of the early church fathers like Augustine, Aquinas, etc. who condemned suicide, still persist. Therefore, there is ignorance among the church members and the people as a whole in understanding the church stance on suicide. Therefore, Christian,

especially Pastoral care givers have a special responsibility to lead the church in reconsidering the theological dimensions of suicide. It should be made clear that this is a task that must involve the whole church.

Furthermore, educating the families for providing continued care for the suicidal person is necessary since family's reaction may either prevent or further intensify the tendency to commit suicide. This study therefore aims to generate sensible suggestions on how should awareness be given to the Mizo society, particularly the churches in carrying out their crisis ministry and in equipping their ministers in dealing with people in crisis especially suicidal persons.

Previous Research

N. Siaso Sintala in his MTh thesis titled, *The Role of Clergy in Suicide ' Prevention', ' Intervention' and ' Postvention'* (1988) explores the opinion of the Protestant clergy in Bangalore concerning the problem of suicide and its causes, how to prevent, intervene and care for the survivors of suicide. Shirin Singh's project, *Investigating into the Myths of Suicide* (1998) " tests the myths which are popularly believed by people." She brings out 10 different myths about suicide which according to her " lacked testing" and analyzed them. She concluded that suicide is a " 100% preventable cause of death" and made several suggestions for preventing suicide. Ephratha Sarathy's MTh thesis titled *Psycho-social effects of Survivors of Suicide in Bangalore and its implications for Pastoral Care and Counselling* (2001) explores the causes and the psycho-social problems of the survivors of suicide in order to draw implications for pastoral care and counselling. This is done so as to bring awareness to the church and society, family members, pastoral care

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staff, counsellor and health care professionals, so that the survivors of suicide will be understood, cared and enabled to cope with life challenges and appropriate measures will be taken to prevent suicidal attempt in the future by the survivors of suicide themselves. Besides the above mentioned, numerous publications are available on suicide. But, as each socio-cultural context differs from one another, the implication for one particular community may be quite different from others. As such, a fresh and distinct study is needed to understand the causative factor and how pastoral care and counselling will help prevent suicide in the Mizo society.

Method of research

The method of research will be primarily empirical research using quantitative method of data collection. Data will be collected with the help of questionnaire from 30 educated unemployed Mizo youths (12 - 40 years), 35 educated employed youths (12 - 40), and 35 students from different colleges and universities in order to study about the psychosocial and religious problems faced by them, how they deal with these problems and whether these problems have any connection with suicide and suicide ideation. The questionnaire, which will be prepared in English, will be translated into Mizo for the benefit of the respondents. Random sampling method will be used in the selection of the sample population. Besides the questionnaire, structured interviews with the suicide victim's family for the past one year, pastors and experts from other helping professions will be held. This will help in identifying the psycho-social and religious conditions of the Mizo youths. The data collected will be analysed and compared by percentage method with

the help of table so as to compare the responses received and also for offering suggestions.

Scope and limitation

This study will be narrowed down to the causes of suicide among the youths in Mizo society and also to the role/challenges of Pastoral Care and Counselling in preventing suicide among the youths in the Mizo Society. The study will be done only among the Mizo youths, aged between 20-30 in Aizawl since it is the youth group which is affected most and also to manage the research in a short span of time. Only 100 sample population will be selected as too much sample population may not be manageable in a short period of time.