

Review Article

Unearthing the Tragedy - Analysis of the Alarming Increase in Suicides in Barmer

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ABSTRACT

A worrying and tragic uptick in mass suicides, particularly affecting women and children, is plaguing the Barmer area of Rajasthan. An in-depth analysis of the heart-breaking situation in Barmer is provided in this article, along with information on its underlying causes and remedial actions. In most of these mass suicides, parents deliberately choose to kill themselves, frequently by leaping into wells or water tanks and taking their kids with them. The causes of these heart-breaking acts are complex and firmly established in sociocultural factors. The Barmer administration and local authorities are actively interacting with the community in response to this epidemic, running awareness programs, and putting forward practical suicide prevention initiatives. The continuance of this problem, however, highlights the need for more all-encompassing and long-lasting solutions that address underlying problems, including gender inequity, financial hardship, and stigma around mental illness.

Keywords: Mass suicides barmer, Rajasthan root causes community engagement mental health stigma

INTRODUCTION

The Rajasthan area of Barmer, which is desert and located along the Pakistan–India border, is well known for having vast oil, coal, and gas deposits. The rise in suicides among young married women, however, is a baffling and gravely worrying phenomenon that exists beneath the surface of this country. These women are turning to a gruesome manner of suicide by jumping into wells or tankas because they are frequently overwhelmed by the weight of societal pressures and personal struggles. The terrible involvement of toddlers in some of these cases worsens the issue, making this crisis an even greater tragedy. Surprisingly, district officials say that 50 such instances involving kids have occurred in only the last five years.^[1]

In mass suicides, a group of individuals kill themselves one after the other. Similar cases of mass suicides are seen in the Barmer area, too. Any form of suicide is a gravely upsetting and complicated problem with far-reaching consequences that go well beyond the individual. In India, a country where over 100,000 people commit suicide each year, there are several factors that contribute to this alarming trend. The depressing figures are influenced by a number of factors, including difficulties in the workplace and in one's career, social isolation, abuse, domestic violence, family problems, mental illness, substance misuse, financial hardships, and many more, which are discussed further.^[2]

However, Barmer is currently making headlines for a much more worrying issue than its regular water shortage problems—the predicament of its women. This emphasis also covers states like Gujarat and Kerala, which are also concerned with how their female populations are treated.

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This review explores the core of the problem, starting with a look at Barmer, where even the routine task of fetching water can be difficult and where the traditional rainwater collection systems known as “tankas” have unintentionally come into contact with what can only be called a “suicide epidemic” among married women.^[1,3]

There are so many horrible incidents describing the problems involving women and children. These incidents in Barmer, Rajasthan, are extremely upsetting and serve as a harsh reminder of the urgent need to solve concerns regarding gender equality, human rights, and social welfare. These occurrences serve to both emphasize the risks that women and girls confront and to show how urgent it is for fundamental socioeconomic changes.

The Universal Declaration of Human Rights, among other international accords and agreements, recognizes gender equality as a fundamental human right. It emphasizes that every person has the same rights, opportunities, and protection regardless of gender. Gender equality has certainly been broken in the Barmer occurrences because the victims’ rights and dignity were gravely assaulted. These disturbing occurrences have also highlighted the crucial value of social welfare programs and support services. Social injustice, prejudice, and violence frequently have the greatest negative impact on women and girls. Effective social welfare policies can operate as a safety net, giving people access to the protection, support, and resources they need.

It is crucial for society to unite in the wake of such incidents and work together to advance gender equality and defend human rights. This entails carrying out legislative changes, advancing gender-sensitive education, increasing knowledge of the rights and vulnerabilities of women and girls, and establishing an inclusive and respectful culture. In addition, it necessitates ensuring that social welfare programs are approachable, responsive, and offer all-encompassing assistance to individuals in need.^[4]

METHODS

The method used for this study involves a thorough examination of the reports, papers, and official documents that have already been published regarding the mass suicides in Barmer, Rajasthan. The goal of the procedure was to create a comprehensive dataset that would include statistical data, contextual insights, and professional analysis. Existing literature, which includes official reports and news stories, was methodically located and assessed according to its applicability to the study’s goals. The inclusion criteria made sure that the sources that were chosen provided insightful viewpoints on the regional mass suicide epidemic’s causes, trends, social influences, and economic difficulties. A

comprehensive grasp of the problem was attained through this methodical approach, establishing the framework for the ensuing study and analysis.

The shocking statistics

Overall, in India, according to the National Crime Records Bureau (NCRB) data.

The gender breakdown of suicide victims in 2021 was 72.5% male and 27.4% female, an increase over the numbers from 2020, which showed a ratio of 70.9% male and 29.1% female. The incidence of female victims was noticeably greater in the category of “Marriage Related Issues,” particularly in cases of “Dowry Related Issues” and “Impotency/Infertility.”

The two age groups with the highest rates of suicide—those between 30 and 45 years old and those between 18 and 30 years old—were responsible for 34.5% and 31.7%, respectively, of all suicides. Notably, the leading causes of suicides among minors under the age of 18 were “Family Problems” (3,233 instances), “Love Affairs” (1,495 cases), and “Illness” (1,408 cases) [Figure 1].

Tamil Nadu had the highest number of mass and family suicides in 2021, with 33 instances, followed by Rajasthan with 25 cases, Andhra Pradesh with 22 cases, Kerala with 12 cases, and Karnataka with 10. Unfortunately, these tragic incidents resulted in the loss of 80 lives in Tamil Nadu, 67 in Rajasthan, 56 in Andhra Pradesh, 31 in Karnataka, and 26 in Kerala [Table 1].^[2]

But if we have a closer look over the Barmer case, an alarming situation arises: Over the previous five years, Barmer has documented a startling 27 mass suicides in which both parents and children committed suicide. A total of 49 innocent children have died as a result of this terrible trend, alarming the public and the government. These incidents have thrown a negative light on the area, necessitating an immediate response. An unsettling rise in the district’s suicide rate from 132 in 2019 to 152 in 2020 and 171 in 2021 is

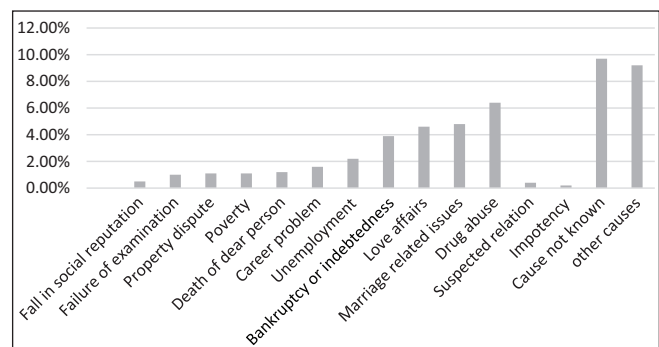


Figure 1: Percentage share of various causes of suicides during 2021.

Table 1: Number of suicides, growth of population, and rate of suicides during 2017–2021.

S no.	Year	Mid-year population (lakhs)	Suicide rate	Number of suicides (total)
1	2017	13091	9.9	129887
2	2018	13233	10.2	134516
3	2019	13376	10.4	139123
4	2020	13533	11.3	153052
5	2021	13671	12	164033

Table 2: Several causes of suicides during 2021.

Causes	Percentage
Fall in social reputation	0.50
Failure in examination	1
Property dispute	1.10
Poverty	1.10
Death of dear person	1.20
Career problem	1.60
Unemployment	2.20
Bankruptcy or indebtedness	3.90
Love affairs	4.60
Marriage-related issues	4.80
Drug abuse	6.40
Suspected relation	0.40
Impotency	0.20
Cause not known	9.70
other causes	9.20

cause for concern. These suicides had a variety of underlying causes, such as marital problems, failed relationships, abuse, and trauma.^[5]

The figures in Table 2 show the overall causes of suicides in India, which is somewhat similar to Barmer incidents.

In Barmer, parents frequently decide to take their own lives by jumping into wells or water tanks while carrying their children. These heart-breaking acts are motivated by a variety of factors that are ingrained in the area's sociocultural fabric.^[1]

There can be many reasons associated with it like honor-based violence, inter-caste and extra-marital affairs, harassment by in-laws, child marriages, and domestic violence.^[3]

Some of them are discussed below.

Family Conflicts: Many of these mass suicides are the result of family conflicts that go horribly wrong. Conflicts over home matters and differences within the family have frequently prompted people to take this drastic measure.^[6,7]

Barmer's civilization is characterized by enduring customs and cultural conventions, which might increase mental suffering.

The oppression of women, inflexible gender roles, and limited mobility can make vulnerable people feel despondent.

Dowry: Many women commit suicide because of their husbands or in-laws harassing them.^[8]

Economic Difficulties: Barmer also faces economic difficulties like debt, poverty, and a scarcity of job prospects. Families may experience even more stress and sorrow as a result of these financial responsibilities, which may lead some to commit suicide.

Many of the women who committed suicide in Barmer were caught up in unstable relationships that were characterized by constant arguments and sadness. They were probably distressed and desperate as a result of these confrontations.^[9]

Copycat Suicides: It is clear that the copycat suicide phenomenon exists because so many people opt to take their lives in the same way. This implies a degree of normalization and influence within the community, where one person's suicide can prompt like behavior in others.^[1,9]

Inter-Caste Relationships are frequently rejected by families, which result in harassment and exclusion for the couples involved. Self-harm can be caused by the pressure and discrimination persons in such relationships experience.^[1,10]

Feelings of Loneliness and Isolation are a result of the geographical and societal circumstances of Barmer, including isolated habitation and far-flung housing. Particularly for women who have been abandoned by migrant husbands, this seclusion can exacerbate mental health conditions and desperation.^[1]

Financial and Economic Stress: Debt, poverty, and financial troubles have been highlighted as potential suicide triggers among women, particularly in tribal and marginalized tribes like Bheel and Meghwal. Feelings of despondency may result from economic difficulties.^[1]

Traditional Customs and Child Marriage: Two customs that have been identified as having a negative impact on women's mental health are "aata sata" (the practice of trading daughters between families for marriage) and child marriage. Particularly for young brides, early and forced weddings can cause grief and hopelessness.^[1]

Illegal Relationships Within Families: Illegal relationships within families and forbidding romances were also cited as worrying factors. These relationships may be the result of the loneliness and desperation experienced by women left behind by emigrating spouses, which can result in emotional agony and public shame.^[11,12]

Influence of the Media: Vulnerable people may be influenced by the media, particularly YouTube channels. The contagion effect, which promotes similar behavior, can be facilitated by sensationalized reporting and the sharing of suicide instances on social media.^[1]

Gender inequality and relationship breakdown leading to abuse and trauma—women in Barmer are subject to societal discrimination and blame for the surge in suicide cases, with the causes attributed to avarice, impatience, and hopes for a better life. Contrary to men, when women have marital or personal difficulties, they frequently encounter derision rather than sympathy.^[1,4]

Mental Health Issues: Although not specifically noted, underlying mental health problems probably have a substantial role in the high rate of suicide among women in Barmer. The aforementioned pressures can make pre-existing mental health disorders worse.^[1]

Addressing the crisis

The Barmer administration and local authorities are taking many actions to address this catastrophe as they are aware of how serious the situation is.

Community Engagement: To raise awareness about mental health, family conflicts, and the value of getting help in difficult times, authorities are actively interacting with the community, including villages and community liaison organizations.

Campaigns for Awareness: The district has started campaigns for awareness to educate residents about the warning signs of suicidal thoughts and the significance of getting treatment from a professional. These campaigns seek to lessen the stigma around mental health conditions. The Barmer district administration, in partnership with UNICEF India and ActionAid Association, launched “Anmol Jeevan,” a campaign aimed at halting this trend and raising mental health awareness, in response to this urgent issue on October 10, 2021, which was World Mental Health Day.^[4]

A thorough strategy and action plan were created at the district level as part of the “Anmol Jeevan” campaign to combat the growing threat of mass suicides. The key participants, including government officials, police officers, counselors, frontline workers, and media representatives, participated in these sessions that were led by technical specialists. The participants were educated about the goals and tactics of the “Anmol Jeevan” campaign.^[4]

Concrete Actions: The administration has taken concrete actions to stop suicides by jumping into wells, including constructing hand pumps and capping wells with concrete. However, these solutions have their limitations, and the issue still exists.

Societies may help ensure that everyone’s human rights are protected and fulfilled, regardless of gender, by addressing gender gaps and advancing gender equality. These initiatives are not only morally required but also crucial for building a

just and equitable society in which everyone can live without fear of harm or violence.

CONCLUSION

The tragic wave of mass suicides in Barmer serves as a sobering reminder of the numerous difficulties faced by India’s marginalized groups. While the authorities are working to solve this heart-breaking problem, more all-encompassing and long-lasting solutions are required. To stop further loss of valuable lives in Barmer and other communities dealing with comparable situations, the underlying problems of gender inequity, economic hardship, and mental health stigma must be addressed.

Ethical approval

The Institutional Review Board approval is not required.

Declaration of patient consent

Patient’s consent not required as there are no patients in this study.

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Conflicts of interest

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Use of artificial intelligence (AI)-assisted technology for manuscript preparation

The author confirms that they have used artificial intelligence (AI)-assisted technology for assisting in the writing or editing of the manuscript or image creations.

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