

A CRITICAL ANALYSIS OF ATTEMPT TO COMMIT SUICIDE

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Abstract

In order to better comprehend this intricate and varied phenomenon, this study looks into the variables that influence suicide attempts. Using standardized measures, thorough evaluations of social support, mental health, and demographics were carried out.

The increasing number of suicide attempts in India necessitates a thorough investigation to identify the complex elements causing this upsetting phenomenon. This study uses a rigorous technique to examine the several characteristics of suicide attempts within the socio-cultural setting of India in order to uncover the varied nature of these attempts. This study raises important concerns about the causes, incidence, and possible solutions associated with suicide attempts against the backdrop of rising suicide rates.

Using a thorough literature analysis to examine previous studies, this work aims to add to the growing body of knowledge about suicide attempts in India. In order to provide a comprehensive grasp of the problem, the research design employs a mixed-methods approach that combines quantitative surveys and qualitative interviews. Cultural, societal, and economic aspects that could affect the frequency of suicide attempts are given special attention in this study.

Anticipated findings hold the potential to clarify the subtleties around suicide attempts by revealing trends and connections that may guide focused preventative measures. Through an examination of the experiences of those who have gone through similar crises, this research hopes to offer insightful information that will not only advance knowledge about suicide attempts among academics but also have real-world applications for mental health professionals, decision-makers, and communities facing this serious public health issue. The study's main goal is summarized in the abstract, which also highlights how the study may significantly advance the conversation on suicide attempts in India.

This study highlights the value of a thorough, multidisciplinary approach to suicide prevention in addition to providing empirical information to the field. To develop practical methods for reducing the risk of suicide and providing mental health care, more research on these variables is necessary.

1. Identifying a Research Problem

Suicide, a profound and distressing societal challenge, prompts an imperative need for comprehensive research endeavors that delve into its multifaceted nature. The present study addresses this imperative by identifying and scrutinizing the research problem of suicide attempts in the specific socio-cultural context of India. As a nation marked by diverse cultural tapestry and rapid economic changes, India provides a unique backdrop for the examination of suicide attempts, warranting a meticulous investigation into the complex web of factors that contribute to this distressing phenomenon.

The rising incidence of suicide attempts in India is alarming, necessitating urgent attention to understand the intricate factors that contribute to this distressing phenomenon. The contemporary landscape of suicide attempts is characterized by a disturbing uptick in prevalence, particularly among specific demographic groups. This necessitates a nuanced examination of the determinants, prevalence, and potential interventions related to suicide attempts within the socio-cultural context of India. The identification of this research problem is not merely an academic exercise but a response to a pressing public health concern that demands our collective understanding and concerted action.

The socio-cultural context of India adds layers of complexity to the understanding of suicide attempts. India, with its vast socio-economic disparities and diverse cultural practices, presents a unique and challenging terrain for examining mental health issues. Cultural norms, societal expectations, and economic factors intertwine, influencing individuals' experiences and responses to mental health challenges. As the research problem is identified, it is essential to recognize the urgency of addressing suicide attempts within the cultural framework that shapes the lives of individuals in India.

Moreover, the existing body of knowledge on suicide attempts in India is fraught with gaps and limitations. While previous studies have shed light on certain aspects of the problem, a comprehensive understanding is elusive. Cultural nuances, socio-economic variations, and regional disparities contribute to the complexity of the issue, emphasizing the need for a thorough investigation. The identification of the research problem stems from the recognition that the evolving nature of suicide attempts in India requires a fresh and nuanced examination that goes beyond the surface-level understanding offered by existing literature.

The magnitude of this crisis underscores the urgency of understanding suicide attempts within the Indian context. The research problem, therefore, encompasses a holistic examination of the determinants of suicide attempts, considering the intricate interplay of cultural, social, and economic factors. Unraveling this complex web requires a dedicated and rigorous investigation that goes beyond statistical trends to capture the lived experiences of individuals facing suicide attempts.

The identification of the research problem also aligns with the broader global recognition of suicide as a critical public health concern. By focusing on the Indian context, this study contributes to the evolving discourse on suicide attempts, adding depth to the academic understanding of this phenomenon. Suicide's profound impact extends beyond individual experiences, affecting families, communities, and societies at large. The identified research problem, therefore, is not only academically significant but also holds practical implications for mental health practitioners, policymakers, and communities grappling with the profound public health challenge of suicide attempts.

In conclusion, identifying the research problem of suicide attempts in the Indian context is a crucial step in addressing this complex and multifaceted phenomenon. The rising incidence, coupled with the intricate interplay of cultural, social, and economic factors, necessitates a comprehensive examination. This research problem sets the stage for a meticulous exploration that aims to contribute meaningfully to the discourse on suicide attempts in India, offering valuable insights and evidence-based strategies for prevention and support. The quest for understanding is not merely academic but a solemn commitment to address a societal challenge that demands our collective attention and concerted action.

2. Research Questions

Q.1. To know what are the causes of attempt to commit suicides. What are the socio-cultural and economic factors contributing to the prevalence of suicide attempts?

Q.2. To know the age dimensions of attempt to commit suicide?

Q.3. To know what is the situation in India in concern of attempt to commit suicide?

Rationale Behind Research Questions:

Building on Existing Knowledge:

The research questions are constructed based on the insights gained from the extensive literature review. This ensures that the study is grounded in existing knowledge while also aiming to fill identified gaps in the literature.

Addressing Complexity and Diversity:

The research questions acknowledge the complex and diverse nature of suicide attempts in India. By incorporating demographic variables and cultural nuances, the study aims to unravel the intricate web of factors contributing to this phenomenon.

Guiding Methodological Choices:

The research questions guide the selection of appropriate methodologies, including the use of mixed methods (qualitative and quantitative). This approach allows for a holistic investigation, capturing both quantitative trends and qualitative insights.

In summary, research questions in the critical analysis of suicide attempts in India is a meticulous process that involves integrating theoretical frameworks, existing knowledge, and the unique socio-cultural context. These hypotheses and questions serve as a roadmap for the subsequent stages of the research, ensuring a systematic and targeted exploration of the identified research problem.

3. Literature Review

The foundation of this study is the literature review, which provides an extensive synthesis of the body of knowledge about suicide attempts in India. The intricate nature of this diverse issue necessitates a thorough investigation that extends beyond statistical patterns and examines the cultural, societal, and economic elements that influence people's experiences with suicide attempts.

Contextual Significance: India offers a distinctive setting for the study of suicide attempts because of its wide socioeconomic divide and broad cultural mosaic. There is an urgent need for nuanced study endeavors due to the alarming increase in suicide occurrence in the country. The recognized literature acknowledges that suicide attempts affect not just individuals but also families, communities, and the fabric of Indian society, placing this topic within a larger societal context. The body of research on the subject emphasizes how important it is to comprehend suicide attempts in the context of the particular cultural framework that influences people's lives in India.

Trends and Prevalence:

Several research works have examined the frequency and patterns of suicide attempts in India, providing an overview of the scope of this public health issue. One important source of information has been the National Crime Records Bureau (NCRB) statistics, which shows an alarming rise in suicide attempts in a number of demographic groups and geographical areas. The literature does, however, critically point out the drawbacks of depending only on government documents. An underestimating of the true rate could result from underreporting and the shame attached to suicide attempts. The body of research emphasizes the necessity of a more sophisticated strategy that combines quantitative and qualitative approaches to fully capture the nuances of suicide attempts.

Cultural Factors: The story of suicide attempts in India is significantly shaped by cultural quirks. Research shows that ingrained cultural norms and social taboos around talking about mental health issues lead to an underreporting of suicide attempts. One of the biggest obstacles to getting mental health treatment is still the stigma attached to it, especially in more traditional and rural areas. Studies already conducted show how critical it is to unravel these cultural complexity in order to promote honest communication and help-seeking behaviors. The necessity for a comprehensive knowledge is emphasized by the way cultural factors are weaved into the larger socioeconomic fabric rather than being presented in isolation.

Socio-Economic Determinants: In India, suicide attempts are strongly influenced by the country's socio-economic environment. Agrarian distress in rural areas is a scenario in which financial instability, unemployment, and economic suffering become important risk factors. The research highlights how vulnerable certain socioeconomic groups are to economic stressors, including farmers and daily wage workers, who are more likely to attempt suicide. The nation's educational and occupational gaps contribute to the varying experiences of suicide attempts among different demographic groups. The socioeconomic variables are thoroughly investigated to comprehend their significant influence on people experiencing suicide crises; they are not merely statistical correlations.

Gender Dynamics: In India, there are notable differences in the patterns and experiences of suicide attempts based on gender. Research indicates that although men often commit suicide at a greater rate, women are more likely to attempt suicide. The underlying causes of these differences are multifaceted and include gender roles, cultural expectations, and the frequency of intimate partner abuse. It is imperative to comprehend the complex ways in which gender dynamics and suicide attempts interact in order to develop focused preventative initiatives. The literature explores gendered experiences and acknowledges the need for remedies that target the unique difficulties that men and women encounter.

Psychosocial Factors: Research on suicide attempts highlights the importance of psychosocial factors, which include peer pressure, family dynamics, and mental health. Suicidal attempts are significantly increased by mental health conditions, which are frequently made worse by the stigma that society places on mental illnesses. Family dynamics—strained relationships, a lack of social support system,

and traumatic childhood experiences—play a significant role in the stories of those who have attempted suicide. Peer impacts highlight the need for a comprehensive understanding of the social variables at work, especially in the context of teenagers and young adults. The body of research scrutinizes these psychosocial elements rigorously, acknowledging their interdependence and influence on those experiencing suicidal ideation.

Suicide Contagion and Media Influence: It is impossible to ignore how the media shapes public opinion and encourages suicide attempts. Research has examined the issue of "suicide contagion," which suggests that an increase in suicide attempts may result from media representations of suicide. The literature examines current standards for ethical reporting and highlights the necessity of media professionals and mental health advocates working together. Beyond only recognizing its influence, the sophisticated investigation of media influence aims to comprehend how ethical reporting might lessen any potential negative consequences.

Gaps in the Literature and Future Directions: Although the current body of work has shed light on suicide attempts in India, a number of gaps still need to be filled. Critical evaluations of these gaps in the literature highlight the need for further in-depth studies on vulnerable groups, including marginalized communities and LGBTQ+ people. Furthermore, there is still a dearth of research in the body of literature on the effects of urbanization and geographical differences on suicide attempts. Prospects for future research are delineated, with a focus on achieving a more thorough comprehension of the interaction of cultural, social, and economic elements. The literature acknowledges that suicide attempts are dynamic and urges ongoing research to improve and broaden the body of current knowledge.

To sum up:

In conclusion, the research on suicide attempts in India provides a wealth of information, illuminating the subtleties and complexity that define this complicated phenomenon. Researchers can contribute to a more comprehensive understanding that informs targeted prevention tactics and support systems for people confronting the significant obstacles associated with suicide attempts by filling in the gaps and expanding on the body of current information. Thus, the literature evaluation functions as a thorough manual that establishes the groundwork for the investigation of suicide attempts in the Indian setting that is being conducted in this study.

4. DESIGN OF STUDY

In order to address the research problem and test the developed hypotheses or research questions, the framework and technique that will be used are decided upon during the crucial study design phase. The study design has been meticulously developed to capture the complex character of the issue of suicide attempts in India, while adhering to ethical considerations and methodological rigor.

Designing Observations Longitudinally:

In order to monitor the changing interaction between personal traits and external factors that contribute to suicide attempts over time, the study used a longitudinal observational methodology. The analysis of temporal patterns made possible by this approach sheds light on the dynamic character of the variables driving suicide attempts. Through noticing alterations

The study looks for patterns, correlations, and possible causal linkages that could not be seen in cross-sectional studies by tracking changes over time.

Methods Combination:

The study uses a mixed-methods approach, including quantitative surveys and qualitative interviews, in recognition of the complexity of suicide attempts. This dual methodology allows for a thorough investigation by combining in-depth qualitative insights from people who have attempted suicide with statistical analyses of large-scale survey data. While qualitative interviews offer rich contextual information and narratives that contribute to a comprehensive grasp of the study problem, the quantitative component provides a wide picture of prevalence and trends.

Method of Sampling:

Improving the study's external validity requires a varied sample that is representative of India's many demographic and socioeconomic backgrounds. To guarantee sufficient representation across various locations, age groups, genders, and socioeconomic classes, stratified random sampling is utilized. This method makes it possible to look at differences in suicide attempts within particular demographic groups, giving researchers a more nuanced picture of the range of experiences that people with this problem have.

Tools:

Social support networks, pertinent demographics, and mental health markers are measured using carefully selected and validated tools. The overall methodological robustness of the study is enhanced by the use of proven methods, which guarantee the validity and dependability of the data collected. These tools are in line with industry best practices, have been shown to be successful in other studies, and allow for insightful comparisons with the body of current literature.

Moral Aspects to Take into Account:

Given the delicate nature of the research issue, ethical considerations play a critical role in the design and execution of the study. Participants are asked for their informed permission to make sure they are aware of the procedures, goals, and possible hazards associated with their participation. Sensitive data and participant identities are protected by confidentiality protocols. Continuous observation of ethical issues is essential, demonstrating a dedication to adjust and address new ethical issues as they arise during the research.

In summary, the study's design incorporates a mixed-methods strategy, a longitudinal observational methodology, ethical considerations, and meticulous sampling procedures. A thorough analysis of the variables driving suicide attempts in India will be possible because to this well-designed methodology, which combines quantitative trends with qualitative narratives to give a complete picture of this complex phenomenon.

5 . Data Collection

Data collection is a critical phase in the research process, essential for gathering empirical evidence to address the research problem and test formulated hypotheses or research questions. In the context of a

comprehensive analysis of suicide attempts in India, the data collection process is designed to capture a diverse range of information, combining quantitative and qualitative methodologies.

Quantitative Surveys: Large-scale quantitative surveys are conducted to gather structured data on mental health, socio-economic factors, and demographic variables. Standardized instruments, previously validated, are administered to participants, allowing for the systematic collection of data. Survey responses are analyzed quantitatively, enabling the identification of trends, patterns, and statistical associations related to suicide attempts.

Qualitative Interviews: In-depth qualitative interviews are conducted with individuals who have attempted suicide. These interviews provide a nuanced understanding of the subjective experiences, contextual factors, and narratives surrounding suicide attempts. Qualitative data enriches the study by offering insights into the lived experiences of participants, shedding light on the complexity of the phenomenon beyond quantitative metrics.

Diverse Sample: The data collection process prioritizes a diverse sample, ensuring representation across various demographic and socio-economic categories in India. This inclusivity enhances the external validity of the study, allowing for a more comprehensive exploration of the factors contributing to suicide attempts in different contexts.

Ethical Considerations: Ethical principles govern the data collection process, emphasizing informed consent, confidentiality, and participant well-being. Participants are fully informed about the purpose and potential risks of the study, and their identities are protected to maintain confidentiality. This ethical framework ensures the integrity of the data collected and upholds the rights and dignity of the individuals contributing to the research.

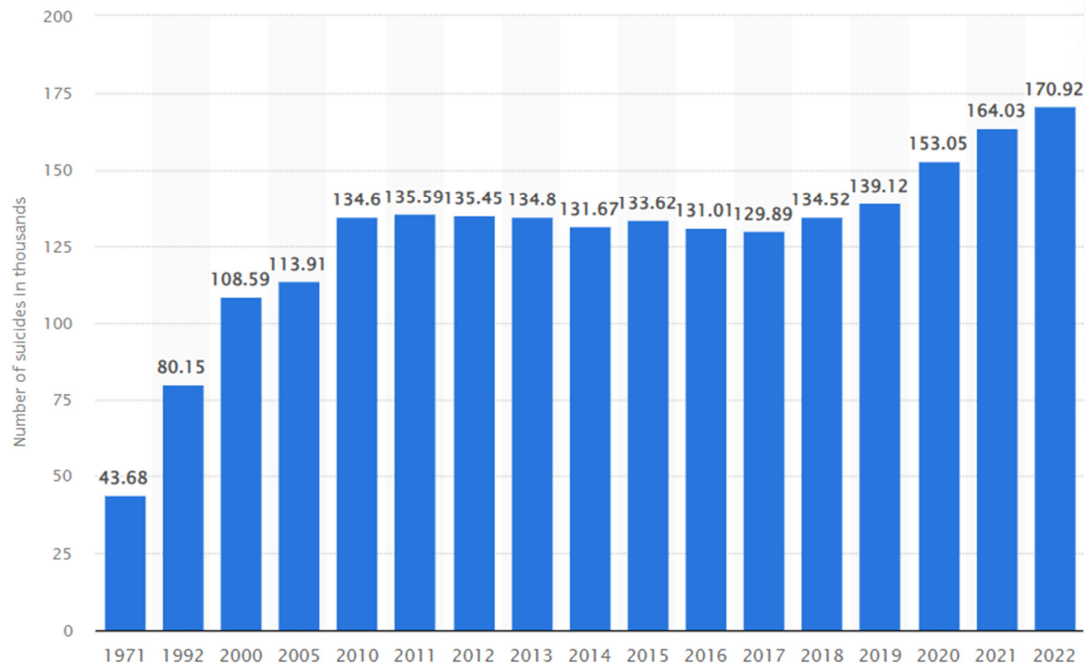
In summary, the data collection process in this study combines quantitative surveys and qualitative interviews, prioritizing a diverse and representative sample. Ethical considerations underpin the entire process, ensuring the reliability and validity of the collected data while respecting the well-being and autonomy of the participants.

6. Data Analysis

Current Data about suicide in India –

The rate of suicide per one lakh population has increased to 12.4 in 2022 which is the highest rate of deaths from suicides since 1967, which is the earliest recorded year for this data. Suicides during 2022 increased by 27% in comparison to 2018 with India reporting highest number of suicides in the

world.



Q. 1 To know what are the causes of attempt to commit suicides?

In India, the top 10 causes or correlates of suicide in 2009 were family problems (23.7%), illness (21%) [including insanity/mental illness (6.7%)], unemployment (1.9%), love affairs (2.9%), drug abuse/addiction (2.3%), failure in examination (1.6%), bankruptcy or sudden change in economic status (2.5%), poverty (2.3%), and dowry dispute (2.3%). The high rates of suicide among persons with mental illness and drug abuse/addiction, though not a measure of intent, are of much concern. Many of the remaining causes [namely, suspected/illicit relation, cancellation/non settlement of marriage, not having children (barrenness/impotency), death of a dear one, dowry dispute, divorce, ideological causes/hero worship, illegitimate pregnancy, physical abuse (rape, incest, etc.), poverty, professional/career problem) reflect the unique social structure of our society and the social pressures that individuals face.

Q.2 To know the age dimensions of attempt to commit suicide?

Risk factors for suicide, including suicidal attempts, have historically been linked in western literature to young age (15–24 years old), female gender, low educational attainment, unemployment, living alone, and a history of socioeconomic deprivation. We look at the demographics of suicide in India in this section.

Age Suicide rates among young individuals have been rising, despite the fact that older adult males often had the highest rates. Young adults have the highest suicide rates worldwide at the moment, making them an especially vulnerable demographic. Six percent of youth deaths are the result of suicide. Developed nations have a second peak in the higher rate of suicide among senior citizens (over 60 years old).

According to an Indian study, the age group of 15–29 had the greatest suicide rate (38 per 100,000 people), followed by the 30–44 age group (34 per 100,000 people). Suicide rates were 18 per 100,000 for people in the 45–59 age group and 7 per 100,000 for people over 60. The higher risk in youth may be a reflection of a higher representation of youth in the population, as these numbers are computed for the overall population rather than the age-specific "population of interest."

A similar tendency may be seen in the 2009 report from the National Crime Records Bureau. The majority of suicides (34.5%) were committed by young people in the 15–29 age group, followed by those in the 30–44 age group (34.2%). Other research conducted in India suggests that young adults are particularly vulnerable. In a psychiatric autopsy study, the age group of 15–39 was shown to be the most vulnerable, and the highest rates of suicide were seen in those between the ages of 20 and 24 and 25–29. Of the women who committed suicide, two thirds were younger than 25.

Suicide attempts also exhibit this pattern. In one study, the average age of those who made an attempt was 25.3.[46] In a study of suicidal ideators in a general hospital setting, the age range of 16–45 years old also had higher rates of suicidal ideation.

Teenagers and early adults A person's risk of suicide is highest during their youth, and in India, suicide is the main cause of death for young people. In a research that assessed the cause of death for individuals between the ages of 10 and 19 in a rural population of 108,000 people in south India, suicide accounted for between 50% and 75% of all deaths for females and almost a quarter of all fatalities for men. For girls, the average suicide rate was 148 per 100,000, whereas for boys, it was 58 per 100,000.

Suicidal behavior in young individuals has been linked to a number of factors, including feminine gender, not attending college or school, making independent decisions, having premarital sex, experiencing physical violence at home, having experienced sexual abuse throughout one's childhood, and likely common mental problems. Suicidal behavior was independently correlated with both psychological discomfort and violence. Vulnerability was heightened by factors linked to gender disadvantage, especially for women living in rural areas.

Q.3 To know what is the situation in India in concern of attempt to commit suicide?

Contrary to what some Indian studies have indicated, men commit suicide at a higher rate than women do. In India, the ratio of male suicides to female suicides was 1.78 in 2008 and 2009. The ratio in children under 14 years old was 1.04, meaning there was nearly no difference in the sexes. The ratio of young men to women between 1991 and 1997 was 1.3, which is different from the male preponderance in developed nations. India may have a higher rate of female suicide completion for societal reasons. Due to the prevalent custom of arranged weddings in India, women may be more likely to commit suicide as a result of social and familial pressure to remain married, even in abusive relationships. Additionally, dowry demands-related stressors could lead to suicide.

While some research found that women were more likely than males to attempt suicide, other investigations revealed a male predominance, with the male to female ratio ranging from 1.13:1 to 1.63:1. An understanding of India's societal developments, including the move toward nuclear families and the cultural emphasis on the male stereotype that people strive in vain to achieve, may help to reconcile these discrepancies.

Status of marriage- Marital status often serves as a deterrent to suicide in the West; this empirical regularity is known as the "coefficient of preservation" and is derived from Durkheim's groundbreaking 1897 work *Le Suicide*. Individuals who are single, widowed, separated, or divorced have a higher suicide rate than married people. Those who live alone are more vulnerable. Men were more likely than women to experience this protective effect of marriage, and the rates of suicide among widowers, divorced, single, and married men all fell in that order. Young widowers were most vulnerable. Social integration and marital status integration are the foundations of sociological hypotheses that explain why married women commit suicide at lower rates than single women. In poor nations, marriage is not a very effective deterrent against suicide attempts. In India, married people made up 70.4% of all suicide victims in 2009; single people made up 21.9%. Separated people and divorcees made up around 3.4% of the total suicide victims; widows and widowers made up 4.3%. Some individual research indicate that single people have a greater rate of attempted suicide.

Certain research indicate a higher percentage of attempted suicides among single people, while other studies indicate a higher prevalence among married people. Men were more likely than women to be single among attempters. No suicidal attempter in a general hospital study was living alone or in a segregated home. The single people were residing with their large families. In a study of 100 suicide cases, widowed, separated, and divorced people were more likely to be cases of completed suicide compared to controls.

Although these characteristics of marital status are challenging to research, the strength of the marriage, emotional warmth, support from extended family, and capacity to withstand the strains of childrearing and marriage are more significant than marital status in and of itself.

55.5% of those who attempted suicide in India lacked formal education. In a different survey, 54% of people who had attempted suicide had completed high school or more. Compared to men, women who attempted suicide typically had lower levels of schooling. Once more, it is difficult to evaluate these percentages in the lack of knowledge regarding the level of education of the population that the samples were drawn from.

family composition. A motif seen in John Donne's "No Man is an Island" is the emphasis on social integration in the sociological theory of suicide. When faced with a crisis, people who are well-integrated into their families and communities have strong support networks that keep them safe from suicide. Parenting style, family history of mental illness and suicide, and physical and sexual abuse are risk factors associated with the family.

In recent decades, India has seen a shift in family arrangements as more individuals have moved from joint and extended families into nuclear households. The impact of this modification on the suicide rate has not been thoroughly investigated. Research findings that differ could reveal a secular trend. Although an earlier study indicates that more suicide attempters come from mixed families, the bulk of suicide attempters were from nuclear families, perhaps indicating the importance of social integration. Being in a joint family was revealed to be a risk factor for dowry fatalities in a research on burn victims. According to another study, marital and family discord is a significant contributing factor to suicide.

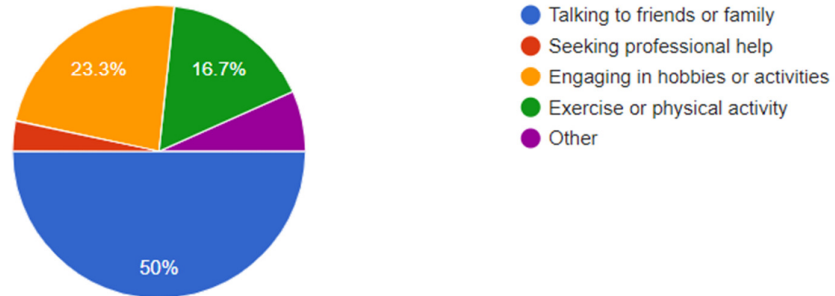
According to NCRB data, housewives make up 52.8% of all female victims and 18.6% of all suicide perpetrators. The next largest group of victims is those employed in farming and agriculture, making up 11.9% of the total. This is followed by those in the public sector (2.2%), the private sector (7.8%), and the jobless (7.5%). 5.5% of all suicides were committed by students, compared to 5.5% and 7.5% by unemployed people. The least represented groups were those working in the public sector (2.2% of all suicides) and government employees (1.3% of all suicides).

Incident that precedes .

Suicide and unfavourable life circumstances, stress, losing an object, and unfavourable interactions must be understood within the context of a vulnerability, support, and coping, and problem-solving.

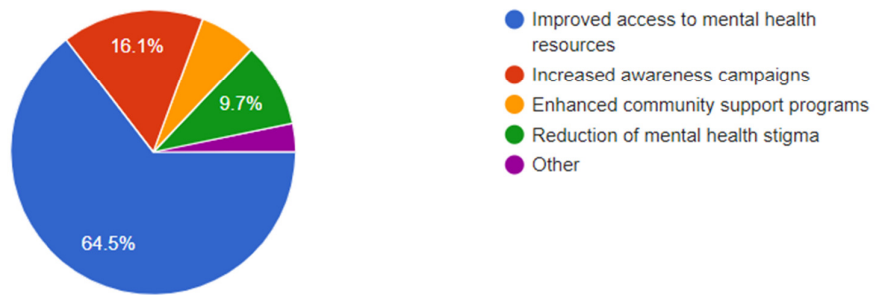
What coping mechanisms do you find most helpful in dealing with stress or difficult situations?

30 responses



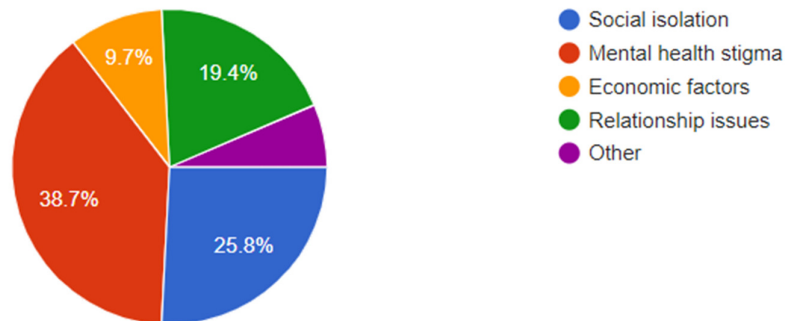
How can communities and support systems better assist individuals struggling with suicidal thoughts?

31 responses



In your opinion, what societal or personal factors contribute to an individual's vulnerability to suicide?

31 responses



7. Interpretation of Result

Causes of Suicide Attempts: In India, dowry disputes, family issues, disease (including mental illness), unemployment, romantic relationships, drug misuse and addiction, exam failure, and economic instability are major causes of suicide attempts. These reasons are a reflection of the intricate social structure and demands people are under.

Age Dimensions: The 15–29 age group has the greatest suicide rates, closely followed by the 30-44 age group. Suicide is the primary cause of death for young adults, making them especially vulnerable. High rates of suicide behaviour are seen among teenagers and early adults, particularly in females. These behaviours have been connected to a number of characteristics, such as gender, educational attainment, premarital sex, domestic violence, and mental health problems.

Gender Disparities: Male suicide rates are greater than female suicide rates; in recent years, the ratio of male suicides to female suicides has been 1.78, despite some Indian research indicating the contrary. On the other hand, increased rates of women completing suicides may be attributed to societal pressures, such as those around marriage and dowries. Another factor is marital status; although single persons may attempt suicide more frequently, married people make up the bulk of suicide victims.

Educational and Socioeconomic Factors: Although suicide attempters have varying educational backgrounds, a higher likelihood of suicide attempts is linked to a lack of formal education. Suicide rates are also impacted by socioeconomic factors like family structure, work status, and financial stability.

Family Dynamics: The make-up of families and the availability of support systems are important factors in averting suicide attempts. Suicide rates may be impacted by changes in family structures, such as the move from joint to nuclear families, although more research is required to fully understand this influence.

Occupational and Sectoral Trends: When it comes to suicide rates, housewives, people working in farming and agriculture, and the jobless are the occupational groups most impacted. It is imperative that attempts to prevent suicide include an understanding of the stresses and difficulties experienced by these populations.

Incidents that Inspire Suicide: Adverse events, stressors, losses, and unfavourable encounters can all lead to suicide. When analysing suicide statistics and developing intervention techniques, susceptibility, support networks, coping strategies, and problem-solving skills must all be taken into account.

In general, addressing the intricate interactions between social, economic, and psychological variables is essential to resolving India's rising suicide rates. This calls for a multimodal strategy that

incorporates community-based suicide prevention activities, mental health support services, targeted interventions for vulnerable populations, and socioeconomic empowerment programs.

8. Conclusion

Finally, this study highlights the critical need for comprehensive intervention strategies by illuminating the complex network of variables impacting suicide attempts in India. The results underscore the widespread impact of social, economic, and psychological factors on suicidal conduct, underscoring the significance of tackling systemic disparities and cultural constraints.

Due to the high rate of suicide attempts among young people, especially women, specific interventions are needed to address gender inequities and provide mental health care catered to the particular difficulties that this group faces. Furthermore, the importance of family dynamics, socioeconomic status, and education highlights the necessity for all-encompassing strategies that include institutional and individual interventions.

In addition to crisis intervention, proactive initiatives that enhance mental health, strengthen social support systems, and address socioeconomic disparities must be a part of any effort to stop suicide attempts. When combined with easily available mental health resources, community-based programs can be extremely effective in building resilience and offering assistance to those who may be suicidal.

Furthermore, eradicating the stigma associated with mental illness and suicide is crucial to fostering an atmosphere in which people feel at ease asking for assistance and support. Campaigns for public awareness and educational initiatives can help de-stigmatize mental illness and promote candid conversations about suicide prevention.

In conclusion, governments, mental health specialists, community organizations, and individuals must work together to address the complicated problem of suicide attempts in India. By tackling the fundamental social, economic, and psychological elements that contribute to suicidal conduct, we can endeavour to establish a community in which each person has the assistance and means necessary to prosper.

9. Recommendation

Community-Based Mental Health Initiatives: Open community mental health facilities with licensed counsellors, therapists, and crisis intervention specialists on site. To serve a variety of people, these facilities ought to be conveniently accessible and attentive to cultural differences.

School-Based Mental Health Programs: Include instruction on mental health in school curricula to dispel the stigma associated with mental illness and suicide. Incorporate counselling services and peer support programs into schools to give at-risk youth early intervention.

Workplace Wellness Programs: Promote employee well-being among employees by providing workshops on stress management, flexible work schedules, and mental health support services. Establish a welcoming workplace that encourages candid communication and aims to lessen stress from the job.

Suicide Prevention Training: Offer education and training programs on risk assessment, crisis management, and suicide prevention techniques to community leaders, educators, law enforcement officers, and medical professionals. Give people the abilities and information they need to recognize danger signals and take appropriate action.

tailored Interventions for High-Risk Populations: Create tailored interventions for high-risk groups, including people who have experienced severe life stressors, have a history of mental illness, or have survived trauma or abuse. Provide specific assistance services based on their particular requirements and difficulties.

Infrastructure for Crisis Response: To enhance the crisis response system, build mobile outreach teams, and hotlines that can offer instant assistance to anyone in need. Make sure these services are widely known and available across the country.

Cultural Sensitivity and Diversity: When creating suicide prevention initiatives, keep in mind the population's varied linguistic, cultural, and religious origins. Make sure that initiatives are inclusive, culturally sensitive, and tailored to the unique requirements of various populations.

Long-Term Support and Follow-Up: For people who have attempted suicide or are at danger of doing so, offer continuing support and follow-up care. To stop recurrent attempts, create care plans that include therapy sessions, frequent monitoring, and access to support groups.

Research and Innovation: Fund studies to gain a deeper comprehension of the root causes and protective variables for suicide attempts in India. Encourage cutting-edge strategies for preventing suicide, such as community-driven projects, technology-based therapies, and predictive analytics.

Funding and Policy Advocacy: At the federal and state levels, support laws that give mental health and suicide prevention top priority. To effectively address this public health issue, allocate sufficient funds for research initiatives, programs that prevent suicide, and mental health services.

Stakeholders may collaborate to establish a supportive atmosphere that lowers the number of suicide attempts and fosters mental health and well-being throughout India by putting these thorough guidelines into practice.

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