

CHAPTER 26

Sociological Perspectives Related to Suicide in India

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Abstract

Suicide is the third greatest cause of mortality among adolescents and young adults throughout the world. Suicide rates have also been rising in India for some years now. However, the causes of suicide and the methods used to commit it vary across cultures. This study discusses the socio-legal aspects which contribute to suicide in India, as well as highlights some suicide prevention measures. Multiple regression analysis was employed to investigate the relationship of suicide rate with literacy rate, unemployment, inflation, and social sector expenditure prevalent in the year 2018-19 in India. The sample of the study comprised 33 states and union territories of India. The literacy rate ($\beta=0.48$, $t=2.47$, $p<0.05$) was found to be a positive predictor of the suicide rate explaining 18% of the variance in it ($F=6.10$, $p<0.05$). The unemployment rate ($\beta= -0.41$, $t= -2.58^*$, $p<0.05$) was found to be a negative predictor of the suicide rate for the same year explaining 17% of the variance in the criterion variable ($F=6.65$, $p<0.05$). The total variance explained by these socio-economic factors amounted to 35% of the criterion variable. It is opined that community-based prevention initiatives and the identification of susceptible individuals may be more successful than global strategies to curb suicide worldwide.

Index Terms: Suicide, Literacy, Unemployment, Social Sector Expenditure, Socio-legal analysis, Prevention

Introduction

According to WHO's newest estimates, suicide remains one of the major causes of death globally. Suicide kills more people each year than malaria, HIV, breast cancer, conflicts, and homicide combined. More than 700,000 individuals died by suicide in 2019 which accounted for one out of every 100 deaths prompting WHO to issue new guidelines to assist nations in improving suicide prevention and treatment (WHO, 2019).

Dr. Tedros Adhanom Ghebreyesus, Director-General of the World Health Organization categorically emphasized in one of his recent addresses that in no circumstances we should neglect the major issue of suicidal deaths and attempts. Suicide stands out as the fourth-largest cause of mortality among young people aged 15 to 29 years, following traffic accidents, tuberculosis, and interpersonal violence. The suicidal rates,

however, differ across countries, regions, and gender. Males commit suicide at almost double the rate as compared to females (12.6 per 100000 males as compared with 5.4 per 100000 females). In general, suicide rates among men are greater in high-income nations (16.5 per 100000 males). Female suicide rates have been reported to be higher in low and middle-income nations (7.1 per 100000 females). Suicide rates in the African (11.2 per 100000 persons), European (10.5 per 100000 persons), and South-East Asian (10.2 per 100000 persons) regions have been found to be higher than the global average i.e. 9.0 per 100000 persons in 2019. The lowest suicide rate has been reported in the Eastern Mediterranean region i.e. 6.4 per 100 000 persons.

The data found in the National Crime Records Bureau (NCRB) is based on police records. The reliability of these records is affected to an extent by sociocultural variables. Suicide attempts are declared a criminal offense under the Indian Penal Code (IPC Section 309), which leads to its underreporting in many regions. Additionally, in rural locations, the procedure of recording a death is extremely inefficient.

Key factors related to suicide can be categorized as personal, interpersonal, and cultural. Personal factors include being afflicted with mental illness such as mood disorders viz., depression/anxiety or personality disorders viz., schizophrenia/anti-social personality disorder; chronic illnesses/pain or suffering from a crippling or fatal condition; financial or legal issues or substance abuse, etc. Interpersonal factors include being a victim of physical/ emotional/economic/sexual abuse and/or neglect or bullying; loss of relationships due to break-ups, divorces, or death of loved one(s); being socially isolated and experiencing loneliness. Cultural factors include being aware that one needs professional assistance, however, feeling embarrassed or afraid to seek treatment due to cultural factors, or when an individual hails from a culture where suicide is regarded as an acceptable alternative for resolving a personal crisis, etc.

Indian legal system prohibits suicide and has framed specific provisions for the same. Sec 309 of the Indian Penal Code, 1860 states “whoever attempts to commit suicide and does any act towards the commission of such offense, shall be punished with simple imprisonment for a term which may extend to one year or fine, or both.” In the *Gian Kaur v. State of Punjab* case in 1996, however, this was a point of contention. It was alleged that section 309 of the IPC infringed on Article 21, which stated that everyone has the right to life. It was argued that if a person had the right to live, he also possessed the right to die. This argument was totally overturned by the court ruling which declared that there was no reason to believe that Section 309 of the IPC is unconstitutional. The opposite stance expressed by *P. Rathinam v. Union of India* to include the right to die in Article 21 was not recognized as a valid argument. Even on the basis of Article 14, *Gian Kaur v. State of Punjab's* judgment cannot be upheld. It was further established that while the Right to Life is a natural right enshrined in Article 21, suicide is an unnatural termination or extinction of life, and hence incompatible with the idea of the right to life. According to the Mental Healthcare Act 2017, suicide is a psychiatric problem and not a manifestation of criminal instinct under this legislation.

The lack of proper national prevention suicide strategy, legal conflicts in the understanding of the law related to suicide, media reporting, and lack of engagement of multi sectors are some of the major barriers to effective suicide prevention techniques (Vijaykumar et al., 2022).

Durkheim (1897) is usually regarded as the first researcher to suggest that socio-economic causes influence suicidal behavior (Gibbons, Hur, Bhaumik & Mann, 2005; Kelly, Davoren, Mhaoláin, Breen & Casey, 2009). His theory postulated that when economic changes take place, the suicide rates are expected to increase, on the other hand, these rates are expected to decrease when there is economic stability (Lester, 2001). This relationship was later studied and corroborated by various other researchers (Lester & Yang, 1997; Neumayer, 2003; Stack, 2000). Kimenyi and Shughart (1986) provided evidence that suicide can be explained as “an outcome of rational choice”. They opined that along with emotional factors like divorce, suicidal behaviour is also affected by economic factors like employment, income, and cost of healthcare. When an individual feels that the benefits of living are higher than the costs attached to it, they invest in medical care which is likely to increase their lifespan. However, when an individual observes greater costs of being alive, then they might commit suicide acting as a maximizing utility agent.

Suicide and unemployment are intricately linked. Unemployment may increase vulnerability to stressful personal and social life events; it may indirectly lead to suicide by increasing the risk of factors that precipitate suicide viz., financial difficulties, mental illness, etc. It has been suggested that societal, cultural, and individual (Durkheim, 1897) along with economic factors like inflation, income, and consumption (Chuang & Huang, 2003) affect the changes in suicide rates. Among them, unemployment has been studied the most (Webb, Glass, Metha, & Cobb, 2002). In most parts of the world, unemployment has been linked with increased cases of suicide (Aihara & Aiki, 2002; Gunnell et al., 1999). The impact of the economic crisis of the year 2008 has been studied around the world. Chang, Stuckler, Yip, and Gunnell (2013) studied the “crisis effect” on the suicide rates in 54 countries, and concluded a significant rise in the unemployment magnitude and suicide rate in men. However, other researchers argue that this association is heterogeneous across nations. France has one of the highest “employment protection indexes”, but still France also has one of the highest suicide rates among the Western European nations (Eurostat, 2013).

Studies in different countries have found different relationships between education and suicide rates. Suicide rates in Japan (Otsu, Araki, Sakai, Yokohama & Voorhees, 2004), European countries (Lorent, Kunst, Huisman, Costa & Mackenbach, 2005), and Lithuania (Kalediene, Starkuviene & Petrauskiene, 2006) were found to be negatively correlated with education. In the United States, different parts of the country were found to have different kinds of relationships between suicide rates and education. While some studies reported a positive relationship between suicide and education (Kowalski, Faupel & Starr, 1987), some obtained a negative relationship (Abel & Kruger, 2005) while few reported no relationship (Saucer, 1993). Among Indians (Mayer, 2003) and among African Americans (Lester, 1991) literacy rates and suicide rates have been positively linked with each other.

Arya, Page, River, Armstrong, and Mayer (2018) in their Indian study found that more developed states have higher rates of suicide for both the genders. They found that higher suicide rates are linked with higher literacy rates, religious orientation toward Hinduism, and higher male unemployment rates. Pandey and Kaur (2009) investigated the economic correlates of suicide in India in males and females for a period of 1967 to 2006. They concluded that suicide rates were higher in males than in females. Also, the tendency of committing suicide declined for the people aged below 30 years during that period, but the same increase for the people aged above 30 years. It was also observed that suicide rates were higher for people who studied up to matriculation and beyond secondary high school. They also found a higher suicide rate with more unemployment, but the relationship was weak. Inflation, increase in real GPD and industrial growth have also been positively linked with suicide rates (Poduri, 2015).

India is losing a large number of young people (15-24 year-olds) to suicide than any other country in the world, and this calls for urgent attention as it may affect the country's future with respect to economic, demographic, and social development (Mythri & Ebenezar, 2016).

Method

The present study attempted to determine the relationship of suicide rate with literacy rate, unemployment, inflation, and social sector expenditure. The sample of the study comprised 33 states and union territories (UT) of India. The union territory of Daman and Diu was excluded as data was missing on quite a few variables selected for the purpose of the study for this UT. Data were obtained on the suicide rate per 1000 population, literacy per 1000 population, total unemployment rate (rural and urban combined) per 1000 population, inflation rate prevalent in 2018-19, and social sector expenditure made by the government in crores. The suicide rate data were obtained from National Crime Records Bureau for the year 2018-19. The unemployment rate, inflation, and social sector expenditure data were obtained from the Reserve Bank of India, Handbook of Statistics 2018-19. The literacy rate taken in the current study has been obtained from Census 2011. Due to the pandemic, the latest data on a few variables taken for the purpose of the study was not available because of which data for all the variables considered in the study was taken for the year 2018-19.

Hypotheses

Based on the review of literature the following hypotheses were framed:

H1: It is hypothesized that the suicide rate will be positively associated with the literacy rate prevalent in India for the year 2018-19.

H2: It is hypothesized that the suicide rate will be positively associated with unemployment prevalent in India for the year 2018-19.

H3: It is hypothesized that the suicide rate will be positively associated with inflation prevalent in India for the year 2018-19.

H4: It is hypothesized that the suicide rate will be negatively associated with social sector expenditure prevalent in India for the year 2018-19.

Results

Table 3.1 *Descriptive Statistics showing Mean, Standard deviations, and sample size*

| Variable | Mean | Standard Deviation | Total Number(N) |
|------------------------------|-----------|--------------------|-----------------|
| Suicide rate | 0.13 | 0.10 | 34 |
| Literacy rate | 784.01 | 81.07 | 34 |
| Unemployment rate | 163.97 | 112.73 | 34 |
| Inflation rate in percentage | 37.52 | 16.78 | 33 |
| Social sector expenditure | 49,168.03 | 45,370.42 | 30 |

Note: Literacy, unemployment, suicide are at the rate of 1000 population. N is varying as data for a few states and union territories was not updated by the National Crime Records Bureau on their website and by the Reserve Bank of India as in their Handbook of Statistics 2018-19.

Figure 3.1 Bar Graph depicting Means and standard deviations of suicide, literacy, and the unemployment rate

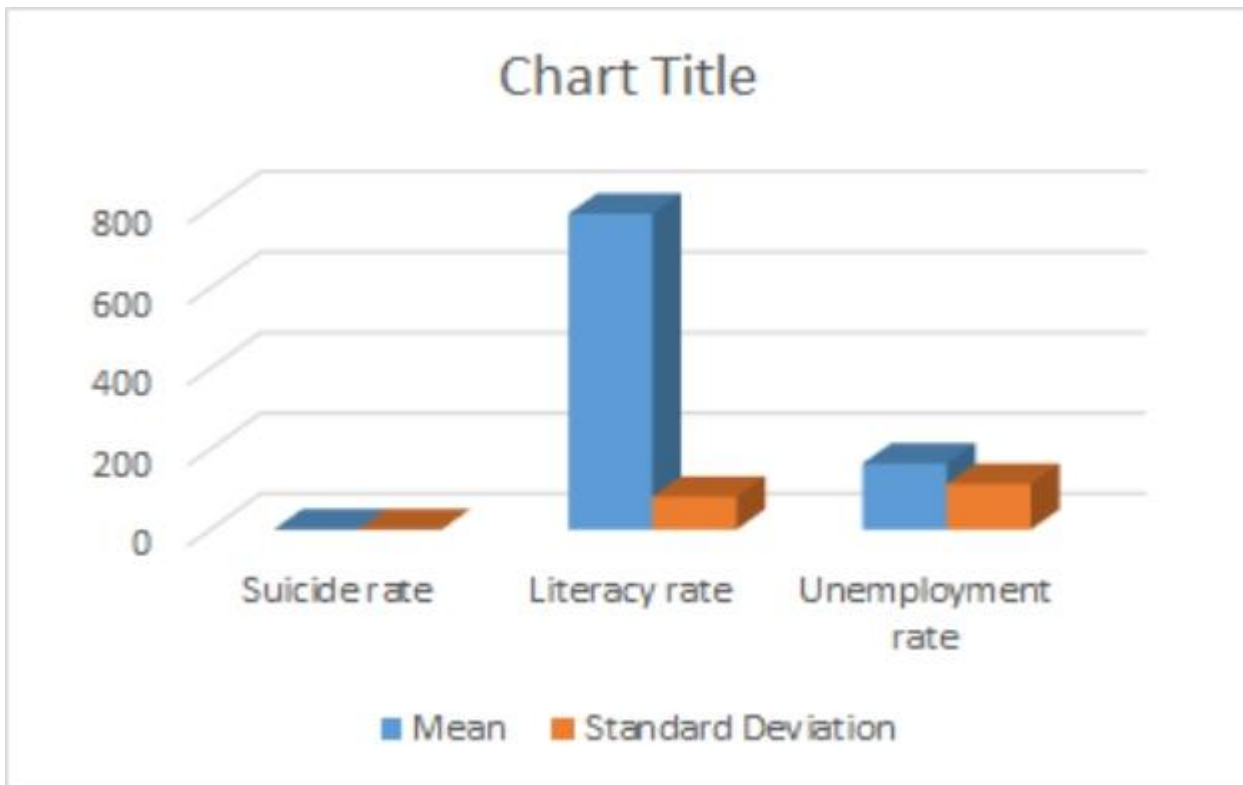


Figure 3.2 Bar graph depicting mean and standard deviation of inflation rate prevalent in 2018-19

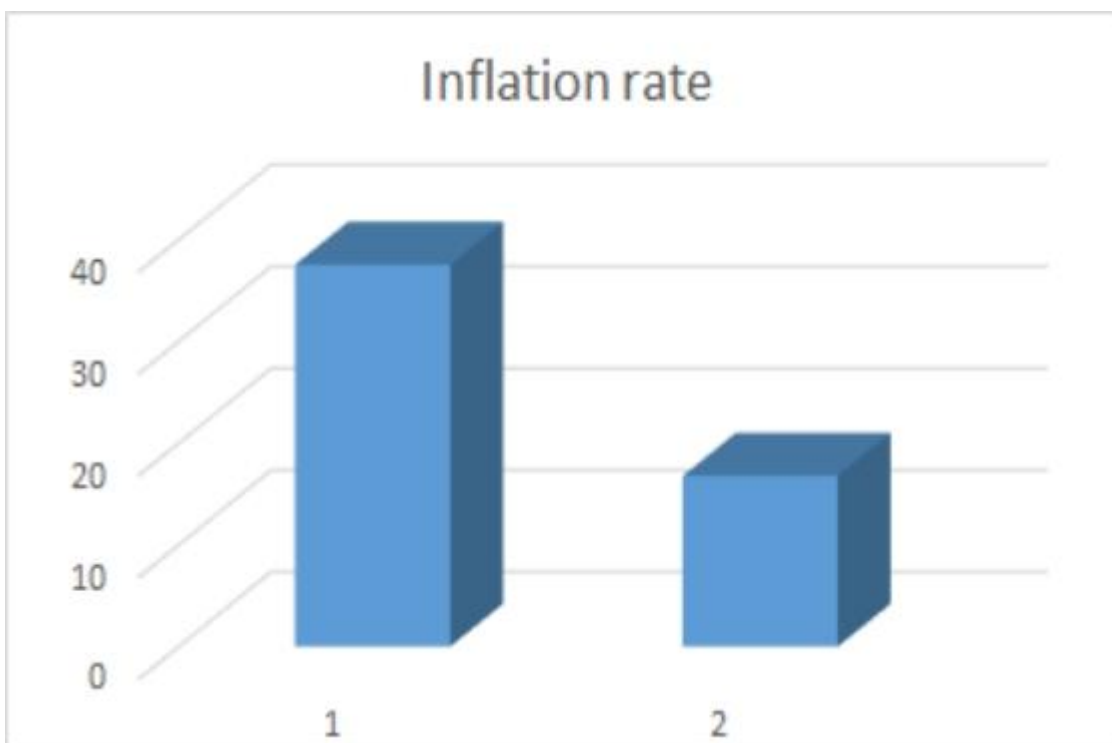


Figure 3.3 Bar graph depicting mean and standard deviation of social sector expenditure during 2018-19

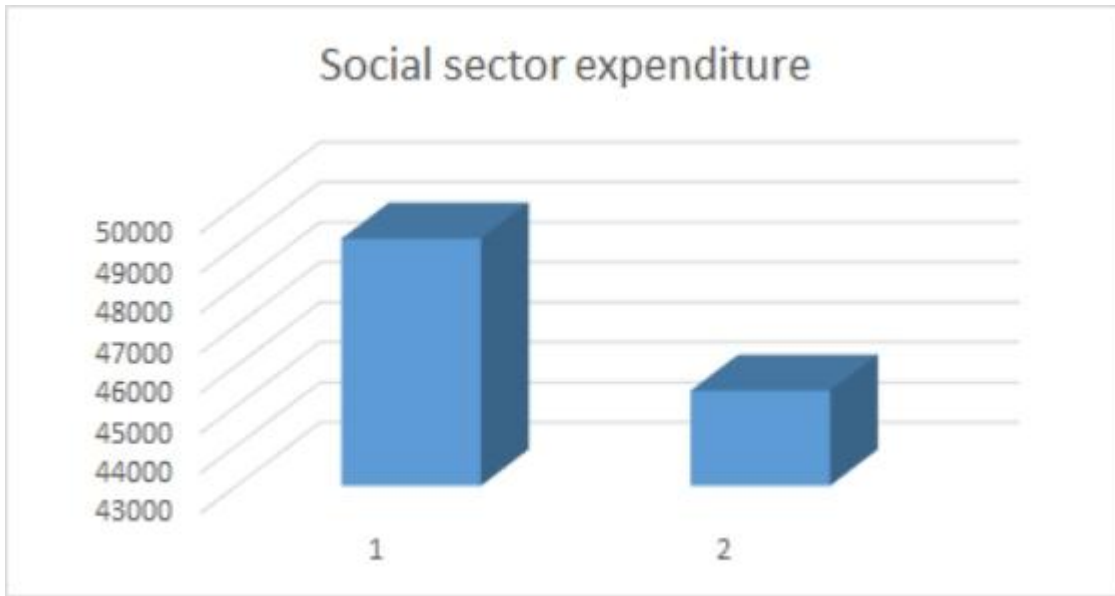


Table 3.2 *Bivariate Correlations*

| Variable | Suicide rate | Literacy rate | Unemployment rate | Inflation rate | Social sector expenditure |
|---------------------------|--------------|---------------|-------------------|----------------|---------------------------|
| Suicide rate | 1 | 0.35* | -0.23 | .01 | -0.12 |
| Literacy rate | | 1 | 0.32 | .18 | -0.38* |
| Unemployment rate | | | 1 | 0.46** | -0.32 |
| Inflation rate | | | | 1 | -0.13 |
| Social sector expenditure | | | | | 1 |

Note. *=significant at 0.05 level and **=significant at 0.01 level

Table 3.3 *Predictors of Suicide*

| Predictors | R | Beta Coefficient(β) | t | R2 | R2 change | F value |
|------------|------|-----------------------------|-------|------|-----------|---------|
| Literacy | 0.43 | 0.43 | 2.47* | 0.18 | 0.18 | 6.13* |

| | | | | | | | |
|-------------------|------|-------|--|--------|------|------|-------|
| Unemployment rate | 0.59 | -0.41 | | -2.58* | 0.35 | 0.17 | 6.65* |
|-------------------|------|-------|--|--------|------|------|-------|

Note. *=significant at 0.05 level

Means and standard deviations of the variables were computed as depicted in Table 3.1, Figure 3.1, 3.2 and 3.3. Correlation analysis and multiple linear regression analysis was conducted on the obtained data as shown in Table 3.2 and 3.3. The literacy rate ($\beta=0.48$, $t=2.47$, $p<0.05$) was found to be a positive predictor of the suicide rate for the year 2018-19 explaining 18% of the variance in it ($F=6.10$, $p<0.05$). This finding supported Hypothesis 1 of the study. The unemployment rate ($\beta= -0.41$, $t= -2.58^*$, $p<0.05$) was found to be a negative predictor of the suicide rate for the same year explaining 17% of the variance in the criterion variable ($F=6.65$, $p<0.05$) and thus rejecting the Hypothesis 2 of the study. The total variance explained by these socio-economic factors amounted to 35% of the criterion variable. Hypotheses 3 and 4 could not be proved in the data obtained in the present study

The findings of the current study suggest that the greater the literacy and employment rate, the higher the suicide rate. Rajkumar, Senthilkumar, Gayathri, Shyamsundar, and Jacob (2015) also reported that literacy rates were associated with state-wise suicide rates in 15 Indian states. States like Pondicherry and Kerala which have higher literacy rates also had higher suicide rates. The negative association between suicide rate and unemployment rate highlights that there is much more than just socioeconomic indicators of literacy and unemployment which can lead people to commit suicide. People have probably other individualistic reasons apart from general socioeconomic indicators which make them vulnerable to committing suicide such as increased stress, dissatisfaction at the workplace, work-life imbalance, marital dissatisfaction, and poor coping mechanisms. Studies that have suggested that unemployment is positively linked to suicide have maintained that it cannot be regarded as a cause for suicide. Unemployment and suicidal act both may be a result of psychopathology (Bagadia, Ghadiali, Saraf & Shah, 1976). A longitudinal study concluded that people who have poor mental health had higher chances of losing their jobs when compared to their healthier counterparts (Butterworth, Leach, Pirkis, & Kelaher, 2012). Another study concluded that the increased risk of suicide as a result of job loss/ unemployment could be explained by preexisting physical and mental health issues (Lundin, Lundberg, Allebeck, & Hemmingsson, 2012). Secondly, being employed does not ascertain that an individual has been gainfully employed. Especially in cases where literate people are underemployed or are employed at less salary/lower position; employed in organizations where the work culture is not favorable or where the individual is not valued or does not feel a part of the organization, increased suicide rates become possible. Thirdly, the accuracy of suicide reporting due to the stigma attached to it, the availability of lethal means along with the availability and quality of the health care system cannot be ignored (Mann et al., 2005).

Poduri (2015) concluded that development does not promote suicide, but it affects the people at a societal and individual level in terms of the pace of life, interpersonal relationships, and social equations, and these factors may lead to suicide. Also, it is also important to note that biases like ecological fallacy may occur. An association that is observed in two variables at an aggregate level, might not also be found at an individual level for people. Hence it can not be stated that literacy levels or employment levels lead to increased suicide rates for an individual (Rajkumar, Senthilkumar, Gayathri, Shyamsundar, and Jacob, 2015). Mythri and Ebenezar (2016) remarked that Indian suicides are due to psychosocial issues which are complex, and which need a comprehensive health plan which includes accessible psychiatric care.

Conclusion and Future Implications

Socioeconomic indicators such as literacy, unemployment, inflation, and social expenditure were used in the present study to determine the suicide rates among different states and union territories. Individualistic factors would further shed light on some important determinants of suicides happening across the country. In the current study, as the latest data for a few variables was not available due to the COVID-19 pandemic, once it is computed and made available in the public domain, a similar study or a comparative study to compare predictors of suicide in the current year would become meaningful.

In developing nations like India, on one hand, mental health services are not adequately available and are often neglected (Ngui, Khasakhala & Ndeti & Roberts, 2010) and on the other hand, they are becoming very expensive. Tondo, Albert, and Baldessarini (2006) suggested that the policymakers and health care administrators of India should consider resource allocation for public health care specifically mental health care needs. Suicide prevention cannot be handled by just one or two sectors as the risk factors for suicide cuts across many other domains. A multisectoral strategy is necessary for successful suicide prevention. Multisectoral cooperation comprises both multisectoral and multistakeholder methods. Multisectoral approaches are also known as "whole-of-government," "intersectoral," or "cross-sectoral," and refer to any initiative involving more than one government sector, such as health, education, labour, transportation, agriculture, justice, law, defence, and social development. "Whole-of-society" approaches are occasionally used to denote multi-stakeholder initiatives. They incorporate engagement with nongovernmental organizations (NGOs) or community stakeholders, as well as government sectors, unlike multisectoral models.

A robust system that continuously carries out identification, assessment and monitoring of individuals who have attempted suicide or are at risk of committing must be brought in place. Documented evidence suggests that individuals who attempted suicide once have higher chances of attempting it again. Creating suicide survivors groups who share their suicide attempt stories and communicate how their perspective towards life has changed over a period of time after counseling and self measures would be helpful for people at large. Individuals in crisis already have access to crisis services such as both government and non-governmental helplines and hotlines which provide round-the-clock assistance. Promotion and awareness of such services,

especially in rural areas, may help in preventing a greater number of suicides. Suicide prevention interventions that have been implemented around the world in countries like Australia, Ghana, Guyana, India, Iraq, the Republic of Korea, Sweden, and the United States, can be used by anyone interested in implementing suicide prevention activities, whether at the national or local level and in the governmental and non-governmental sectors. "While all governments should strive for a comprehensive national suicide prevention strategy," said Dr. Alexandra Fleischmann, a suicide prevention expert at the World Health Organization, "starting suicide prevention with positive interventions which can save lives and prevent heartbreak that follows for those left behind" is imperative.

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