UNNATURAL DEATH OF GIRL CHILD

INVESTIGATION OF THE SOCIO-ECONOMIC BACKGROUND OF THE VICTIM'S FAMILY

A MINOR RESEARCH REPORT PREPARED BY

Sartatva

A Research Consultancy of B.H. College, Howly

SPONSORED BY

OFFICE OF THE SUPERINTENDENT OF POLICE, BARPETA

&

GOVERNING BODY, B. H. COLLEGE, HOWLY

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Office of the Superintendent of Police, Barpeta

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DECLARATION

I hereby declare that the content embodied in the Report **"Unnatural death of girl child: Investigation of the socio-economic background of the victim's family"** is the result of fresh work carried out by the research team of SARTATVA of B.H. College.

In keeping with the general practice of reporting research observations, due acknowledgments have been made wherever the work described is based on the findings of other researchers.

Further, I declare that the report is in its original form

(Dr. Rabinjyoti Khataniar)

Principal Investigator

ACKNOWLEDGEMENT

We are deeply indebted to numerous individuals for their invaluable support and involvement in this project. At the very outset, we would like to express our heartfelt thanks and sincere gratitude to Mr. Amitav Singha, S.P, Barpeta District for trusting us and awarding the assignment with all sort of logistic support.. It is his selfless initiatives, inspiration and insistence which have been the major force behind the completion of this research study. It has been an amazing experience. We will remain ever indebted towards him for providing us all the logistic support and all kind of assistance.

We would like to extend our sincere thank to ***Mandiya Police Station***, ***Alupoti Char Police Station, Sarthebari Police Station, Bhagbar Police Station, Barpeta Police Station, and Barpeta Road Police Station*** for their valuable suggestions, support, guidance and kind help.

We are extremely grateful towards the Governing Body of B.H. College, Howly for allowing and supporting us for doing the project.

We offer our sincere thanks to all the officers in charge of S.P. Head Quarter, Barpeta for their support, help and guidance.

Last but not the least, we offer our heartfelt thanks to each and every people who directly and indirectly assisted us to complete this project and to make it a success one.

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4.	Title of the project	**"Unnatural death of girl child: Investigation of the socio-economic background of the victim's family"**
5.	Date of implementation	25th November, 2022
6.	Tenure of the project	Sixth Month
7.	**Preamble** Suicides among young girls remain a severe issue. For those aged 15 to 24 years, suicide is the second most common cause of death in children, adolescents, and young adults. Adolescents who are nearing adulthood are more prone to be stressed out and go through emotional upheaval. Many stressors, including, to name a few, poor academic performance, rising	

parental expectations, getting involved in relationships before they are ready to handle them, and the ensuing frustration when it gets ignored by either side or by their own parents, employment status, marital problems, and so on, put pressure on them during this time. This paper primarily examines the causes of girl child suicide cases in a certain locale at a specific time. In addition to doing research, this study seeks to examine many societal, political, and economic problems associated to suicide.

The purpose of the study is to examine socioeconomic and demographic elements so that we may quickly identify the high-risk group and take strict legal action to protect the interests of the victims and society as a whole. The study also envisages to identify community perceptions on rape and child sexual abuse, as well as to examine relationships between knowledge, attitudes, and socio-demographic traits. The main objectives of the study are:

a. Explore the socio-economic and demographic background of the victims family.

b. Explore the probable factors responsible for suicide.

c. Mapping socio-economic and psychological elements with commitment of crime.

d. Find out the most vulnerable socio-economic group of the society

Methodology in brief

The study is empirical in nature based on a complete enumeration of the selected households for detail investigation. The population under the study is constituted of all the victims' households accounted for the unnatural death of girl child during the time period of 2019 to 2021 in Barpeta district of Assam. The victims' households were identified on the basis of the record provided by the office of Superintendent of Police, Barpeta district.

Area of Study

The area of the study is Barpeta district of Assam, India.

Method of Data Collection

A complete enumeration method was adopted for collecting information from the population. The total population under the study constituted of 14 (fourteen) suicide cases involving children below the age of 18.

Period of Study

This study covers primary data of suicide victims from 2019 to 2022.

Principal Findings

Suicide is the tragic outcome of a complex combination of biological, societal, environmental, and psychological variables. School officials urgently need to pay attention to the enormous national problem of youth suicide behavior.

	• The most common method of suicide in instances is hanging, while some may include consuming poison. • All of the victim's families have very low average years of education. • The majority of the deceased family's financial situation is very poor. • In the majority of cases, it is evident that those families' living conditions are extremely terrible due to their poverty. • Some of the parents are too casual with their children. They do not have any kind of emotional attachment with them. • Love affairs among adolescents are identified as the prime cause leading to suicide. • Most of the parents are illiterate, negligent, and careless.
8.	**Major Recommendation** The study speaks about the followings as its recommendation: ➢ **Creation of mass awareness among the people:** By being aware of the warning signs, encouraging prevention and resilience, and making a commitment to societal change, everyone can contribute to the prevention of suicide. Hence, it is urgently needed to create awareness among the people as the suicides are preventable. Much can be done to prevent suicide at individual, community and national levels. ➢ **Strengthen Economic Support to the Poor:** **T**he study speaks about the policy initiation of the government to have an

appropriate scrutiny of the poor and help them get rid of poverty.

- **Enforcement of Law:**

It was observed that risk of suicide is high for those girls who got married at teenage. In most of the deceased families it was observed that their mother got married shockingly at a very immature age. Even if their father is poor but married to multiple women. All these things results in an un-conducive, unhealthy environment in the household. In such an environment, children quarries were never been addresses with empathy and understanding. As such this is the time to speak about strong and effective implementation of law to restrict such practices in the society as well as to develop a protective environment.

- **Popularization Vocational Education**

In our study are students were fond lagging interest in regular education and therefore their minds were easily diverted to other sides. When a girl child is not promoted to the higher level class she regrets, fell shame and decided to get marry to overcome all these issues. Ultimately, this decision of the child may pave the way to have lifelong sufferings. Hence, it is being realized that the popularization and introduction of the vocational courses in the high school level is the need of the hour in order to maintain continuous perusing of education by the teenagers.

It is thus concluded that the most unanticipated result of human decision-

	making, i.e., suicide, can be eliminated by raising public knowledge and awareness of suicide prevention strategies, teaching youth in the true sense, and disseminating human values and thought throughout all societal levels.

CONTENTS

UNNATURAL DEATH OF GIRL CHILD: INVESTIGATION OF THE SOCIO-ECONOMIC BACKGROUND OF THE VICTIM'S FAMILY

1. Introduction and Objectives

1.1 Background of the study

Every year, more than a million people die by suicide, making it one of the top ten leading causes of death worldwide. The story of suicide is probably as old as that of man himself. Through the ages, suicide has variously been glorified, romanticized, bemoaned, and even condemned. Be it the tragic Greek heroes Aegeus, Lycurgus, Cato, Socrates, Zeno, Domesthenes or Seneca; or the Roman figures Brutus, Cassius, Mark Anthony or the Egyptian princess, Cleopatra; or Samson, Saul, Abimelech and Achitophel of the Old Testament; or the suicide bombers in the present world, the universality of suicide transcends religion and culture (Evans, Glen; Farberow, Norman L.;, 1988).

The consequences of modernization, particularly in India, have brought about profound changes in the economical, socio-philosophical, and cultural spheres of people's lives. These changes have drastically increased stress levels and resulted in much greater suicide rates. The high rate of suicide within youths in India can be attributed to greater socioeconomic stresses that have arisen as a result of economic liberalization and privatization, which have resulted in the loss of job security, extreme income disparities, and the inability to fulfill roles in the newly

socially altered environment. Another significant contributing reason to suicides in India is the dissolution of the joint family structure, which had historically offered stability and emotional support.

India's suicide rate is comparable to Australia's and the United States'; and the rising rates over the past few decades are in line with the overall trend. The National Crime Records Bureau (NCRB) provides access to information regarding suicide in India. The NCRB data are based on police records. Socio-cultural factors undermine the veracity of these records. Suicide attempt is a punishable offence under the Indian Penal Code (IPC Section 309); this results in under-reporting. Deaths in rural areas are certified by village headmen (“panchyatdars”) though all cases are investigated by the police. The process of registering a death is particularly inefficient in rural areas(Bose, Anuradha; Flemming, Konradsen; Jacob, John; Pearline, Suganthy; Jayaprakash, Muliyil; Abraham, S.;, 2006). In the end, only about 25% of deaths are recorded, and only about 10% are certified medically(Bhat, 1991)(Lado, 1998). Death by suicide is frequently reported as due to illness or accident to avoid police investigation. The families of suicide victims usually do not want postmortems because of the fear of mutilation of the body, the time-consuming nature of the process, and the stigma involved.

Adolescents who are nearing adulthood are more prone to be stressed out and go through emotional upheaval. Many stressors, including, to name a few, poor academic performance, rising parental expectations, getting involved in relationships before they are ready to handle them, and the ensuing frustration when

it gets ignored by either side or by their own parents, employment status, marital problems, and so on, may put pressure on them during this time. This paper primarily examines the causes of girl child suicide cases in a certain locale at a specific time. In addition to doing research, this study seeks to examine many societal, political, and economic problems associated to suicide.

1.2 Objectives of the Study

This study's primary goal is not only information gathering. It instead goes further than that. The real purpose of this study is to find solutions to unresolved issues

a. Explore the socio-economic and demographic background of the victims family.

b. Explore the probable factors responsible for suicide.

c. Mapping socio-economic and psychological elements with commitment of crime.

d. Find out the most vulnerable socio-economic group of the society

2. Literature Review

2.1 Demographics of suicide in India

According to western literature, young age (15 to 24 years), female gender, low educational attainment, unemployment, living alone, and a history of socioeconomic deprivation were considered risk factors for suicide, including attempts at suicide.(Schmidtke, Andrea; Bille-Brahe, Unni; DeLeo, Diego; Kerkhof, A.F.J.M.; Bjerke, T.; Crepef, P.; Haring, C.; Lönnqvist, J.; Michel, K.; Pommereau,

X., 1996). Despite the fact that older males had the highest suicide rates, rates among young people have been rising. Suicide rates among young adults are currently the highest anywhere in the world, making them an especially vulnerable age group. Six percent of all deaths among young people are caused by suicide(Patton, G.C.; Coffey, C.; Sawyer, S.M.; Viner, R.M.; Haller, D.M.; Bose, K; Vos, T.; Ferguson, J.; Mathers, C.D.;, 2009). According to an Indian study, the 15- to 29-year-old age group had the highest suicide rate (38 per 100,000 people), followed by the 30- to 44-year-old age group (34 per 100,000 people). Suicide rates were 18 per 100,000 for those aged 45-59 and 7 per 100,000 for those over 60.(Gururaj & Isaac, 2001). The majority of suicides were committed by young people between the ages of 15 and 29 (34.5%), followed by those between the ages of 30 and 44 (34.2%). A psychological autopsy study found that young adults between the ages of 20 and 24 had the highest rates of suicide, followed by those between the ages of 25 and 29 in India(Khan, Anand, Devi, & Murthy, 2005). And another study identified the most vulnerable age group as being between 15 and 39(Vijayakumar & Rajkumar, 1999). Two-thirds of the women who took their own lives were younger than 25.The possibility of suicide rises with age. According to Shaffer and colleagues (1996), the developmental trajectories of significant risk factors, such psychopathology, which is more prevalent in later adolescence, may help to partially explain this increase. Studies indicate that more male children die by suicide than female children, suggesting that there may be some gender imbalance in child suicide(Beautrais, A, 2001)(Freuchen & Groholt,

2013).However, Shaffer (1996) contends that as people age, gender imbalance becomes more pronounced. The observed gender gap may be due to gender-related method preferences because men are much more likely than women to utilize more fatal methods of suicide(Brent, Baugher, Bridge, Chen, & Chiappetta, 1999)(Shaffer, 1974).Prior studies have demonstrated that suicide is substantially more common in Indigenous groups than in non-Indigenous populations(De Leo, D; Sveticic, J; Milner, A; McKay, K, 2011), and this element is particularly evident in youngsters. They studied the epidemiology of New Zealand children who had died at less than 15 years of age over the course of a 10-year retrospective analysis. According to her research, Maori children make up roughly 60% of all Indigenous children who commit suicide.

2.2 Background of Suicide

Historically, empirical descriptions of fatal suicidal activity have largely ignored trends and patterns in the suicide mortality of women through time, and across national boundaries, focusing instead primarily on the male experience. This is most likely because men are more likely to commit suicide. Indeed, in industrialized nations, where the vast bulk of literature is produced, this is the case. Contrarily, it has been noted that women are more prone to intentionally cause non-fatal harm to themselves(Beautrais, Women and suicidal behavior, 2006)(Canetto, Prevention of suicidal behaviour in females: Opportunities and obstacles.In D. Wasserman & C. Wasserman, 2009).There aren't enough epidemiological studies on female suicide because there is a general focus on suicide as a male "problem." If

studies of female suicidal behaviour have been conducted, they have primarily examined suicide attempts, method choice, and cultural contexts, for instance in regard to women in Sri Lanka and India(Bertolote, et al., 2010)(Guzder, 2011). The high suicide rates of women in Japan and China have also received some attention(Phillips, Li, & Zhang, 1999)(Yip, Liu, Hu, & Song, 2005)(Zhang, Li, Tu, Xiao, & Jia, 2011) where the suicide rate for women aged 50 to 64 is approximately 20 per 100,000(Odagiri, Uchida, & Nakano, 2011). As is the case with Australian Aboriginal and New Zealand Maori groups, attention has also been paid to Indigenous populations in colonized countries where female suicide rates are significantly higher than those of the general female population(Beautrais & Fergusson, Indigenous suicide in New Zealand, 2006)(De Leo, Sveticic, & Milner, 2011)(Silburn, Glaskin, & Drew, 2010). While valuable in assessing the male-to-female suicide ratios in a country or within a region, this morbidity and mortality-focused statistics reporting causes analysis to be limited to sex differences rather than extending the subject of gendered practices. For instance, female behavior and methods are conceptualized as non-lethal, non-violent, and passive, whereas masculine behaviors and methods are frequently regarded lethal, violent, and aggressive(Canetto & Sakinofsky, The gender paradox in suicide., 1988)(Jaworski, 2010).

2.3 Factors related to Suicide

Children who died by suicide seem to share a number of personality features. Shaffer (1974) analyzed all suicides committed by children under the age of 15 in

England and Wales between 1962 and 1968 for his seminal study. Shaffer (1974) thoroughly examined coroner reports, educational records, medical and psychiatric records, and social service records when pertinent for his final sample of 30 children (70 percent male, 30 percent female). Youngsters were more likely to be described as angry, tense, and impulsive than adolescents who had died by suicide(Hoberman & Garfinkel, 1988). Additionally, it was noted that kids were more withdrawn, passive, and compared to teenagers who had committed suicide, they were less talkative(Lau, 1994). However, the small sample sizes used in these research limits their ability to be generalized, and it is unclear if all children and adolescents in these nations have similar features. Suicide can occasionally be caused by a low family income. Numerous non-experimental studies show that parental wealth has a positive effect on child outcomes, albeit this is sometimes truer for cognitive performance than for child behavior and health (Duncan, 1947).

2.4 Research Gap

Numerous studies on suicide have been conducted till now, although some aspects are still unknown and yet to be discover. This study differs slightly from others in that it examines suicide in relatively rural areas of Assam, particularly in the Barpeta district. This investigation also examines the victim's family's socioeconomic background. This study also examines suicide in a subgroup of people under the age of 18.

3. Research Methodology

The study is empirical in nature based on a complete enumeration of the selected households for detail investigation. The population under the study is constituted of all the victims' households accounted for the unnatural death of girl child during the time period of 2019 to 2021 in Barpeta district of Assam. The victims' households were identified on the basis of the record provided by the office of Superintendent of Police, Barpeta district.

This study was conducted using both quantitative and qualitative research methods. It entails gathering numerical data, performing mathematical analysis, and conducting experiments and hypothesis testing in order to spot patterns, anticipate the future, and run experiments. Data was gathered during the research project from a specific area in the Barpeta district. This study's primary goal is not only information gathering. It instead goes further than that. The real purpose of this study is to find solutions to unresolved issues.

3.1 Area of Study

The area of the study was Barpeta district of Assam, India.

3.2 Method of Data Collection

A complete enumeration method was adopted for collecting information from the population. The total population under the study constituted of 14 (fourteen) suicide cases involving children below the age of 18.

The statistics on suicide deaths were gathered from the SP Office, Barpeta District. All such victim's households were identified with the help of the officials

deputed by the Superintendent of Police, Barpeta. The data was collected over a period of two months i.e. from January 2023 to February 2023. It was collected through field survey and an interview schedule was used by the enumerator to record responses from the family members of the victims. The schedule contained of two sections. The first section sought details regarding the victim's name, age, educational background etc. as well as the method of suicide and family's socio-economic details, while the second section contained open ended questions consisting probing questions relating to sexual abuse to mental health about the victim, the psychological profile of the family and the victim's relation with peers and family.

Picture1: Snapshot of Data Collection

3.3 Period of Study

This study covers primary data of suicide victims from 2019 to 2022.

3.4 Analysis of Data

Collected information was classified and analyzed with the help of statistical tables and conclusions are made accordingly.

3.5 Scope for Further Study

Suicide is a complicated and nuanced activity that hasn't been thoroughly studied in young people. Existing research has been hindered, in particular, by very small sample sizes and studies that were carried out in wealthy nations. However, this study seeks to incorporate some suicide instances from very rural locations. Since there are many factors that are still unknown to the people, more research should be done on suicide. Due to the parents' ignorance, there have been a few suicide instances in Assam that have not been reported. These facts cannot be overlooked. Suicide is a disease that affects society and needs to be treated.

4. Results and Discussion

4.1 Socio-economic Background of the Deceased

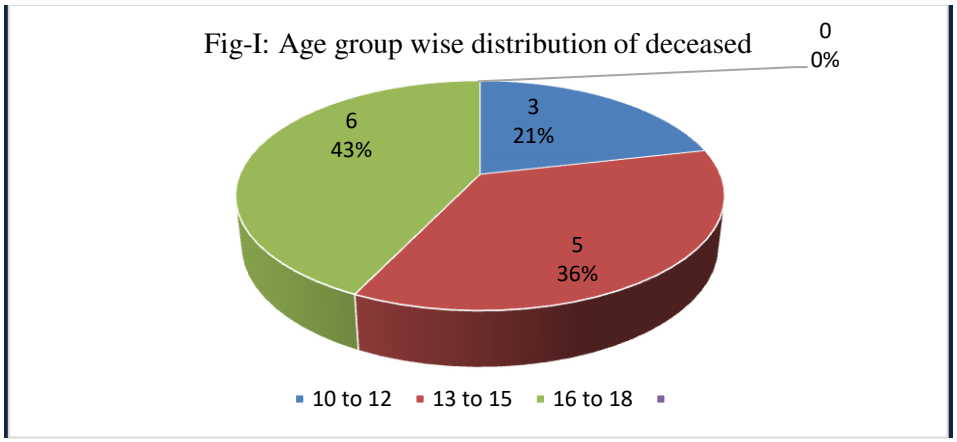
4.1.1 Basic detail of the deceased member

Suicide is the deliberate act of bringing about one's own death. Risk factors include substance misuse, physical and mental health issues, and mental illnesses and so on. Impulsive actions like bullying and harassment, stress, and relationship problems can all contribute to suicide. Teenage suicides are still a significant issue. For kids, teenagers, and young adults, suicide is the second most common way of death.

Table- I: Basic Details of the Deceased

Sl. No.	Case Ref No.	Name of the Deceased	Age (years)	Religion	Caste	Edu-cation	Means of Committing Suicide
1	43/2021	Farida Khatun	17	Islam	General	II	Hanging
2	16/2022	Khusi Praminik	14	*Hindu*	SC	VIII	Hanging
3	17/2022	Chaina Khatun	14	Islam	General	VIII	Hanging
4	06/2021	Soneka Khatun	16	Islam	General	III	Hanging
5	01/2022	Sajiran Nessa	12	Islam	General	VII	Hanging
6	33/2022	Anjuwara Khatun	16	Islam	General	VII	Hanging
7	05/2022	Mim Ahmed	15	Islam	General	IX	Poison
8	11/2022	Abida Khatun	16	Islam	General	Not found	Not found
9	23/2022	Urmila Mondal	16	*Hindu*	SC	X	Hanging
10	14/2021	Khalida Khatun	16	Islam	General	X	Hanging
11	01/2022	Sajiran Nessa	14	Islam	General	VI	Hanging
12	07/2022	Arjina Khatun	14	Islam	General	IX	Poison
13	06/2022	MenokaParbin	11	Islam	General	VII	Hanging
14	07/2022	Ranju Sarkar	10	*Hindu*	SC	VI	Hanging

Table 1 lists the essential information about the deceased. It can be noticed that there are 14 suicide instances among people aged 10 to 17. The estimation shows that the said incident were concentrated over the age group of 16 to 18 (table II). However, the occurrences of such incidents were substantial in each age group (Fig-I)

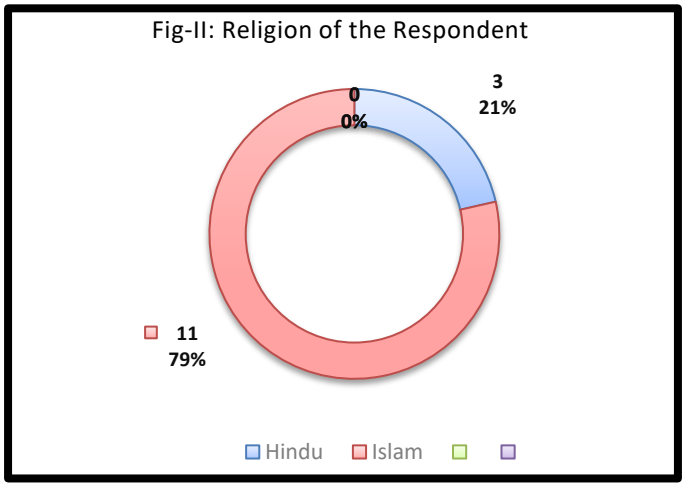


Source: Field Survey, 2023.

Table II: Distribution of deceased according to age group

Age group (years)	Frequency	Percent	Valid Percent	Cumulative Percent
10-12	3	10.0	21.4	21.4
13-15	5	16.7	35.7	57.1
16-17	6	20.0	42.9	100.0
Total	**14**	**46.7**	**100.0**	

Source: Field Survey, 2023.



The religion wise distribution of the surveyed victim's family shows that majority of the households belong to Islam. The estimation shows that 79 percent of the surveyed deceased family were Islam and rest 21 percent were Hindu (Figure-II).

The deceased girls were mostly school going child except a few who were drop out. Three girls out of fourteen stopped their pursuing of education.

The most common method of suicide in instances is hanging, while some may include consuming poison. One of the most common suicide methods with a high death rate is hanging. Many people believe that hanging is an easy suicide method that doesn't call for sophisticated tactics. Due to their family's agricultural background, the deceased in two cases utilized poison because it was simple to find at home (table-III).

Table III : Deceased case detail

Sl. No.	Case Ref No.	Name of the Deceased	Means of Committing Suicide
1	43/2021	Farida Khatun	Hanging
2	16/2022	Khusi Praminik	Hanging
3	17/2022	Chaina Khatun	Hanging
4	06/2021	Soneka Khatun	Hanging
5	01/2022	Sajiran Nessa	Hanging
6	33/2022	Anjuwara Khatun	Hanging
7	05/2022	Mim Ahmed	Poison
8	11/2022	Abida Khatun	Not found
9	23/2022	Urmila Mondal	Hanging
10	14/2021	Khalida Khatun	Hanging
11	01/2022	Sajiran Nessa	Hanging
12	07/2022	Arjina Khatun	Poison
13	06/2022	MenokaParbin	Hanging
14	07/2022	Ranju Sarkar	Hanging

Source: Office of the Superintendent of Police, Barpeta

4.1.2 Demography of the victim's family

In delicate matters like suicide, family background also plays significant roles. Table-IV displays the family structure and educational backgrounds of the deceased's family. In most of the cases, the deceased's parents lacked formal education. The siblings of the deceased are school dropouts in some instances. All of the families have very low average years of education.

Table- IV: Family Background of the deceased's family

Case No	Nature of Family	Number of Members	Male (M)	Female (F)	Average Years of Schooling
1	Nuclear	3	2	1	Nil
2	Joint	3	1	2	6th
3	Joint	4	2	2	2nd
4	Nuclear	7	2	5	3rd
5	Nuclear	6	3	3	Nil
6	Joint	7	5	2	1st
7	Nuclear	6	4	2	8th
8	Not found	Not found	Not found	Not found	Not found
9	Nuclear	2	-	2	3rd
10	Nuclear	2	1	1	Nil
11	Nuclear	3	2	1	1st
12	Joint	5	3	2	5th
13	Nuclear	5	3	2	3rd
14	Nuclear	4	3	1	5th

Source: Field Survey, 2023.

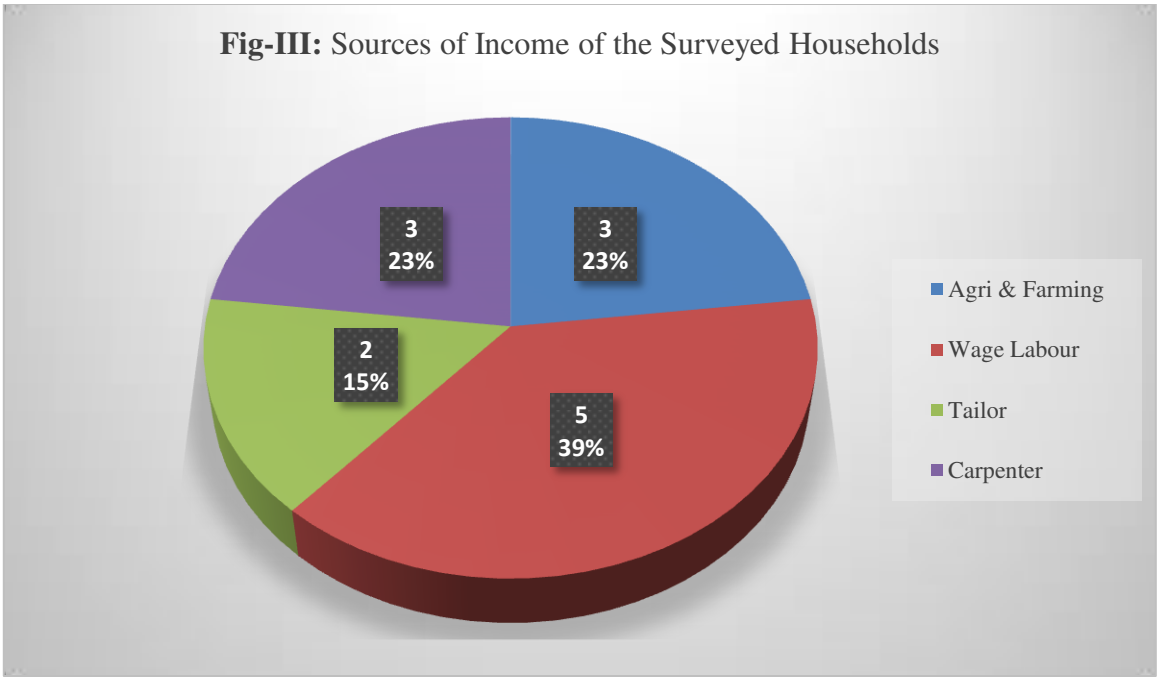
4.1.3 Sources of Income of the Deceased Family

Studies frequently link the rising suicide rate to poor economic performance measures. The deceased family's various income sources are displayed in table V. In this instance, the majority of the deceased family's financial situation is terrible. Due of this, parents weren't always capable of fulfilling their children's wishes. Several of the family's heads worked as daily laborers for very little pay. Some of the families were operating small businesses with very little profit. Only two homes, in comparison to the others, have stable economic conditions.

Table- V: Source of Income of the surveyed households

Case no → Source Of income	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Agriculture &Farming	✓			✓	✓									
Daily Labor		✓	✓						✓		✓		✓	
Tailor						✓				✓				
Carpenter							✓					✓		✓

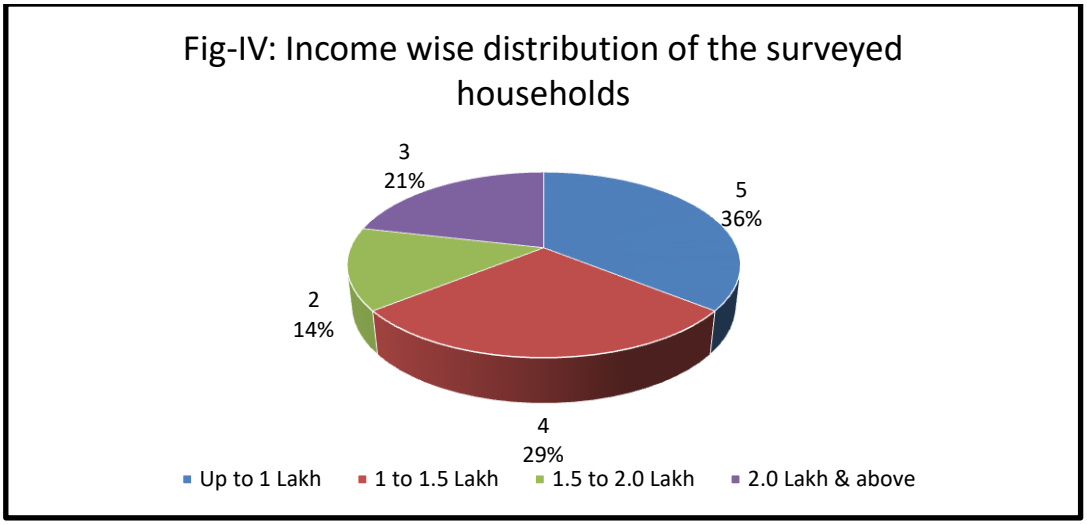
Source: Field Survey, 2023.



Source: Field Survey, 2023.

As represented in the figure-III, 39 percent of the deceased family were found engaged in agriculture and farming activities as their sources of livelihood. A good percentage of the surveyed family earn their livelihood through wages. Carpenter and tailoring are some other sources of livelihood in the study population, particularly for the skilled persons.

Following figure shows the income group-wise distribution of surveyed households. It is prominent from the corresponding figure (figure-IV) that the majority of the surveyed household (36 percent) fall within the income group of 'up to Rs. 1 lakh per year'. There are 29 percent of the surveyed households in the next higher level income group, followed by 2 percent and 21 percent of the surveyed household in the corresponding higher level income groups.



4.1.4 Living Standard of the Households

Everyone's most basic need is a place to call home. Having a safe and secure place to live makes it simpler to accomplish life goals. Housing not only offers protection, safety, and a higher quality of life, but it also develops and establishes what are regarded as human-centric supportive conditions.

In other cultures (except South Asian cultures), when people reach the age of 18, their parents and family recognise that it is time to treat them as adults. That concept does not even exist in India. When it comes to actual residences, rooms and areas are separated based on availability, not necessity. You may have slept next to your mother your entire life, and it's entirely 'normal,' even if you're 30 or beyond. Space is essential for everyone's mental health. If anyone continuously feeling crowded, which adds to his/her anxiety, then all other elements of his/her life, such as general productivity and happiness, suffer.

So far, the sleeping accommodation of the household members of our surveyed households concerned it appear as mostly miserable, unhealthy and unscientific.

Table- VI: Living Condition of the deceased's family

Sl. No	No. of total Room	No. of Bedroom	Separate Kitchen	Proper Facility for Bathroom
1	1	1★	Yes	No
2	5	2	Yes	Yes
3	2	1	Yes	No
4	2	1	Yes	No
5	1	1★	Yes	No
6	3	2	Yes	Yes
7	4	2	Yes	Yes
8	Not found	Not found	Not found	Not found
9	1	1★	Yes	No
10	4	2	Yes	Yes
11	2	1★	Yes	No
12	4	2	Yes	Yes
13	2	1★	Yes	No
14	2	1★	Yes	No

★They have common bedroom and hall

Table-VI displays the dead family's residence status. In the majority of cases, it is evident that those families' living conditions are extremely terrible due to their poverty. There is no privacy or personal space between the family members because they do not have separate rooms for parents and children. As a result, the children tend to experience some sensitive things before they reach a specific age.

Picture 2: Accommodation Status of the household

4.2 Reasons of Suicide: An Empirical Analysis

Suicide is the intentional act of causing one's own death. Substance abuse, problems with one's physical or mental health, mental diseases, and other things are risk factors. Impulsive behaviors such as bullying and harassment, stress, and interpersonal interaction issues can all lead to suicide. Suicides among teenagers continue to be a serious problem. The second most common cause of mortality for children, adolescents, and young adults is suicide. Table-I lists the essential information about the deceased. It can be noticed that there are 14 suicide instances among people aged 10 to 17. The most common method of suicide in instances is hanging, while some may include consuming poison. One of the most popular suicide methods with a high death rate is hanging. Many people believe that hanging is an easy suicide method that doesn't call for sophisticated tactics. Possible

motivators include ease of accessibility, low cost, and a comparatively guaranteed outcome compared to other treatments. Adoption of the hanging style, at least in the majority of cases, may be a sign of serious suicidal intent. Due to their family's agricultural background, the deceased in two cases utilized poison because it was simple to find at home. Three cases of school dropouts were detected among the cases, and the other 11 cases, the deceased were school going students.

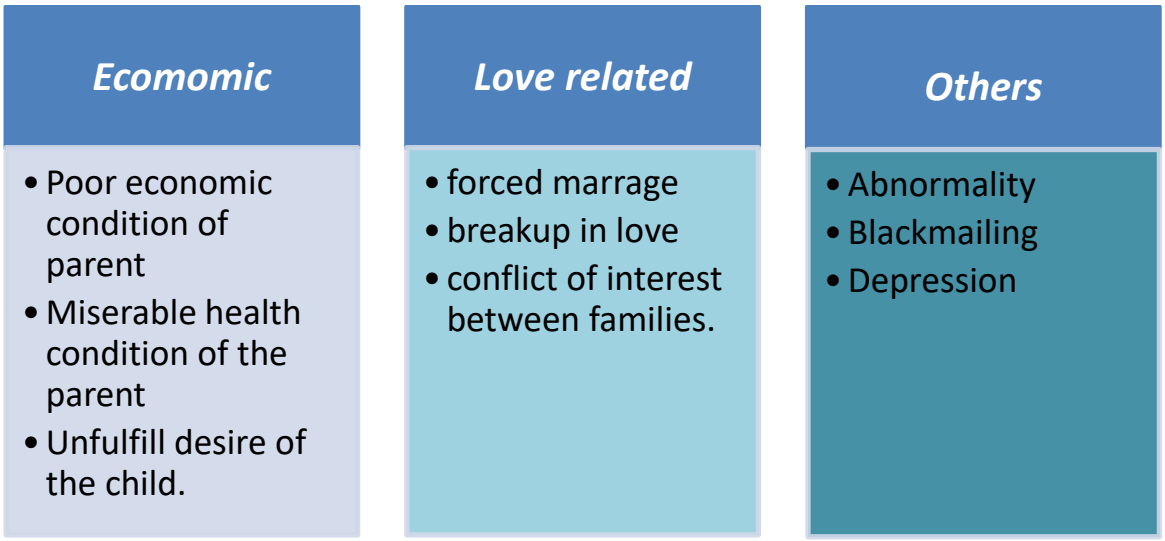
In this study an attempt was made to explore the possible reason for committing suicide through an informal kind of discussion with the family members and with the people of neighborhoods. We tried to explore the followings:

- If there is any history of suicide in the family?
- Was the child suffering from any serious disease?
- Was the child mentally strong?
- Did she have friends around?
- Was the child depriving of parental caring?
- Did she use or addicted to mobile phone and social media?
- What happened to her at the day of committing suicide?
- What was the mean of committing suicide?
- Who discover the child after commitment of suicide?

Table- VII: Reason of Suicide as Stated by the Family

Sl. No	Reason of Suicide as Stated by the Family	Suspected reason of suicide after discussion
1	Unknown/ Family Burden (she had to look after the whole family)	As Stated by the family
2	Unknown (the family is still in trauma)	Probably she came to know that her mother is suffering from ***cancer***.
3	Family Burden (she had to look after the whole family)	Economic Crisis
4	May be because of her Vitiligo	As stated by the family
5	Photo Morphing	As stated by the family
6	Because her marriage was not supported by the family	As stated by the family
7	Love related	As stated by the family
8	Not found	Not found
9	Because her marriage was not supported by the family	As stated by the family
10	She was scolded because of her inattentive nature in studies	Might be love related.
11	Unknown	As stated by the family
12	She took Pesticide in mistakenly, believing it was cough syrup.	She was madly in love. Her father intended to marry her off to someone of his choosing.
13	Love related	As stated,
14	She desired a phone, but her family couldn't afford to buy one for her.	The child was bit abnormal.

These overall reasons for committing suicide can be clubbed into a few factors, viz., economic, love-related, and others. The issues covered under each factor are shown in the following box.



If we look at the intensity of suicide cases in terms of the reasons, the majority of cases are confined to love-related affairs. It was observed that out of 13 explored cases, love-related cases accounted for 7 cases, i.e., nearly 54 percent of cases occurred due to love-related affairs.

4.3 Factors that may lead to suicide

4.3.1 Educational Background of the family:

In delicate matters like suicide, family background also plays significant roles. Table 2 furnished above displays the family structure and educational backgrounds of the deceased's family. In most of the cases, the deceased's parents lacked formal education. The siblings of the deceased are school dropouts in some instances. All of the families have very low average years of education. The parents' lack of formal education rendered them unable to lead their kids and to assist their

mental wellbeing. It is evident that some parents place less value on their children since they are more stressed about money-related issues.

4.3.2 Household Income and Wealth

Studies frequently link the rising suicide rate to poor economic performance measures. The deceased family's various income sources are displayed in table 3. In this instance, the majority of the deceased family's financial situation is very poor. Due of this, parents weren't always capable of fulfilling their children's wishes. Several of the family's heads worked as daily laborers for very little pay. Some of the families were operating small businesses with very little profit. Only two households, in comparison to the others, have stable economic conditions. The children were occasionally tense due to their parents' low economic situation. Numerous non-experimental research demonstrate that parental wealth has a favorable relationship with child outcomes, albeit this is sometimes truer for cognitive performance than for child behavior and health. As half of the research was conducted in rural communities, the majority of the families were impoverished. Most of the families belonged to below poverty line category. In the table it can be seen that 80% of the households have income of below 1.8 L per annum. Only a few of them have yearly earnings of above 1.8 L.

4.3.3 Dwelling Status

Everyone's most basic need is a place to call home. Having a safe and secure place to live makes it simpler to accomplish life goals. Housing not only offers protection, safety, and a higher quality of life, but it also develops and establishes

what are regarded as human-centric supportive conditions. Table 5 displays the dead family's residence status. In the majority of cases, it is evident that those families' living conditions are extremely terrible due to their poverty. There is no privacy or personal space between the family members because they do not have separate rooms for parents and children. As a result, the children tend to experience some sensitive things before they reach a specific age. Everyone needs their own personal space, yet there is typically very little of it. In reality, the children eventually have to watch their parents' personal and private lives, which could have a bad effect on the kids.

Suicide thoughts can strike anyone at any time, regardless of age, gender, or family background. Suicidal behavior occurs when a person is unable to handle life's challenges. Sometimes a suicide's cause is known, and other times it is simply buried with the deceased. It might be difficult to examine suicide deaths. The typical situation, risk factors, methodologies, and victims, as well as potential traps, must all be understood by death investigators. The correct cause and manner of death may only be verified after careful examination and an inquiry that is tailored particularly to each case.

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must all be understood by death investigators. The correct cause and manner of death may only be verified after careful examination and an inquiry that is tailored particularly to each case.

4.3.4 Case Analysis

CASE - 1

In case 1, the deceased's family member was unable to provide a cause for her suicide. Yet, after conducting a thorough investigation, it can be concluded that the girl who committed suicide was a school dropout who had to take care of the family's needs and she occasionally found it quite challenging to take care of all those things at such a young age. She also tried committing suicide before. Almost all of her family members were illiterate. She has two brothers and two sisters. The economic background of the family is very unstable. They worked in the brickfields. Her mother died of illness when she was a child and her father married again. She used to live with her step mother. She also tried to commit suicide before. She did not has access to smart phone as well as social media due to their poor economic condition. She had few close friends. Despite the fact that they were all living together, there were poor relationships between the family members. As the oldest girl, she lacked someone to whom she could confide her innermost sentiments. Her lack of education, the family's financial situation, and the emotional distance between the family members could all have contributed to her suicide.

CASE - 2

The deceased's family was unable to provide any explanation for her suicide in case 2 either. The girl's parents were still dealing with trauma. She was a diligent student who attended school regularly. In fact, she went to the market to buy books with a friend the day before she killed herself. She was a girl who was well-liked both in her neighborhood and at school. She enjoyed playing, but compared to her age, she was more serious. Her mother had breast cancer, and her family was struggling financially. Her parents used to grant all of her wishes, although she was fully aware of the family's financial situation. Her parents claim that she was unaware of her mother's illness, but we continue to have our doubts about this. She didn't use social media. She used to play after school with a couple of her close pals. She used to have male friends in school, but her mother claims she never had a boyfriend. She used to watch cartoons on her phone and television. Additionally, there have never been any suicides in her area. Her mother also told us that it was not a case of physical abuse. Her mother was sobbing while telling us the moments leading up to the incident. She remembered the day in full detail. On that day her mother went to the medical for her treatment. Her father was not also at home, he has gone out for work. Her parents are still in disbelief over her suicide and remain unsure why she chose such a cruel course of action. Even so, we highly doubt that their poor financial situation had any connection to her suicide.

CASE - 3

In case 3 also the economic condition of the deceased family was unstable. Due to severe illness, her mother lives at her grandmother's house and she had to look after all the household chores at a very young age. Her father formerly had a firm that primarily dealt with fisheries. They had to sell everything due to her mother's treatment, and he now works every day. At a very young age, she was forced to take on all home duties because her mother was away. She was quite concerned that her father could get remarried. Although the society and the relatives used to tell her father for another marriage but she was vehemently opposed to her father's second wedding. She had no access to a smart phone or social media due of her family's dire financial situation. Her father also mentioned to us that on the day of her suicide, she had a long conversation with her nephew. She also had fewer friends than usual that she would hang out with. Although the cause of her suicide is unknown, it is possible that, like the earlier case, it had something to do with her family's poor financial situation. Moreover she also had to deal with lots of household responsibilities which she was not ready for.

CASE - 4

The victim's family's financial situation was similarly quite bad in case 4 also. The girl's parents were both illiterate; her mother was a housewife and her father a farmer. Due to their poverty and illiteracy, the parents decided that their daughter should get married. Even though she was just 16 years old at that time, her parents still viewed her as a burden because to her Vitiligo disease. She felt humiliated since several boys turned her down because of her illness. Despite having parents, she occasionally felt alone. She may have committed suicide as a result of decreased emotional and mental support. Although it was claimed that the illness was the cause of her suicide, the truth was that she felt alone because her parents saw her as a burden and were unable to offer her emotional or mental support.

CASE - 5

In case 5 also the economic condition of the victim’s family was not good. Social media can have a highly harmful impact on people's lives at times. In this instance, the 12-year-old school going girl used social media. She shared images on social media just like other girls. One of the neighborhood boys proposed to her, but she turned him down. The boy morphed her picture and threatened to post the altered images on social media if she rejected his proposal. Due to their lack of literacy, the girl's parents were unable to comprehend her situation and provide for her appropriately. In the end, she killed herself because she was unable to find any solution. As a young child, she had no one to turn to for support when times got tough.

CASE - 6

Case 6 is a puzzling one. This situation also has a love component. The victim's family's financial situation was equally poor in this case. Her dad worked as a tailor. The family members also have poor levels of education. A boy from her village made her feel in love. The boy's family did not have a poor financial situation. The girl's family filed a kidnap lawsuit against the boy after the girl eloped with him. This was a false case as the girl willingly eloped with the guy. The boy had spent three months behind bars. The girl eloped with the boy once more after the boy was let out of jail. However, the boy's thoughts this time were on getting revenge. Despite the fact that they were married, he and his family started abusing the girl. The victim's family claims that the girl killed herself because she could not endure the torment any longer. During her suicide, she was six months pregnant.

CASE - 7

Case 7 has certain similarities with case 6.In this instance, the deceased girl came from a well to do family. She eloped with a poor boy she had fallen in love with. The boy was arrested after the girl's relatives reported him for kidnapping the girl. The girl was then returned to her house by her relatives. After a few months, the boy was let out of prison, and the girl once more ran off with him. In an effort to get the daughter back, the girl's parents went to the boy's residence once again. After witnessing that, she became frightened and took funadam (insecticide).

CASE - 8

Could not be reported as the household migrated to some other places.

CASE - 9

It can be seen that in case 9, love was the main reason of suicide. In this case, there have been reports of child marriage also. Here the girl eloped with her lover at the age of 16. Someone from their village filed a case against them based on child marriage. As a result, after two months in her husband's home, she had to return to her father's home. Her family members then forced her to marry someone else. Her husband paid her a visit during that time. She was terrified of everything that was occurring to her. She did not want to marry anybody else because she adored her spouse and had no one else in the family with whom she could express her feelings. As a result, she committed suicide 16 days after coming home.

CASE - 10

Case 10 is little bit different from the rest. The girl who committed suicide was sixteen years old. Her parents described her as a stubborn, short-tempered young lady who also had adjustment problems. Despite the fact that her parents were giving her with educational opportunities, she was uninterested in them. She got into an argument with her mother on that day, and the cause was related to watching television. Her mother chastised her for watching television instead of studying, which enraged her to the point of suicide.

CASE - 11

In case 11, the girl who committed suicide was fourteen years old. She belonged to a very poor family. They were basically flood victims who migrated to that place and were supported financially by a wealthy family. The girl fell in love with a local boy whom the owner's family knew. Her suicide was a mystery since some villagers thought it was “love jihad”. She committed suicide after school by hanging herself. She even had a class test that day. Her family members failed to file any charges against her lover because he was well known to their financial benefactor. The family members' neglect is abundantly seen in this situation.

CASE - 12

In case 12, the girl who committed suicide belonged to a well to do family. She was 14 years old and lived in a semi-urban neighborhood. Her family provided her lots of conveniences. Her family used to offer her with monetary support, but they were unable to provide emotional support. Her father used to stay outside for work purposes, and her family and neighbour suspected him of having extramarital affairs. She fell in love with a local boy, and her family found out. After learning that, her family members wanted her to marry someone else because the previous one belonged to a poor family background. She protested against her family's decision, but no one could understand her. She eventually committed suicide by consuming pesticide. Her family members attempted to cover up her suicide by claiming unknowingly she took pesticide instead of cough syrup. This was a pure fabrication. In fact, her family members, particularly her father, were completely unconcerned about her.

CASE - 13

In case 13 also, the girl belonged to a poor family. The young lady was just 11 years old. Her father was a rickshaw puller. In her own family, there had been cases of child marriage. Her elder sister married at a young age. Despite the fact that she was a schoolgirl, the cases of child marriage touched her. She also became involved in love-related matters and enjoyed spending time with her friends. Her parents scolded her for this, which led to her death.

CASE - 14

In case 14, the girl was only 10 years old. The girl's family's economic situation was not bad. Her father was a carpenter. Despite the fact that they lived in a city, their living conditions were unsanitary. Her parents were too casual, and there was less emotional attachment. Her parents were unable to adequately guide her due to a lack of knowledge. She got into a quarrel with her mother and brother over a cell phone, and she later destroyed it by throwing it. She, like her brother, required a cell phone as it was her only companion. After that quarrel she committed suicide. She committed suicide during school hour. Her parents were so oblivious that they didn't notice whether or not their daughter was attending school.

4.4 A Subjective Approach to Address the Socio- Economic Factors Determining Unnatural Death (UD) of Girl Child

Table-VIII: Demography and awareness of the respondents

Case No.	Family Size	UD Cases	Educational Qualification	Are they aware about social issues	Any health issues in family	Proper Living status	Outgoing/ friendly
1	Joint	Yes	V	No	No	No	No
2	Joint	Yes	Iv	Yes	No	No	No
3	Nuclear	No	X	No	No	No	Yes
4	Joint	Yes	Ix	No	Yes	Yes	No
5	Nuclear	No	Vi	Yes	Yes	No	Yes
6	Nuclear	Yes	Vii	No	Yes	No	Yes
7	Joint	Yes	Xi	Yes	No	Yes	No
8	Joint	Yes	X	No	Yes	No	No
9	Nuclear	No	Iv	Yes	Yes	No	Yes
10	Joint	No	Vii	No	No	No	Yes
11	Nuclear	Yes	Viii	No	No	No	No
12	Joint	Yes	Vi	No	Yes	No	Yes
13	Nuclear	No	Vi	No	No	No	Yes
14	Joint	No	X	Yes	Yes	No	Yes
15	Nuclear	Yes	Iv	No	Yes	No	No
16	Joint	No	X	Yes	No	Yes	Yes
17	Nuclear	Yes	V	No	No	No	No
18	Joint	No	Vi	Yes	Yes	Yes	Yes
19	Nuclear	Yes	Ix	No	Yes	No	No
20	Joint	Yes	Vii	Yes	No	No	No
21	Nuclear	No	Viii	No	No	No	Yes
22	Joint	Yes	Ix	Yes	No	No	No
23	Nuclear	Yes	V	Yes	Yes	No	No
24	Nuclear	No	Iv	No	No	Yes	Yes

Source : Field Survey, 2023

A comparison of a few families dwelling in the study region is shown in the table above. Families who have not experienced unnatural death are also included. While conducting the survey of those 14 cases that were chosen, a survey of cases without an unnatural death was also conducted. The chosen families share essentially identical family histories, financial situations, educational backgrounds, and other characteristics. The child's personality and the family's attitude towards various societal concerns are the sole characteristics that set apart families where accidental deaths have not occurred. The table above shows results of a study of 24 (twenty-four) households, 14 (fourteen) of whom had unnatural deaths. The other 10 (ten) families, in which there have been no unnatural fatalities, also live in the same neighborhood.

The question is, why, despite sharing the same neighborhood and economic circumstances, some families experience unnatural deaths while others do not. In this survey, it can be seen that practically all of the families had similar educational backgrounds and financial conditions. However, there are several other elements that were absent in cases of families where there are no unnatural deaths. Family of the deceased, as a result of living in a physically and emotionally harmful environment, a person is more likely to commit suicide, which plays a significant part in the suicide of the victim. Families where unnatural deaths occur are less likely to be aware of various societal difficulties, like child marriage. Child marriages are common in those homes. It might also have a significant negative effect on the child's mind.

Additionally, it can be observed that some of the family members in those families where unnatural deaths occurred were quite ill. Due to this, the girl child of the household is required to assume many chores before reaching adulthood. These types of circumstances were less in those households where unnatural deaths have not occurred. In households where unnatural deaths had not happened, there were fewer of these circumstances. The living circumstances of those households are another factor that encourages these suicide situations. Since they share a room, there is never any privacy among them. As a result, they had a number of early experiences that occasionally caused them mental distress.

Picture 3: With Victim's severely ill Mother

It is also evident that children were less talkative and extroverted in the home where unnatural deaths happened. They rarely have anyone with whom they may express their emotions and sentiments because they have a relatively small number of friends. On the other hand, it is the opposite in homes where unexpected death is

uncommon. These are a few of the explanations for why, although residing in the same setting, not every household experiences an unnatural death.

Picture 4: House with Single Room

4.5 Are the Reasons "REAL"?

When talking about suicide, it's possible to explore the many suicide methods, which are occasionally referred to as the causes of suicide. Following those terrible incidents, the victim's family or the appropriate authorities claim that the suicides may have been caused by hanging, poisoning, drawing, drug overdose, and other methods. These are a few ways to commit suicide, although many other things could be motivating people to take such extreme measures.

Severe depression is the mental health condition that is most frequently to blame for a person's decision to commit suicide. People who are depressed may experience intense emotional suffering and a loss of hope, making it impossible for them to perceive any other means to obtaining relief than taking their own lives. Even years after the traumatic experience, people who have had a traumatic

experience—such as childhood sexual abuse, sexual assault, physical violence, or war trauma—are more likely to commit suicide. Men who have had a catastrophic life event are more at risk for this. The risk is further increased by having been the victim of several traumatic events or been diagnosed with post-traumatic stress disorder (PSTD). This is in part because depression, which frequently develops after trauma and in PTSD sufferers, can result in emotions of hopelessness and helplessness that may eventually lead to suicide. When experiencing a loss or the fear of one, a person may resolve to end their own life. Numerous studies have found that hopelessness, whether it be short-term or a longer-term trait, can lead to suicidal ideation. And the lethality of a person's suicide attempt increases with their level of hopelessness.

4.6 Psycho-Social Profile

In the context of the interviews, multiple respondents shared their insights and experiences regarding gender and social norms prevalent in their community. These respondents presented a diverse range of perspectives on this theme.

4.7 Virginity and Family Honor:

Several respondents mentioned the significance placed on a girl's virginity as a reflection of family honor and societal respect. They expressed the belief that a girl's purity was closely tied to the reputation of her family. These individuals, often from more traditional backgrounds, highlighted the strict adherence to this norm within their community. They conveyed that premarital sexual activity was considered a grave transgression against family values and societal expectations.

4.8 Gender Roles and Primary Duties

A subset of respondents shared the perspective that women had primary duties within the family, primarily centered around satisfying the needs of men. They conveyed that traditional gender roles dictated that women should prioritize their roles as wives and mothers, often at the expense of pursuing their own ambitions or careers. These respondents often cited cultural and historical precedents for these beliefs, indicating that they were deeply ingrained in their community's traditions.

4.9 Dress Codes and Sexual Harassment

In discussions about dress codes, respondents from different backgrounds expressed varying viewpoints. Some individuals believed that a girl's choice of clothing could be a factor in her vulnerability to sexual harassment. They argued that modest dressing reduced the likelihood of attracting unwanted attention. Others, however, challenged this perspective, emphasizing that victim-blaming was unacceptable, regardless of attire. These varying viewpoints highlighted an ongoing debate within the community regarding the relationship between clothing choices and sexual harassment.

4.10 Complexity of Norms

It's important to note that the respondents' views on gender and social norms were not uniform. Some individuals exhibited a more conservative stance, emphasizing the importance of preserving traditional values. Others, in contrast, questioned these norms and advocated for more progressive gender roles and

expectations. This diversity of perspectives underscored the complexity of the societal norms within their community.

4.11 Child Welfare and Abuse

Related to the theme of gender and social norms, some respondents expressed concerns about child marriages and the potential for abuse within such marriages. They acknowledged that these practices often stemmed from rigid gender roles and social expectations. While they recognized the importance of protecting children from such situations, they also acknowledged the challenges of addressing these issues due to social taboos and traditional customs.

4.12 Access to Education

Respondents indicated that access to education for girls was valued within their community. They recognized the importance of education as a means to empower individuals and improve their prospects for the future. However, several respondents also acknowledged that access to education was not equitable. They noted that traditional gender roles and societal expectations sometimes limited girls' opportunities for education, especially in more conservative households.

4.13 Continuation of Education After Marriage

Some respondents expressed concerns about girls' ability to continue their education after marriage. They acknowledged that while education was encouraged, traditional norms might dictate that girls prioritize their roles as wives and mothers over pursuing further studies. This view highlighted the tension between the

aspirations for education and the expectations associated with gender roles and marriage in their community.

4.14 Barriers to Girls' Education

Multiple respondents mentioned various barriers that hindered girls' access to education. These barriers included economic constraints, lack of infrastructure, and the distance to schools, which particularly affected rural areas. Additionally, respondents noted that cultural and traditional beliefs played a significant role in limiting girls' educational opportunities. These beliefs often reinforced the idea that a girl's primary responsibility was to manage the household.

4.15 Importance of Girls' Education

Despite these challenges, many respondents emphasized the importance of girls' education. They recognized that educating girls could lead to improved health outcomes, economic opportunities, and overall societal development. Several respondents believed that empowering girls through education could help challenge existing gender disparities and contribute to positive changes within their community.

4.16 Mental Health

In discussions about mental health, the respondents failed to recognize the importance of mental well-being as being on par with physical health. They did not consider depression and anxiety as forms of illness, thereby stigmatizing these mental health conditions. This lack of acknowledgment indicated poor awareness

within the community regarding the significance of addressing mental health concerns.

Furthermore, there was a consensus among the respondents that psychosis and other forms of mental illness which exhibit extreme symptoms are the only forms of mental illness. This perspective suggested a pre-disoposition to address mental health issues which showed overt symptoms.

In conclusion, the interviews with multiple respondents provided a mixed yet nuanced understanding of the gender and social norms prevalent within their community. These norms encompassed a wide spectrum of beliefs, ranging from strict adherence to traditional values to more progressive viewpoints challenging established norms. The diversity of perspectives highlighted the ongoing dialogue and complexity surrounding gender roles, family honor, and societal expectations in their community. However, when it comes to education of girl child and females in general, there is a clear transition towards progressiveness as the respondents unanimously expressed their support. Yet, the view on mental health is still regressive and shows complete lack of awareness among the community.

5. Overall Findings

Suicide is the tragic outcome of a complex combination of biological, societal, environmental, and psychological variables. School officials urgently need to pay attention to the enormous national problem of youth suicide behavior.

- The most common method of suicide in instances is hanging, while some may include consuming poison.
- All of the families have very low average years of education.
- The majority of the deceased family's financial situation is very poor.
- In the majority of cases, it is evident that those families' living conditions are extremely terrible due to their poverty.
- Some of the parents are too casual with their children. They do not have any kind of emotional attachment with them.
- Most of the parents are illiterate not at all having empathy or understanding of their children's need.

6. Identification of risk factor for suicide

Based on the field observation an attempt was made to identify the risk factors for suicide of the girl child. It was found that the teen's risk for suicide varies with different socio-economic and cultural influences. However, the factors identified are not exclusive and may change over time. They are:

- Love affairs at the age of adolescent.
- Child marriage
- Impulsive behaviors
- Undesirable life events or recent losses, such as the death of a parent
- Critical health condition of parents, like suffering from cancer.
- Family history of suicide

- Family violence, including physical, sexual, or verbal or emotional abuse
- Past suicide attempt
- Imprisonment
- Easy access to the life threatening chemicals at home which may take someone's life.

7. Recommendation

I. Creation of a Mass Awareness

Suicide is a significant public health issue that can affect people individually, in families, and in communities for a long time. However, research stated that there is a way to avoid suicide by means of adopting appropriate strategies at all societal levels. By being aware of the warning signs, encouraging prevention and resilience, and making a commitment to societal change, everyone can contribute to the prevention of suicide. Many teenage suicide attempters and survivors suffer from mental health conditions. They consequently struggle to handle the pressures of adolescence. They may find it extremely difficult to handle rejection, failure, breakups, issues at school, or issues in their families. They may also be incapable of realising that they have the power to change their lives. They can also be unaware that suicide is a long-term reaction to a temporary issue rather than a solution. Unfortunately, it was observed that the most of the parents aware fail to understand the suicidal tendency of their child. Not even those children were provided with proper counseling and treatment who have attempted to commit suicide. Hence, it is urgently needed to create awareness among the people as the suicides are

preventable. Much can be done to prevent suicide at individual, community and national levels.

II. Strengthen Economic Support to the Poor

There are actually some needy people who are not getting economic support from the government or from any supporting agencies. This vulnerable group of people consists of the landless and immigrants. Their impoverished dwelling status, along with their lack of family planning knowledge, makes their children's lives vulnerable. It seemed that some of the deceased children suffered badly due to the very poor economic condition of their parents. Hence, the study speaks about the policy initiation of the government to have an appropriate scrutiny of the poor and help them get rid of poverty.

III. Enforcement of Law

It was observed that risk of suicide is high for those girls who got married at teenage. In most of the deceased families it was observed that their mother got married shockingly at a very immature age. Even if their father is poor but married to multiple women. All these things results in an un-conducive, unhealthy environment in the household. In such an environment, children quarries were never been addresses with empathy and understanding. As such this is the time to speak about strong and effective implementation of law to restrict such practices in the society as well as to develop a protective environment.

IV. Popularization Vocational Education

In our study are students were fond lagging interest in regular education and therefore their minds were easily diverted to other sides. When a girl child is not promoted to the higher level class she regrets, fell shame and decided to get marry to overcome all these issues. Ultimately, this decision of the child may pave the way to have lifelong sufferings. Hence, it is being realized that the popularization and introduction of the vocational courses in the high school level is the need of the hour in order to maintain continuous perusing of education by the teenagers.

8. Conclusion

Suicide is a complicated phenomenon comprising psychological, biological, and societal components that affects essentially every region of the world. It is distinctly a human matter and is still a significant problem for public health. Despite being as old as humanity, the phenomenon of suicide is still a huge problem that hasn't been resolved. Why life-caring people choose to harm themselves is a mystery. Suicide frequency and pattern differ from nation to nation. Cultural, religious, and societal values all have an impact on this. Even among health experts, there is a widespread belief that suicide cannot be prevented. Many beliefs could be used to justify this unfavorable outlook. One of the most important is that suicide is a personal problem that should be left up to the individual. Another idea is that suicide cannot be stopped since it is largely determined by societal and environmental variables, including unemployment, that are beyond the individual's control. There is likely a suitable alternative resolution to the triggering issues for

the most majority of people who engage in suicide activity, nevertheless. A lasting solution to a transient issue is frequently suicide.

Suicidal thoughts can strike anyone at any age, gender, or family background. Suicidal behavior arises when a person is unable to deal with life's difficulties. Sometimes the reason for a suicide is known, and other times it is just buried with the body. Suicidal behaviors and psychiatric disorders require immediate recognition, referral, and efficient treatment. However, the lower rates of psychopathology among kids who commit suicide underscore the significance of additional preventative measures including means restrictions and psycho-education for parents, peers, and school staff. Understanding protective factors is necessary in addition to comprehending and reducing the risk variables connected to child suicide.

Suicide is a significant issue in Indian society. In our country, more than one lakh people commit suicide each year. Suicide is a deeply personal and private act, although it is influenced by a variety of individual and social circumstances. Divorce, dowry, love affairs, cancellation or inability to marry, illegitimate pregnancy, extra-marital affairs, and other marriage-related difficulties all play a significant role in the suicide of women in India. Suicide is most effectively described as a multifaceted, complex illness. Suicide is a complicated problem, thus suicide prevention efforts should be multifaceted as well. Collaboration, coordination, cooperation, and commitment are required to create and implement a national plan that is cost-effective, suitable, and relevant to the community's

requirements. Suicide prevention in India is more of a social and public health goal than a standard activity in the mental health field. The moment has come for mental health professionals to take proactive and leadership roles in suicide prevention, perhaps saving the lives of thousands of Indian youth.

Therefore, it may be concluded that the most unanticipated result of human decision-making, i.e., suicide, can be eliminated by raising public knowledge and awareness of suicide prevention strategies, teaching youth in the true sense, and disseminating human values and thought throughout all societal levels.

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ANNEXURE- I

Survey Schedule

The first section of the questionnaire is regarding the basic details of the respondent and their knowledge about the deceased and the composition of the family of the deceased.

1. Basic Details of the Respondent

Name: Age:

Gender:

Address:

Marital status:

Relation with the deceased:

Family Income:

Monthly Expenditure:

Educational Qualification:

2. Detail of Deceased:

2.1 Name:

2.2 Age at the time of incident:

2.3 Caste:

2.4 Father's name:

2.5 Residence:

2.6 Type of family: Joint family/nuclear family

2.7 Educational Qualification:

2.8 How many friends did he/she have?

2.9 How was his/her relationship with his/her friends? Describe.

2.10 Why was he/she staying with you? ***Only if the child was not staying with their own parents.***

3. Household characteristics of the deceased family

Name of the members	Gender	Age	education	Relation*	Occupation	Income

*Relation with the deceased.

4. Psychosocial Background of the Respondent

A person's death is regarded as natural when it occurs due to "old age" or as a result of a disease or health condition; however, if this is not the case, it is regarded as an unnatural death. This includes drowning, intentional and unintentional poisoning or overdoses, homicides, suicides, violent deaths, falls, and accidents.

While the investigation into unnatural deaths include thorough reports by the police, coroner, magistrates etc. under Indian law, the report on the psychosocial background of the family and people around them are often overlooked. The factors

which lead to intentional and unintentional poisoning or overdoses, homicides, suicides, violent deaths were identified and the respondents shall be asked the same.

Ask the respondent about their opinion regarding the following statements/questions and the reason behind such opinions.

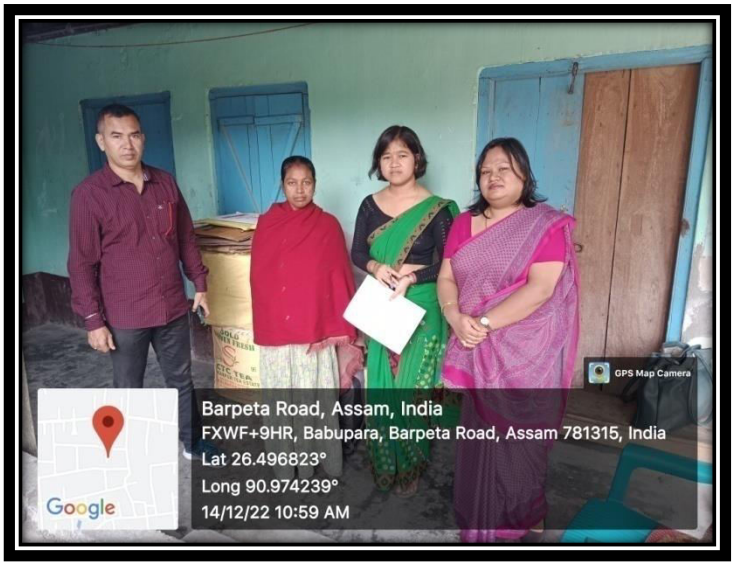
1. What are your views about social media?
2. Did he/she have access to social media?
3. Has there been any instance of child marriages in the area?
4. Have there been any other suicides in your area?
5. It is important to discuss with the girl child regarding any form of abuse.
6. In case a girl child suffers any form of abuse, the family must take up judicial remedies.
7. Speaking up against abuse of any form is a social taboo.
8. Virginity of the girl child is a reflection upon the family's respect in society.
9. Adult supervision is important in case of girl child.
10. It is the family's responsibility to monitor the people who come in contact with the girl child.
11. Should the girls have access to education?
12. Should the girls after marriage be allowed to continue their education?
13. It is important to take care of pregnant girl and she should be given a healthy and comfortable environment during the pregnancy.
14. What kind of physical contact with a girl child is appropriate?

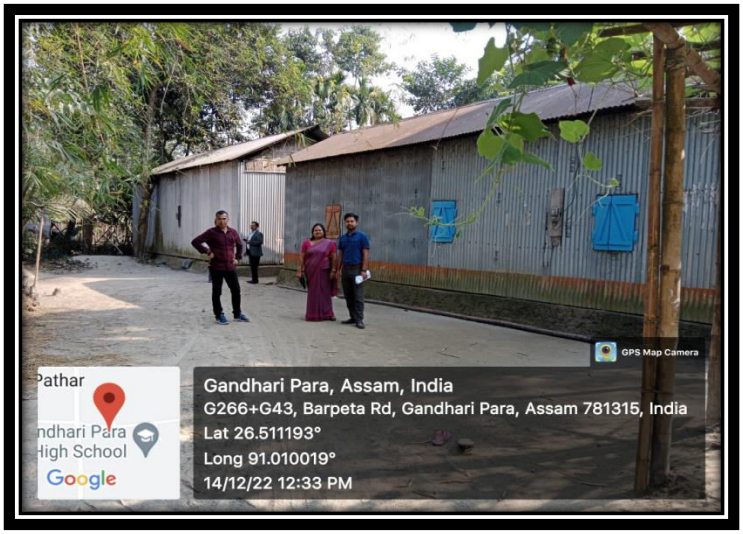
15. Corporal punishment is the way to induce a preferred behaviour.
16. Sometimes a girl child is not also safe inside the family.
17. Girl child are being sexually harassed because of the dress they usually wear.
18. Mental health is equally important as physical health.
19. Depression and anxiety are a form of illness.
20. We should not hide and ignore Mental illness.
21. In case the local hospitals are not equipped to cure an illness, it is necessary to take the ailing girl child/daughter-in-law to proper hospitals.
22. People should know about Sexually Transmitted Diseases (STD).
23. Menstrual hygiene is important.
24. When a girl gets married, the family of the girl must give dowry.
25. What is the proper age for a girl child to get married?
26. Does the consent of a girl regarding the marriage is essential?
27. What is the proper age for a girl to bear a child?
28. The primary duty of the women is to satisfy the needs of a man.
29. Essential vaccines must be administered during pregnancy.
30. Consultation with a medical practitioner regarding delivery is important.

ANNEXURE- II

PHOTO GALLERY

Some of the snaps that are collected during the survey:



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