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Suicide During the Pandemic in an Informal Settlement of Bengaluru

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ABSTRACT

Objective: To investigate the external factors that influence people to commit suicide during the pandemic.
Design: Mixed-method approach was used to examine the direct and indirect impact of pandemic on suicide. The study has assessed socio-demographic profile of suicide cases as well as the cause of suicide of those who committed suicide using police ledger data and socio-cultural autopsies. Using case study method, interviewed three families of the deceased and tried to understand the underlying factors, context and process that explains the complex phenomenon of suicide. Direct and indirect impact of pandemic on suicide.
Result: There is a clear mis-match in reporting of socio-demographic profile of suicide cases and the underlying reason for the same in police ledger vis-a-vis socio-cultural autopsy. Current case studies have revealed the process through which the deceased have committed suicide. Specifically, the reasons being financial crisis due to COVID-19, habits such as alcoholism, Gambling and extra-marital affair, lack of understanding between couple, lack of communication between the couples for a long period. It has also been noticed that the families had no idea the deceased was suicidal and were left alone during this vulnerable period. Since, excessive alcohol consumption was common in all three cases and due to their financial situation, these families could not afford treatment at a de-addiction center.
Conclusion: The current research discovered that the link between the lay counselor and people at risk of committing suicide could be a mobile application that aids in the recruitment of such people.

Keywords: COVID-19, Suicide, Urban slums, mixed-method approach, Socio-cultural autopsy

1. INTRODUCTION

Though the resource limited countries bear the major burden of the mental health issues, mental health in these countries receives least priority. The COVID-19 pandemic has worsened this situation even further in Low-to-Middle-Income countries (LMIC's) as these countries continue to cope with the treatment gap for mental health care. A growing pool of evidence suggests the impact of COVID-19 and its adverse effects on mental health(1). Many stressors like social isolation, job loss, travel restrictions, disrupted academic activities due to lockdowns, increased fear of contracting the virus deters access to health care, aggravating the mental illnesses during the pandemic(2). These effects are far likely to escalate among those in lower socio-economic strata living in informal settings. For instance, among residents of a slum in North India, the prevalence of depression

was 3.5 percent (95% confidence interval [CI]: 0.95–6.05), and anxiety was 2.5 percent (95% CI: 0.34–4.66) during COVID-19(3). Similar findings were found during the lockdown in an informal settlement in South Africa(4).

Suicide, a proxy for total mental health anomie, accounts for 1.4 percent of all deaths worldwide(5). The Covid situation has thrown up precipitating factors such as socio-economic vulnerability, uncertainty(6), stress, and panic(7) which have exacerbated levels of suicide, leading to a dual vulnerability. It is known that mortality due to suicide is disproportionately higher among those with psychiatric condition and is linked to the direct or indirect impact of COVID-19(8). In the wake of this pandemic, suicide rates, substance use disorder, domestic abuse, anxiety, and depression are indicated to be increasing around the world(9). The pandemic has escalated the stress levels that are experienced by the vulnerable population. This stress gets compounded due to substance use disorder resulting in suicidal behaviour(10). Most importantly, the suicidal behaviour is likely to stay for a prolonged period and may be peak much after the easing of the pandemic (10). The need to undertake in-depth understanding of the scope of problem cannot be stressed upon enough(11).

There have been reports of increased alcohol consumption as an attempt to handle stress due to prolonged isolation during the COVID-19 pandemic(12). The Centers for Disease Control and Prevention (CDC) lists out substance abuse as a risk factor for suicide ideation/tendencies. Also, alcohol use is known to impede judgment and cause disorientation leading to suicide(13). The common perception guiding the consumption of alcohol has been to overcome depression, but though it relieves depression initially, continued use leads to chronic alcoholism. There is evidence suggesting an association of severe alcohol use to suicide(14). Excessive alcohol use also drains the family's wealth, affecting the entire family's mental well-being, primarily in the lower socio-economic group(15). An Indian study establishes an association between tobacco and alcohol use with impoverishment through borrowing and selling of assets because of hospitalizations(16). Finally, a qualitative study in a slum in Bangalore, India, highlights how women were experiencing intimate partner violence and reported suicide ideation due to poor mental health conditions(17). Many participants revealed alcoholism as one of the reasons for their troubles.

An Indian study reports a 67.7% increase in suicides and attempted suicides in the year 2020 based on an analysis of media reports(18). In the same study, suicides during lockdown were higher among those in the age group of 31-50 years, higher among men, among married and employed. Most of these studies use media sources and highlight the relevance of conducting studies that analyze the underlying reasons behind such suicide using primary data. We fill in this gap by using primary and secondary data sources to reveal 1) the underlying factors and processes that explain the complex phenomenon of suicide in an informal settlement of Bengaluru?

2 MATERIALS AND METHODS

2.1 Secondary data

In order to find the answer to this research question, we have collected secondary data on suicide from the ledger of the local police station under the jurisdiction of the study site. The suicide data from the ledger was collected for a reference period of one year from March 2020- till February 2021.

2.2 Participants

2.2.1 Primary data – Socio-cultural autopsy among community members

A socio-cultural autopsy was conducted among seven community women regarding the number of suicides that have happened between March 2020- till February 2021 and the reason for the same.

2.2.2 Socio-cultural autopsy

Seven knowledgeable and consenting female community members participated and were invited to express their views on the suicide cases in their community in the last year. The socio-demographic profile of these participants is detailed in Table.1. below.

Table. 1. Socio-demographic profile of community women on suicide

S.N	Age	Gender	Education	Occupation
1	38	Female	10 years	Homemaker
2	45	Female	9 years	Domestic help
3	30	Female	12 years	Tailor
4	48	Female	7 years	Domestic help
5	37	Female	8 years	Homemaker
6	32	Female	10 years	Homemaker
7	37	Female	7 years	Domestic help

2.2.3 Primary data – case studies among family members of deceased suicide case

Three case studies were conducted among family members of those who have committed suicide. Collecting this information was particularly challenging given the sensitivity of the issue of suicide and the apprehension of the family regarding the legal implication of disclosing information. After putting in consistent effort to build trust regarding the research team, ethical dimension of study, and objective of the research, our research team successfully convinced three families to participate in the study. The background of family members participant of study and deceased is detailed in the Table. 2 below.

3 EXPERIMENTAL

3.1 Research instruments

The socio-cultural community autopsy was conducted using a structured format enquiring the number of suicides, socio-demographic profile of the deceased, and the context in which these suicides took place. The case study guides used to interview family members of the deceased included retrospective information on the deceased, nature, occupation, behavior, habits, and the circumstances under which the suicides took place.

3.2 Data collection

Experienced and trained researchers conducted data collection. The lead researcher, an experienced qualitative researcher trained team members on the study protocol, instrument, and interview techniques. One interviewer, a female and well conversant in English and Tamil – the predominant language of the study site conducted the interviews. Each interview lasted for approximately 30 to 40 minutes.

Table.2. Socio-demographic and relationship profile of suicide cases (deceased) and relationship with family member participants (family of deceased)

Sl No	Age of deceased	Sex of deceased	Occupation of deceased	Relationship with family member participant	Age of family member participant	Occupation of family member participant
1	22	Male	Paint work	Mother	44	Domestic help
2	47	Male	Cook in hotel	Wife	42	Used to do catering before Covid recession
3	49	Male	Labourer in godown	Wife	47	Unemployed

3.2.1 Data processing and analysis

Interviews continued until data saturation was obtained. Case studies and socio-cultural autopsies were conducted in Tamil; therefore, they were transcribed in Tamil and translated into English by the translator, and analysis was performed using the English transcripts. The data were analyzed using grounded theory. Traditionally, the Grounded theory employed an inductive procedure of data analysis; however, we have used the analytical cycle(19) that consists of both inductive and deductive techniques of theory development. We have coded transcripts, labelled and categorized concepts, connected categories, and subcategories, and integrated the prime categories to develop a coherent narrative emerging from the empirical data. The data were analyzed using Atlasti (Version 9).

4 RESULTS

4.1 Socio-cultural autopsy vis-à-vis policy ledger

The Socio-Cultural Autopsy (SCA) suggests that 13 suicides happened in Vijnapura slums, whereas the Police Ledger (PL) suggests that there were 11 suicides (see Figure. 1). The age distribution of those who committed suicide in the last year from the socio-cultural autopsy suggests that most suicides were committed by younger people (8 out of 13) below thirty years of age. Conversely, the PL suggests a higher number of suicides (8 out of 11) among those thirty-plus age group. Thus, clearly, there is a mismatch in the age distribution of suicide cases.

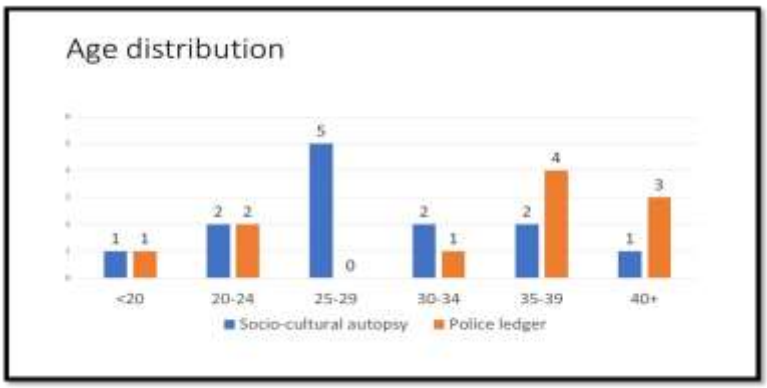

Figure. 1. Age distribution of deceased as per Socio-cultural Autopsy vis-à-vis Police Ledger

A striking mismatch was observed (see Figure. 2) with regard to sex distribution of the suicide cases where the female suicide cases were much higher (5) according to SCA compared to PL (1) - suggesting the missing cases of female suicide in the PL. The issue of family honor seems to be the reason for families not to disclose suicides committed by women. The common belief is that registering these suicides committed by a woman in the household will bring a bad name to the family. The local police corroborated these cultural reasons for underreporting of suicide committed by females.

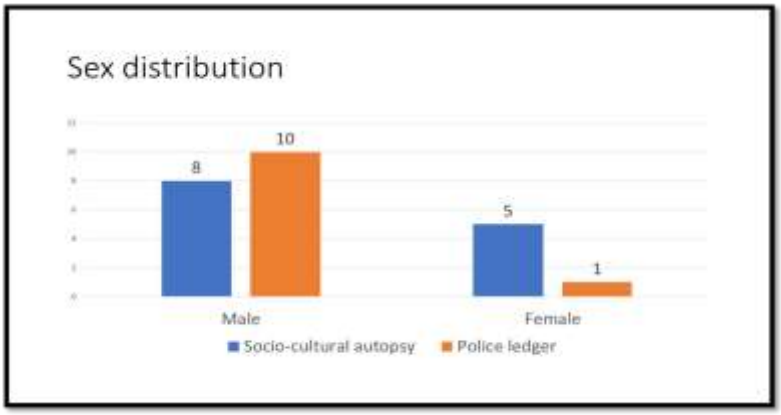

Figure. 2. Sex distribution of deceased as per Socio-cultural Autopsy vis-à-vis Police Ledger

Similarly, there was a mismatch in the disclose of the reason behind suicide. According to the SCA, the main reason behind suicide during the pandemic has been reported to be family feud, unemployment, and poverty (see Figure 3). In this informal settlement, poverty figures as the most reported reason for suicide in PL. However, when the other reasons behind suicide is registered in PL, the family feud is grossly underreported rather individual-level factors such as depression, alcoholism, girl not willing to marry, and menstrual pain was reported as the reason.

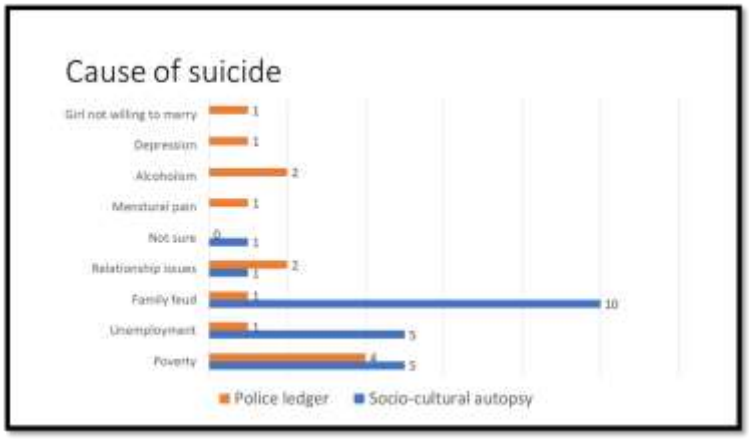

Figure. 3. Cause of suicide attributed to suicide as per Socio-cultural Autopsy vis-à-vis Police Ledger

The only female case that found a place in the PL was reported to be due to menstrual pain. When the SCA detailed the same case, it was found to be a case where a female adolescent had developed a romantic relationship with a boy that was not approved by the girl's mother. When the mother of the deceased reprimanded her, she took this extreme step of committing suicide. A formal discussion with the police revealed that they were forced to document the reasons disclosed by the family. The family's reporting of cause is influenced by factors such as social stigma, family honor, and fear of legal issues that might arise from reporting to police. The PL and SCA are in agreement on suicide by hanging oneself has figured to the most prevalent mode of committing suicide. According to SCA, the other modes of committing suicide are consuming poison, jumping before train, and stabbing oneself. (see Figure 4).

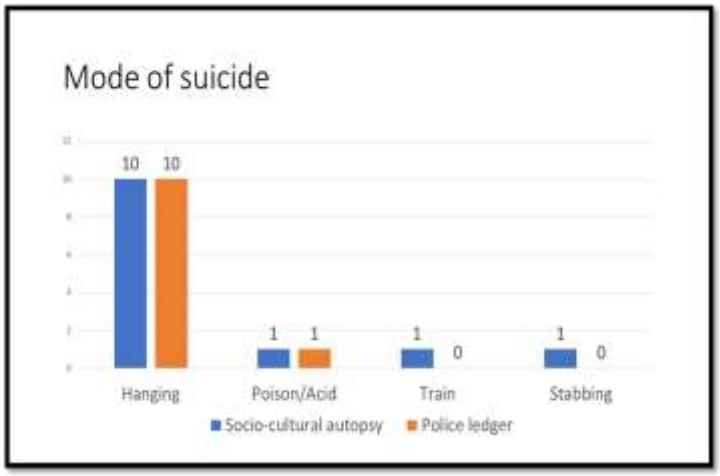

Figure. 4. Mode of suicide used by deceased as per Socio-cultural Autopsy vis-à-vis Police Ledger

The data regarding suicide from the police ledger is not easily accessible as it is in hardcopy format. Most importantly, the suicide data is not separately entered in the police ledger as a slum and non-slum population. This extraction of such data is not user-friendly, and it is difficult to ascertain the total number of suicide cases and conduct analysis of such data using a police ledger. Finally, the suicides committed on railway tracks are not entered into the police ledger rather, they are entered in the separate file that the railway department maintains. Hence, currently, it is impossible to have an accurate, centralized, and user-friendly source of formal data on suicide.

Having gained an overview of the socio-demographic profile of the suicide cases and developing an understanding of the reason

behind suicide in a comparative perspective of SCA and PL, there is a need to gain a deep understanding of the contextual reasons and circumstances that lead to suicide in an informal urban setting. We have taken three case studies with the deceased's family members and analyzed it one after the other, followed by comparative analysis across cases.

4.2 Case studies of suicide

The consenting family members of the deceased have disclosed the deceased in a format where they give a glimpse of the yesteryears and the circumstances under which they have committed suicide. The overarching framework, which is a visual representation of the findings of this study, helps us understand the process through which the deceased cases have been pushed to take the extreme step of suicide: (See Figure 5).

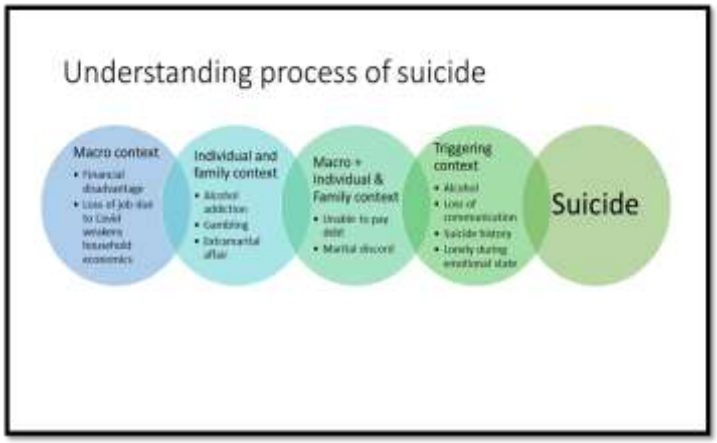

Figure. 5. Conceptual framework induced from analysis explaining the context of suicide during the pandemic in the study area.

4.2.1 Case study 1

The first case study is of a 22-year-old married man who was working as a painter in the construction field before the pandemic. Due to COVID-19 induced situation, he was unemployed before he committed suicide. He, along with his wife, lived with his mother and the family of a brother. His mother was 42 years old, a single woman working as domestic help, and she narrated the background of her son and the circumstances under which he committed suicide. The main themes from the interview are detailed below.

4.2.1.1 Alcoholism

The mother of the deceased disclosed that her son was an alcoholic, and he started drinking at a young age. He used to make demands for money to buy liquor in the following way:

Yes, around 18 or 20 age he started to drink. He used to ask only me for money to drink, pesters me asking cash in small amounts (say Rs 5 or Rs 10).

He was drunk at the time he committed suicide.

4.2.1.2 History: threatened to commit suicide

The problem of drinking was very severe in his case, and he was adamant about drinking by whatever means and blackmailed his mother for money. Since he was unemployed due to COVID-19 induced financial situation where it was difficult to go out due to lockdown and slump in construction activity, he did not have the means to fund his drinking habits. Consequently, he started troubling his mother for money, and when she did not give him money for drinking, he used to threaten her that he would kill himself as follows:

He used to threaten me that he would harm himself. He will cut his hand, saying you are not giving money.

Since he was an alcoholic, he was always in need of money. He would become desperate to get money to satiate his urge to drink. In this impoverished informal settlement, people struggle to make ends meet during the pandemic due to loss of employment and repeated lockdown. Additionally, if anyone in the family happens to have a habit of drinking, it adds to the woes of the individual and his family's finances.

4.2.1.3 Trigger: spontaneous abortion and infant death

One of the main triggers for the deceased, according to his mother, was repeated instances of child loss (spontaneous abortion and infant death) experienced by her son, which led to fights between son and daughter-in-law. She narrates the emotions that he went through due to conjugal issues and loss of a potential offspring as follows:

She got aborted (spontaneous abortion); the other time was the twins who died after birth. So, he became distraught after that incident. He was sad that he neither had babies nor a happy family as his wife quarrels and goes [to her maternal home] sometimes. He started drinking too much. He always used to say that I lost my baby.

4.2.1.4 Fight: verbal and physical abuse

The couple's fights used to take verbal and physical abuse; the participant narrated the last fight between the couple, where the daughter-in-law was complaining about her son fighting again. Due to these repeated fights, the daughter-in-law had gone away to her natal home and was brought back after convincing her that very evening. Observing this fight, the brother of the deceased reprimanded the deceased against such behavior, which the participant describes as follows:

She was screaming, saying he was fighting again [she came back with the assurance that such fights would not happen anymore]. He was just shouting at her, which he normally does, and also without any real intention, he was telling, "I will kill you, I will hit you". He won't do anything like that. This made my elder son angry. He was asking him, "Why are you doing like this? Today only we got her from her natal home.

The prevalent gender norms get clear here when the participant normalizes the abusive behaviour of her son where he was threatening his wife of homicide as something that he didn't mean and justifies that the threats by her son were not real.

4.2.1.5 Lapse: left alone

To put an end to the fight between the couple, the participant and her elder son put them in another room and locked the room from outside. The intention behind such a move was to calm him down. However, this move turned deadly as he hanged himself using his wife's saree that he found in that room. The participant describes the incident as follows:

To compromise both (fight between son and daughter-in-law), we separated both, put him inside the house, and locked the room to make him relax. In that gap [Lapse of time], he hanged himself with the saree.

Being left alone in an emotionally vulnerable state when he was under the influence of alcohol was the circumstance under which the suicide happened. The family of the deceased were unaware of the risk of suicide that the deceased was predisposed to under such circumstances, nor did they anticipate such a severe outcome if he is left alone.

4.2.1.6 Rehabilitation

The participant further elaborates that they had been contemplating sending her son to an alcohol de-addiction center but did not have the resources to do so. The pandemic has put extra financial stress on the family because of the unemployment of several family members. She expresses her helplessness as her son committed suicide while they were trying to figure out a way to redress the situation as follows:

That day only when he hanged, we were discussing sending him to some rehabilitation Centre. We were getting the contact number and were in talks regarding that. The Centre asked us for Rs. 10,000, which was high so we were thinking about that. In the gap when we were contacted about this, he committed suicide which we never thought he would do.

Due to lack of resources, they could not have found a solution to this problem of alcoholism that the deceased was battling with.

4.2.2 Case study 2

The second case of suicide was committed by a 47-year-old married man who worked as a cook in a hotel and was a father of two sons. The participant of this study is his wife, who is 42 years old and used to run a catering business before the recession-induced by the pandemic. Right now, she is unemployed due to the pandemic and undergoing tremendous financial strain as she is responsible for paying back a loan her deceased husband had taken.

4.2.2.1 Alcoholism

The deceased husband was in the habit of drinking and had increased his intake of alcohol for the last two years and used to get excessively drunk a month before he committed suicide. The habit of alcoholism got worse during the pandemic because those in the habit see drinking alcohol as a recourse when they are unable to handle the stress that financial challenges put forth. However, this adds to the already strained situation where there is no income due to Covid induced recession.

4.2.2.2 History: extra-marital affair

The participant of this study reveals that she had a happy life not very long ago even though he used to drink but was not abusive towards her. The root cause of her marital trouble was the extra-marital affair that her husband developed with a co-worker at his workplace. The participant further discloses the strategies used by her to keep her husband away from this extra-marital affair as follows:

Without money, we had a happy life. In the last two years, problems have started. Earlier, he used to drink but was not harsh to me. After some time, I came to know that he was having an affair with a woman in his hotel. She was a cleaning lady. I called his (husband) family. I informed the family about it. They decided to talk about it. My husband is my mama (maternal uncle). My mother accused him of "how could you do this to my daughter" why did you do this. She stopped speaking to him, and she used to visit our house but avoided him. The more prominent family said that if you behave like this, we don't want any relationship with you.

The participant being in a consanguineous marriage, had the support of the family who came forward and socially boycotted the deceased with the intention to save the participant's marriage. However, the journey was not easy as the participant used to experience verbal and physical abuse. As the participant had taken the help of family to boycott the deceased, he expressed his anger and frustration by resorting to abuse directed towards the participant.

4.2.2.3 Fight: verbal and physical abuse

Since the disclosure of this extra-marital affair, there were several changes in the deceased's behavior as there was a heightened level of marital discord. The participant narrates her experience of verbal and physical abuse as follows:

He started drinking more in the last two years. He used to use bad words and beat me.

4.2.2.4 Trigger point: fight regarding extra-marital affair and loan

The situation took an ugly turn when the participant discovered that her husband had taken a loan of Rs. 15,000 and given it to the woman he had this relationship. This invokes a strong reaction from the participant who was struggling to run the household because of impoverishment, and

she was shocked that he didn't give any money for meeting the bare necessities at home instead, he gave it to the other woman.

For 4 months, he didn't speak to her. And said he would not speak to her. He said, please forgive me. But I came to know that he was still speaking. He borrowed 15,000 to give her. I didn't have money to pay for gas cylinder at home and he was borrowing money to give to that woman. When I came to know. I spoke to him harshly. I asked whom did he give the money. I have many financial problems at home but you have taken loan without sharing at home. Why did you do like that? What was the reason. He did not say the reason. We had a fight. He asked me to prepare biryani. I refused saying I won't do that and left home. After half an hour, I came to know he hanged himself. He was drunk when he hanged himself.

The financial hardships, which were primarily heightened due to Covid, along with conjugal disharmony, were the underlying context in which the deceased in this case study has committed suicide.

4.2.2.5 Lapse: No communication between the couple

The participant further adds that due to the strained relationship between her and her husband, he was taking the course of drinking alcohol and became reclusive, and his emotional state was sad, and he was not reaching out. He also stopped going to work as follows:

Last month he was drinking too much. He used to be sad, silent, and not speak to anyone. He was not going to the hotel regularly.

Being in a depressed state of mind, drinking excessive alcohol, and not communicating with others could create dis-orientation and loss of reason leading to suicide. These warning signs are not known to this family; hence the deceased was at risk. His vulnerability to suicide was not known to the household eco-system, which lacked information of actions to mitigate the situation when warning signs were glaringly present.

4.2.2.6 Rehabilitation

On being asked whether the participant explored the possibility of rehabilitation by admitting her husband to a de-addiction center, the participant replied negatively because she thought her husband would not cooperate with such a move.

No, we haven't because we know he will not cooperate.

Impoverishment could also be a reason for not exploring rehabilitation as the participant was under tremendous financial strain. Lack of communication between the couple was another barrier in figuring out the course of rehabilitation.

4.2.3 Case study 3

The third case of suicide is committed by a 49-year-old married man who worked as a labourer in a godown with two sons and a daughter. The participant of this study is his wife; she is 47 year old and is currently unemployed due to COVID-19 situation.

4.2.3.1 Alcohol

According to the participant, her deceased husband was addicted to alcohol, and the problem was so severe that he was admitted to de-addiction Centre in the past.

4.2.3.2 Gambling

According to the participant, her husband also was into the habit of Gambling. Since he did not have the resources to fund his habit, he used to take a loan and use that money for Gambling.

He had a habit of playing cards and alcohol. He took a loan from XXX Bank of 7 lakh and 3 lakh he gave to his son and daughters. He spent 4 lakh playing chit (a form of Gambling).

4.2.3.3 History: attempted suicide

According to the participant, her husband had already attempted suicide in the past due to financial troubles. These financial troubles were compounded because he got

into the vicious cycle of borrowing from others to repay the existing loan, so he was under tremendous pressure at all times to pay some of the other loans. However, he didn't have the means to pay the loan and hence out of desperation, attempted suicide a year back, expressed by the participant as follows:

Before one year, he attempted suicide. He took poison a year back. He was admitted to the hospital and recovered. He had many financial problems. He used to rotate loans by taking a loan from one and repaying it to the other.

4.2.3.4 Tigger point: inability to pay back the loan

The trigger point for the second attempt of suicide, which resulted in the death of the participant's husband, was again due to the pressure to pay back the loan taken from the bank. Her husband had been irregular to the office and used to spend time Gambling instead.

He could not pay the loan back. He was going to work for one day, and the following day he was at home. He used to play chit and not go to the office.

4.2.3.5 Lapse: no communication

The participant disclosed that her husband had kept all these transactions to himself, and she got to know about the bank loan because her daughter-in-law saw a message on the deceased's phone regarding a notice he had received from the bank for default of loan repayment. Following which she had a fight with her husband regarding this matter and was not talking to each other.

One month back, daughter in law saw messages from the bank on the phone regarding loan repayment and informed me as I am illiterate. We fought for money. We were not on talking terms due to the fight. He was not responding properly to me.

Lack of communication between the deceased and his family during vulnerable times is a common thread of risk that has pushed those at risk to commit suicide when they don't have access to other redressal mechanisms.

4.2.3.6 Rehabilitation

The participant further reveals that her husband was into the habit of drinking; hence they had admitted him to a de-addiction center, following which he had left drinking for almost six years. However, after he got his children married, he got back to drinking again; hence relapse of this habit is a challenge in mitigating this problem.

He was in a rehabilitation center two years back. Six years he left drinking. He got his kids married. He then again started drinking alcohol.

The common line across the three case studies is that all of them were alcohol addicts, and all three were drunk at the time of committing suicide. It is an established fact that excessive drinking impairs reason, and the presence of other stressors such as fights or lack of understanding between the couple and lack of communication with the partner at the time could trigger the ideation to commit suicide. In all three cases, there was a fight between the couple before committing suicide. The reason for the fight between the couple was either emotional as loss of a child, financial hardships for not being able to pay the loan due to Gambling, or inability to pay the loan taken to gift another woman due to an extra-marital affair. The COVID-19 induced financial hardships have aggravated the shrinking financial resources for these people who are already impoverished. The role of family-level factors such as marital discord has been the common line across the three cases followed by fights. However, in all three cases, there was a lack of communication between the couples due to the reasons stated above, so the deceased was in a state of loneliness and could not have shared their emotions during what transpired in their minds. Out of three cases, two had already attempted suicide earlier, so there was a pattern of thought process that they didn't see any positive redressal mechanism to

overcome their situation, which is common. Finally, in two cases, the families never thought that the deceased was at risk of committing suicide and were left alone during this vulnerable period. Since excessive alcohol consumption was common in all three cases, these families could not afford rehabilitation due to their poor condition. In one case, the deceased was admitted to de-addiction Centre but again got back to the habit after some time.

5 DISCUSSIONS

5.1 Principal findings:

The current study used mixed-methods to examine socio-demographic profile and cause of suicide of those who have committed suicide from police ledger and through socio-cultural autopsy. We also interviewed the family of the deceased and tried to understand the underlying factors, context, and process that explain the complex phenomenon of suicide in an informal settlement of Bengaluru. There was a clear mismatch in reporting of socio-demographic profile of deceased and cause of suicide in police ledger compared to socio-cultural autopsy. There was gross under-reporting of female suicide cases and family feuds. Currently, it is impossible to have an accurate, centralized, and user-friendly source of formal data on suicide. The formal reporting of suicide in police ledger was influenced by factors such as social stigma, family honor, and fear of legal issues that might arise due to reporting of suicide cases to police. The process through which a person living in an informal settlement is pushed to take the extreme step of committing suicide was multi-factorial and multi-layered. The financial disadvantage that was endured by the poor got more severe due to COVID-19 induced loss of job and insecurities thereof. It has completely overwhelmed the family's economy resulting in a helpless situation for everyone in the family. These kinds of stressors have also compounded when people are forced to stay indoors due to lockdown or just jobless creating a fertile ground for a fight between couples or a larger family.

5.2: Potential mechanism and comparison with other studies:

There is a rise in the prevalence of thoughts of self-harm and suicide among those diagnosed with COVID-19(20). In order to address this issue, data on suicide is a minimum prerequisite; however, suicide data is missing in the first place in a low-income setting that lacks the safety nets and might need a lot more to be done(21). There is an escalation in the cases of suicide during a pandemic due to the gravities thrown up due to social isolation, financial insecurity due to job loss, travel restrictions, fear of contracting the virus. These challenges due to pandemics get more pronounced among the underprivileged, specifically in informal settlements of urban India. Those living in the slum are at greater risk for suicide or suicide ideation(22). The deep analysis of the three case studies had revealed the process through which the deceased had committed suicide. Specifically, the financial crisis both COVID-19 induced and otherwise has created a vulnerable position for the deceased to take this extreme step. Additionally, habits such as alcoholism, Gambling, and the extra-marital affair could add an additional layer of complication for aggravating the situation. It is clear that excessive drinking has impaired reason, and the presence of other stressors such as family fights or lack of understanding between the couple could trigger the ideation to commit suicide. The fight between the couple could be emotional, such as loss of a child, financial hardships for not being able to pay a loan due to Gambling, or inability to pay the loan taken to give gifts to another woman due to an extra-marital affair. The role of family-level factors such as marital discord has been the common line across the three cases. This marital discord has translated into a fight, specifically a fight before the attempt of suicide. Importantly, there has been a lack

of communication between the couples for a long period preceding the attempt of suicide. Due to lack of communication, the deceased were in a state of loneliness hence could not have shared their emotion of what transpired in their mind at that point when they attempted. Out of three cases, two had already attempted suicide earlier, so there was a pattern of thought process that they didn't see any positive redressal mechanism to overcome their situation, which is common. Finally, in two cases, the families never thought that the deceased was at risk of committing suicide and were left alone during this vulnerable period. Since excessive alcohol consumption was common in all three cases, and due to their poor condition, these families could not afford it, and in one case, the deceased was admitted to de-addiction centre but again got back to the habit after some time.

5.3 Strengths and Limitation of the study:
The strengths of the study are this study used mixed method approach and collected the data from the family members of the diseased to understand various factors influencing the suicide and compared with the Government records (Police ledger) as well. This helps to understand the mismatch and under reporting of the actual cause of deaths. This study has been conducted in the metro city where the impact of COVID-19 was more compared to other areas. Major limitation include that his study is conducted with very few case studies, and there is no interview conducted with the police to understand the reason for the mis match in reporting the cause of death.

5.4 Implication:
The question arises: What are the redressal mechanisms to address suicide that can be adopted among the urban poor living in an informal settlement. There is sufficient evidence supporting lay counsellors as the intervention for mitigation of suicide ideation and attempt in a low-income setting, such as Kenya(23), Bostwana(24), India(25) and South Africa(26). There is emerging evidence from India that suggests the use of digital mental health solutions because there is increased use and interest in technology during the pandemic, which supports app engagement as complementary to mental health therapeutic care(27). Similar intervention can be employed in the informal settlement of Bengaluru, where local people from the community can be trained to become lay counselors who can talk to those at risk by motivating them out of suicide ideation. The connection between the lay counselor and people at risk could be a mobile application that helps in the recruitment of such cases.

PARTICIPANTS CONSENT: The study was explained to the participants and informed consent was obtained from the participants before enrolling them into the study.

Declaration by Authors

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