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Commentary

A Deepening Mental Health Crisis among Children: Altruistic Suicides in Crisis-Prone Regions in Maharashtra

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Akshita Sharma

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Altruistic suicide is when someone sacrifices their life to save or benefit someone else's. In India, particularly in Maharashtra's agrarian-crisis impacted regions, news reports a worsening mental health crisis. This increases altruistic suicides rates among children. This commentary explores the depth of mental health challenges that farmer's children face. The discussion highlights the role of socio-economic deprivation in altruistic suicide, concluding with the knowledge that there is a dire need for a holistic and inclusive mental health programme.

The Agrarian Crisis and Farmer Suicides in Maharashtra

The prevalence of farmer suicides in India has long served as a grim example of India's worsening agrarian crisis. The rapid increase in input prices, global price shocks, and per capita household expenditure combined with a sharp decline in credit availability, rural wages, and agricultural investment has crushed farmers' lives (Sainath 2010).

In 2019, India recorded a total of 1,39,123 suicides (National Crime Records Bureau [NCRB] 2020: 194), of which 7.4% were persons engaged in the farming sector. Bankruptcy or indebtedness (38.7%) and farming (19.5%) related issues accounted for about 60% of all suicides recorded (NCRB 2016: 265).

However, these figures are an underestimation of the actual number of farmer suicides. This is both a result of underreported cases due to social stigma and the change in NCRB data collection process, which now classifies agricultural labourers and farmers as separate categories (Sainath 2014).

Maharashtra, one of the richest states in India, accounted for 13.6% of the total suicides in 2019, the highest in the country (NCRB 2020: 197). Regions in central and eastern Maharashtra, including the Marathwada and Vidarbha, witnessed numerous suicide upsurges over the years. The highest number of suicides occurred among cash crop growers, specifically cotton farmers. Many such as Talule (2020) attribute these deaths to the increase in the cost of cultivation, the need for integrated pest management for the cotton crop, and rising seed and fertiliser prices. On average, for every rupee paid, farmers earn about 20 to 45 paise for most commodities (ibid).

With falling incomes and rising expenditures, the indebtedness has worsened. Factors such as the inability to pay dowry, healthcare expense burden amidst the pandemic, farming-related stressors, and addictions have added to farmers' mental torment (NCRB 2016: 265). A study in the Yavatmal District in Maharashtra found that 55% of the surveyed farmers suffered from anxiety and 24.7% suffered from insomnia (Bomble and Lhungdim 2020: 3). Poor mental health is a crucial reason behind farmer suicides, which constructs a second tragedy of altruistic suicides among farmers' children.

Child Mental Health Whilst High Farmer-Suicide Rates

Studies show that household income affects child mental health. Children from poorer households exhibit a higher degree of depression and anti-social behaviour (Kuruvilla and Jacob 2007: 276). In Maharashtra's cotton-growing belt, families who lost the primary earning member suffer acute distress due to loss of income and a high debt burden. The traumatic experience of losing a household member, the family's unpaid debt liability, and sudden new responsibilities to sustain the family severely impact children's mental health.

After losing their parents, often the father, children find it challenging to return to their normal selves. Several news reports find that children stop communicating, eat less, sleep unusually more, and battle with visual or auditory memories of the event (Jyoti 2018). They lose any motivation to return to school, lose focus, and often complain of headaches and fevers. Some also develop post-traumatic stress disorder. These mental health challenges often go unattended, and the children do not receive the care they need.

Despite their declining mental well-being, children are forced to step into their parents' shoes. Anecdotal evidence finds that older male children of the family find themselves shouldering several responsibilities such as repaying unpaid debt, funding the education of younger siblings, and facilitating the marriage of younger sisters. Usually, the only way to achieve this is to drop out of school, work in the fields to earn money and aid the other elder family members, typically mothers. Meanwhile, mothers tend to the agricultural duties, which the father used to perform, to sustain the family. Baccha kisans or child farmers are now common in Marathwada and Vidarbha regions (Hardikar 2009).

Like their brothers, young girls of the family also leave their education to assist with household chores and earn additional income. However, they are often viewed as a social and financial burden that can only be elevated when they are married off. This outlook leads to rising cases of child marriage in villages which in turn worsens mental health stressors that young brides face (Le Strat, Dubertret, and Le Foll 2011: 524). In Yavatmal, Maharashtra, after a farmer died by suicide, his parents forced his wife and two daughters to leave their house. The newly widowed expressed her intention to marry off her daughters as soon as they turned 15 years old. She also acknowledged that it would make them more vulnerable to "sexual and physical exploitation" (Hardikar 2009).

In certain households, the pressure to marry daughters and its resulting financial burden are so immense that they instigate fathers to take their own lives in order to avoid the shame that unwed daughters, the inability to pay dowry, or lack of respectable wedding celebration, would bring to their families. Hardikar (2019) reports that daughters blame themselves for their father's death in such cases, often developing clinical depression. In the last two years, these grave circumstances and feelings of helplessness have led to an increase in child suicides.

Altruistic Suicides Among Children

Children from impoverished households are resorting to taking their own lives to save their parents from the same ill fate. Among other things, these altruistic suicides are born from the combination of meagre incomes, unpaid debt burdens on families, collective trauma of witnessing multiple suicides, and the childrens' constant fear regarding the well-being of their own family members.

In Maharashtra's Aasra village, a 19 year old girl mentioned in her final note that she wanted to ease her father's burden of marrying off three daughters. The family did not have enough to eat, and the girl was anxious that her father would take his life, so instead, she took her own (Hardikar 2016). Similarly, a 15 year old boy from Dadham consumed weedicide and died following his family's abject poverty.

Another girl aged 17, from the Atur district, committed suicide by consuming pesticide. Her suicide note expressed wanting to relieve her father of her marriage expenses and even appealed to banks and moneylenders to not harass her father anymore.

Mental health awareness is negligible in rural areas. Therefore, children do not receive adequate care needed to cope with the trauma and stress in a healthy manner. Such distressing experiences have serious long-term implications on children's physical and mental well-being.

Government Policies and NGO Mental Health Programmes

The government of Maharashtra launched the Prerna Prakalp Farmer Counselling Health Service Programme in 2015. Together with the existing District Mental Health Programme [DMHP], the Maharashtra government seeks to identify farmers with common signs of mental illnesses to diagnose and treat them early. The ASHA workers [Accredited Social Health Activists] under the programme connect anyone who seems distressed with trained mental health counsellors or a psychiatrist at the district hospital. While the Prerna Prakalp programme covers 14 out of 36 districts, the DMHP spans 34 districts.

However, inadequacies in implementation remain. News reports note medical staff shortages in few districts (Barnagarwala 2018), medicine shortages, long distances to treatment centres, and ASHA workers who were so overburdened and underpaid that they couldn't possibly track everyone's mental health in the village (Wal 2020).

While the Prerna Prakalp scheme does not include children, the DMHP conducts school and college intervention programmes under the National Mental Health Programme. The programme imparts life skills education and psychological counselling services through trained teachers, hired counsellors, and NGOs (National Institute Of Mental Health and Neuro Sciences 2011: 11). Between April and August of 2019, 282 sessions were conducted for school children where 298 received counselling (Wal 2019).

Certain NGOs have also undertaken successful mental health programmes in Maharashtra. Sangath and Prakriti ran the Vidarbha Stress and Health Programme [VISHRAM] over 18 months between 2014 and 2015 (Sangath n.d.). It is a community-based initiative promoting mental health and managing mental health disorders. A 2017 Lancet study shows that depression rates fell from 14.6% to 11.3% over the duration of the intervention, and the prevalence of suicidal thoughts went from 5.2% to 2.5% (Shidhaye et al., 2017). However, the programme does not specialise in child psychology.

Mental healthcare policies need to be interlinked with other programmes that aim to improve farmer incomes, enhance access to food, offer easier formal credit, promote climate-change resilient agriculture, challenge gender norms, improve school enrollment, enhance academic performance, and so on. This will not only help in protecting children's rights and eliminating farmer suicides but also in saving the generations to come from a looming mental health pandemic.

CONCLUSION

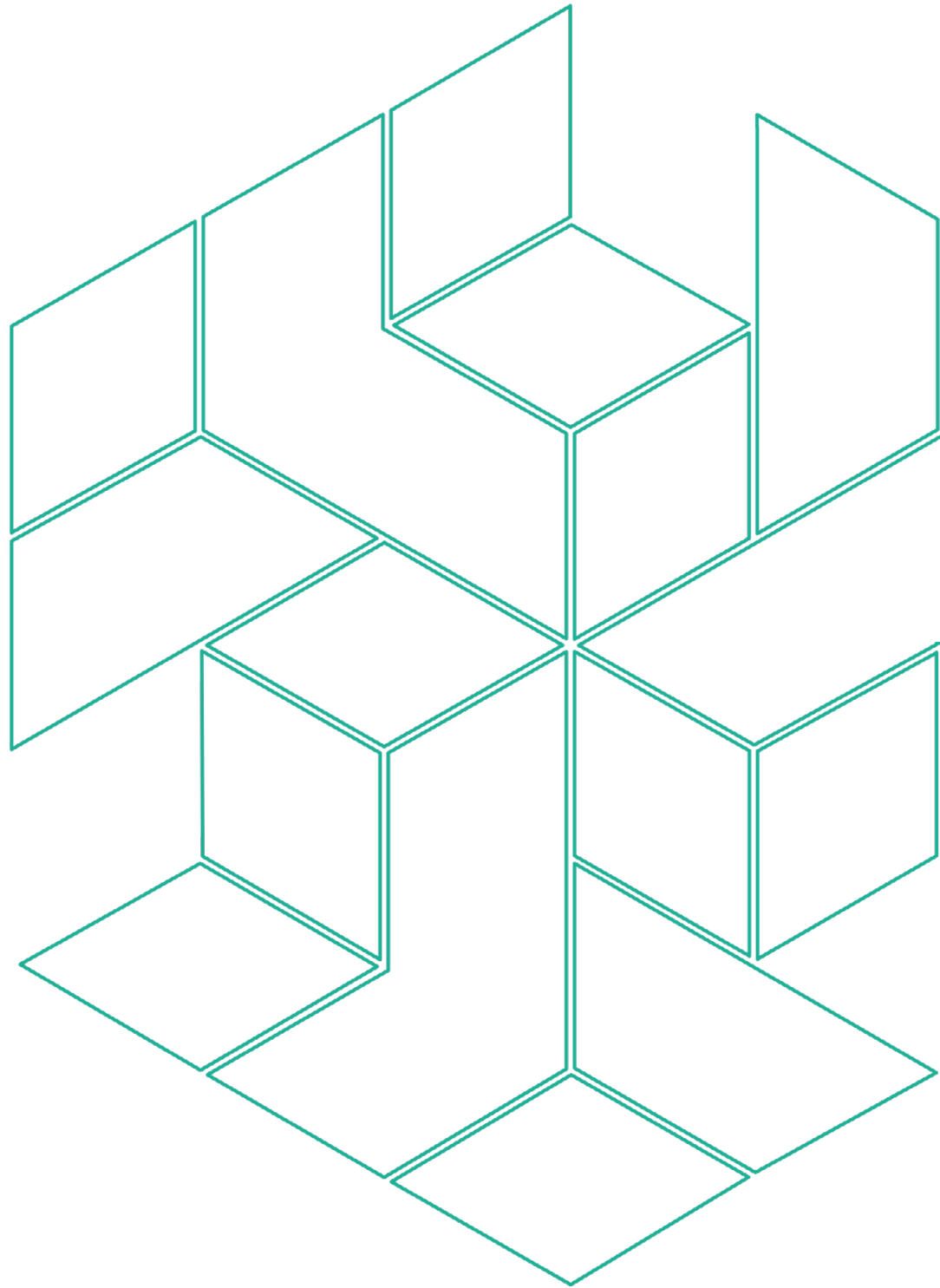
Children's poor mental health in crisis-prone regions such as Maharashtra must not be viewed in isolation. It is a consequence of several social, economic, and health-related factors which are central to the ongoing agrarian crisis. More recently, rural wage stagnation, sharp inflation, and the pandemic have worsened farmer distress.

Government programmes bring some progress in mental health awareness in the face of mounting challenges for the Indian agricultural community. However, it misses a focus on children, not only those enrolled in educational institutions but also those who leave education to work. It's also imperative to note that in the larger scheme, children's distress is directly linked to the looming agrarian crisis. It is a symptom of a cause and can only be eradicated accordingly.

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