



A SOCIO-LEGAL PERSPECTIVE OF SUICIDE IN INDIA

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“Suicide is a permanent solution to a temporary problem.”

Phil Donahue.
American Media Personality.

Abstract:

The Oxford Dictionary defines suicide as the act of killing oneself intentionally. In India, suicide is the leading cause of death in the 15-39-year age group with 37 per cent of the total global suicide deaths among women coming from the country, according to a new study conducted by Indian Council of Medical Research (ICMR), Public Health Foundation of India (PHFI) and Institute for Health Metrics and Evaluation (IHME) in collaboration with the Ministry of Health and Family Welfare along with health experts and stakeholders. This is an alarming situation for a country with the largest youth population in the world. Before the enactment of the Mental Health Act (2017), the attempt to commit suicide was punishable under section 309 of the Indian Penal Code (1860). The decriminalisation of attempt to commit suicide by the Mental Health Act (2017) is a commendable step towards dealing with the increasing number of suicides as it leads to openly seeking help and reduction of stigma surrounding it. However, the initiatives for suicide prevention are still lacking in India. There are very few suicide helplines in India and those are mainly run by non-governmental organisations. The number of

suicide helplines run by the government are virtually non-existent. There is a lack of trained mental healthcare providers and mental health care facilities to counsel and treat suicide survivors. This paper seeks to explore the various causes of suicide in India and the legislative efforts to curb the same. This paper also deals with mental health care facilities available in India to people with suicidal tendencies and the role played by non-governmental organisations in suicide prevention.

Key words: Suicide, helplines, mental health, suicide prevention.

1.Introduction

Suicide is a psychosocial problem. Every year approximately 800,000 people die due to suicides all over the world. 79% of global suicides occur in low- and middle-income countries. For every successful suicide attempt, there are many more people whose attempts fail and go undetected.¹ In 1968, the World Health Organisation (WHO) defined suicidal act as ‘the injury with varying degree of lethal intent’ and that suicide may be defined as ‘a suicidal act with fatal outcome’. Suicidal acts with non-fatal outcomes are labelled by WHO as ‘attempted suicide’.² Suicide is the second leading cause of death among 15–29-year-olds. It is an important public health concern around the world as well as in India. In

¹ Suicide, World Health Organization (Feb. 23, 2019, 08.22 pm), <https://www.who.int/news-room/factsheets/detail/suicide>.

² Naveen Kumar Gautam, Decriminalization of Attempt to Commit Suicide, Academike (Feb. 23, 2019, 11.01 PM), <https://www.lawctopus.com/academike/decriminalization-attempt-commit-suicide/>.



India, more than two lakh people kill themselves every year. The fact that most of these Indians fall in the age group 18-45 years is a major cause for concern. Suicide is a complex issue. Any initiative to address the issue must take into consideration the social, economic and the psychological aspects of suicide. The suicide rates among students and farmers in our country are widely debated. Attempted suicide was earlier a punishable offence under section 309 of the Indian penal Code (1860). However, the enactment of the Mental Healthcare Act (2017) has effectively decriminalised attempted suicide making a commendable step towards dealing with the increasing number of suicides in India. In our country, the state of mental health services and suicide prevention programs are abysmal. The increasing number of suicides has become a public health concern in our country.

2.Suicide statistics in India

In India, the National Crime Records Bureau (NCRB) is the government agency responsible for collection and analysis of data related to crime. The Accidental Deaths and Suicides in India -2016 report has not yet been released by the NCRB. The latest report available by NCRB is that of 2015. 1, 33, 623 people committed suicide in India in the year 2015. Maharashtra, Tamil Nadu, West Bengal and Karnataka have reported the highest number of suicides while the north-eastern states of Nagaland and Manipur have reported the least number of suicides in the year 2015. 'Family problems' (27.6%) and 'Illnesses' (15.8%) accounted for the major causes of suicides followed by 'Matrimonial Issues' (4.8%), 'Bankruptcy' & 'Love Affairs' (3.3% each), 'Drug

Abuse/Alcoholic Addiction' (2.7%) and 'Failure in Examination' & 'Unemployment' (2.0% each), 'Property Dispute' (1.9%), Poverty (1.3%) and Professional/Career Problem (1.2%).

The male: female ratio of suicide victims was 68.5: 31.5. The majority of the suicide victims were between the ages of 18-45 years. Among cities, Chennai, Bengaluru, Delhi and Mumbai reported the highest number of suicides. 6.7% of suicide victims were students. 6% of the people who committed suicide belonged to the agricultural sector i.e. farmers, cultivators and agricultural labourers. Hanging and consumption of poison were reported to be the prominent mode of committing suicide.³ Although these are the official figures, the actual numbers are estimated to be much higher. Reports in the media have claimed that the actual suicide rates in India are much higher. Reportedly, in 2016 around 230,000 people committed suicide in India, of which 135,000 were men and 95,000 were women.⁴ One of every three women dying by suicide is from India. In the year 2016, the number of suicide deaths in India were higher than deaths related to AIDS (62,000 in 2016) or maternal mortality (45,000 in 2015).⁵

³ National Crime Records Bureau, Accidental Deaths and Suicides in India-2015, 192-293, (2016).

⁴Saptarshi Ray, High suicide rate in India labelled a 'public health crisis', The Telegraph (Sep. 13, 2019, 08.39 pm), <https://www.telegraph.co.uk/news/0/high-suicide-rate-india-labelled-public-health-crisis/>.

⁵Indulekha Arvind, 2.3 lakh deaths a year! It's time India tackled suicide, the silent killer, as a public health crisis, The Economic Times (Oct. 14, 2018, 09.04 AM), <https://economictimes.indiatimes.com/news/politics-and-nation/2-3-lakh-deaths-a-year-its-time-india->



3. Legal aspects of suicide in India

In India, suicides and attempted suicides are under reported. One of the main reasons for this is, up to 2017, attempted suicide was a punishable offence under IPC. Section 309 of the Indian Penal Code states that “whoever attempts to commit suicide and does any act towards the commission of such an offense shall be punished with simple imprisonment for a term which may extend to one year or with a fine or with both”.⁶ This law was intended to act as a deterrent to suicide. However, the aim of the law to prevent suicide by legal methods proved to be counter-productive. Those who attempted suicide were denied emergency medical attention as many hospitals and practitioners would hesitate to provide the necessary medical attention for the fear of getting embroiled in legal hassles. Many attempts were described to be accidental to avoid entanglement with police and courts.⁷ This resulted in a lot of such attempts going unreported. This in turn was one of the hurdles to assess the actual number of suicides and attempted suicides in our country.

Under A.21 of the Indian Constitution every citizen of the country is guaranteed the right to life and personal liberty.⁸ The question whether this right to life includes the right to die has been asked many times. Answering this question in the affirmative would have negated the premise on which S.309 of IPC

was enacted. The appropriateness of the provision was questioned in many cases. Justice P.B. Sawant expressed his concerns about the relevance of the provision to suicide prevention by stating, “*If the purpose of the prescribed punishment is to prevent the prospective suicides by deterrence, it is difficult to understand how the same can be achieved by punishing those who have made the attempts.*”⁹ In 1985, the Delhi High Court opined that the continuance of section 309 of the Indian Penal Code would be an anachronism unworthy of a human society like ours.¹⁰ The Supreme Court struck down the provision in 1994 calling it a cruel and irrational provision violative of Article 21 of the constitution.¹¹ However, this decision was overruled by a five judge Constitutional Bench of the Supreme Court in *Gian Kaur v. State of Punjab and the constitutionality of the provision was upheld*. The court said, “*Right to life’ is a natural right embodied in Article 21, but suicide is an unnatural termination or extinction of life and therefore incompatible and inconsistent with the concept of ‘right to life’.*”¹²

However, the Mental Healthcare Act (2017) which came into effect from July, 2018 has effectively decriminalised attempted suicide. According to section 115(1) of the Act, “Notwithstanding anything contained in section 309 of the Indian Penal Code any person who attempts to commit suicide shall

tackled-suicide-the-silent-killer-as-public-health-crisis/articleshow/66195830.cms.

⁶ The Indian Penal Code, 1860, No.45, Acts of Imperial Legislative Council, 1860 (India).

⁷ Latha Vijayakumar, Suicide and its prevention: The urgent need in India, 2 *Indian J Psychiatry*, 4, 81-84(2007).

⁸ INDIA CONST. art. 21.

⁹ *Maruti Shripati Dubal v. State of Maharashtra*, (1987) Cr LJ 473 (Bom.) (India).

¹⁰ *State v. Sanjaya Kumar Bhatia*, (1985) Cr LJ 931 (Del)(India).

¹¹ *P. Rathinam v. Union of India*, AIR 1994 SC 1844 (India).

¹² AIR 1996 SC 1257 (India).



be presumed, unless proved otherwise, to have severe stress and shall not be tried and punished under the said Code.” Section 115(2) of the Act imposes a duty on the appropriate government to provide care, rehabilitation and treatment to such a person to reduce the risk of recurrence of the act.¹³This is a progressive and laudable step taken by India in the process of suicide prevention. It a humane and sensitive approach towards the issue. It also enables survivors of attempted suicide to get the help they need. It can help in the improvement in epidemiological data, better planning, and resource allocation.¹⁴

4. Causes of suicide in India

Although suicide is a deeply personal and an individual act, suicidal behaviour is determined by a number of individual and social factors.¹⁵Research has found a strong connection between suicide and mental disorders (depression and alcohol use disorders). People who kill themselves do so impulsively in moments of crisis unable to deal with stressful life situations, like financial problems, relationship break-up or chronic pain and illness. Experiencing conflict, disaster, violence, abuse, or loss and a sense of isolation also contribute to

suicidal behaviour. A previous suicide attempt is a strong risk factor for suicide.¹⁶

People who are well integrated with their families and community have a good support system during crises, protecting them against suicide. Risk factors related to the family include parenting style, family history of mental illness and suicide, and physical and sexual abuse in childhood. Suicide attempters with a history of sexual or physical abuse in childhood show more suicidal behaviour and are at a higher risk for mental disturbances in adulthood even after controlling for other contributory factors.¹⁷ Marital conflict is the most common cause of suicide among women, while interpersonal conflict is the most common cause among men.¹⁸Sexual abuse and illegitimate pregnancy also lead to suicides due to the India cultural taboos related to sexuality.¹⁹

Among young people, suicidal behaviour was found to be associated with not attending school or college, independent decision making, premarital sex, physical abuse at home, lifetime experience of sexual abuse, and probable common mental

¹³ The Mental Healthcare Act, 2017, No.10, Acts of Parliament, 2017 (India).

¹⁴ R.Ranjan, S.Kumar, RD Pattanayak, A.Dhawan, R.Sagar, (De-) criminalization of attempted suicide in India: A review, *Ind Psychiatry J*, 4-9(2014).

¹⁵ Latha Vijayakumar, Suicide and its prevention: The urgent need in India, 2 *Indian J Psychiatry*, 4, 81-84(2007).

¹⁶ Suicide, World Health Organization (Feb. 23, 2019, 08.22 pm), <https://www.who.int/news-room/fact-sheets/detail/suicide>.

¹⁷ M. van Egmond, N. Garnefski, D. Jonker, A. Kerkhof, The relationship between sexual abuse and female suicidal behavior Crisis, *Indian J Psychiatry*, 14, 129-39 (1993).

¹⁸ G.Banerjee, DN Nandi, S. Nandi, S. Sarkar, GC Boral, A. Ghosh, The vulnerability of Indian women to suicide a field-study, *Indian J Psychiatry*, 32, 305-8 (1990).

¹⁹ Rajiv Radhakrishnan and Chittaranjan Andrade, Suicide: An Indian perspective, 4 *Indian J Psychiatry*, 54, 304-319 (2012).



disorders.²⁰ According to NCRB, 6.7 % of people who commit suicide in India are students. This can be attributed to academic pressure, social pressures, modernisation of urban centres, relationship concerns, and the breakdown of support systems. The lack of economic, social, and emotional resources further aggravates the situation.²¹ The suicide rate is generally reported to be higher in urban areas because of a variety of stressors related to living and working in cities, including overcrowding and social isolation. Unemployment may drive up the suicide risk through factors such as poverty, social deprivation, domestic difficulties, and hopelessness.

In India, there is lack of awareness regarding mental health. The stigma associated with psychiatric illnesses makes people reluctant to seek help. Due to these reasons, psychiatric disorders are under diagnosed and untreated. This makes it difficult to determine the relation between psychiatric disorders and suicides in India. People with psychiatric disorders are at higher risk of suicide and are also more likely to be unemployed. In one psychological autopsy study, 24% of suicides had a psychiatric diagnosis, namely major depressive disorder, bipolar affective disorder, or

schizophrenia and substance abuse was prevalent in 18% of suicide cases.²²

About 6% of people who commit suicide in India work in the agricultural sector either as farmers or cultivators or as agricultural labourers. Factors contributing to the high rate of suicide in the agricultural sector include economic adversity, exclusive dependence on rainfall for agriculture, and possibly monetary compensation to the family following suicide.²³ A fall in public investment in irrigation and infrastructure, and in technological research and innovations in the agricultural field have made agriculture an uncertain profession. This, coupled with lack of irrigation, fragmentation of land, unsuitability of seeds and inadequate sources of credit have made many farmers take the extreme step and end their lives.²⁴

5. Role of NGOs in suicide prevention in India

Suicide is a serious threat to our public health. However, suicides are preventable with timely, evidence-based and often low-cost interventions. For effective suicide prevention, a comprehensive multisectoral

²⁰ A. Pillai, T. Andrews, V. Patel, Violence, psychological distress and the risk of suicidal behaviour in young people in India, *Int J Epidemiol.* 38,459–69 (2009).

²¹ The MINDS Foundation, India Has the Highest Suicide Rate Among Youth. Here's How You Can Help Someone Who's Struggling, *The Better India* (Jul. 17, 2017, 6:35 pm), <https://www.thebetterindia.com/108700/suicide-prevention-a-growing-public-health-concern-in-india/>.

²² FA Khan, B. Anand, MG Devi, KK Murthy, Psychological autopsy of suicide—a cross-sectional study, *Indian J Psychiatry*, 47,73–8(2005).

²³ PB Behere, AP Behere, Farmers' suicide in Vidarbha region of Maharashtra state: A myth or reality? *Indian J Psychiatry*, 50,124–7 (2008).

²⁴ IANS, Why are India's farmers committing suicide? *The New Indian Express* (Mar. 15th, 2018, 12:51 PM), <http://www.newindianexpress.com/nation/2018/mar/15/why-are-indias-farmers-committing-suicide-1787539.html>.



suicide prevention strategy is required. Every year, 10th September is observed as World Suicide Prevention Day. The International Association for Suicide Prevention (IASP) in collaboration with WHO uses this day to call attention to suicide as a leading cause of premature and preventable death. The rising rates of suicide in India, especially among the youth, has caused health professionals, NGOs and the community to sit up and take notice of this grave mental health problem. Knowledge of the most commonly used suicide methods is important to devise prevention strategies which have shown to be effective, such as restriction of access to means of suicide.²⁵

Non-Governmental Organizations (NGOs) are institutions, recognized by governments as non-profit or welfare oriented, which play a key role as advocates, service providers, activists and researchers on a range of issues pertaining to human and social development. In India, we have many mental health NGOs (MHNGOS) which have made suicide prevention their sole objective. They have, to a certain extent, bridged the gap that exists between mental healthcare and its need in India. These MHNGOs run suicide helplines, conduct awareness programmes and provide counselling to suicide survivors. The primary aim of these NGOs is to provide support to suicidal individuals by befriending them. Often these centres function as an entry point for those needing professional services.²⁶

²⁵ Suicide, World Health Organization (Feb. 23, 2019, 08.22 pm), <https://www.who.int/news-room/fact-sheets/detail/suicide>.

²⁶ Latha Vijayakumar, Suicide and its prevention: The urgent need in India, 2 *Indian J Psychiatry*, 4, 81-84(2007).

MHNGOs providing community-based counselling and suicide prevention activities have started playing an active role in mental healthcare in India. Although MHNGOs are predominantly urban in location, many have begun to extend services into rural areas.²⁷ MHNGOs through their large numbers, geographic distribution and infrastructure, provide access to people without the means to travel to urban centres where mental health specialists typically practice.²⁸ India does not have a national suicide helpline run by the government. People in remote areas, who have to travel long distances to get help, can be greatly helped by crisis counselling over phone. Many MHNGOs run suicide helplines which can act as the first step in helping a person with suicidal thoughts.²⁹ Many MHNGOs like Sneha in Chennai, Aasra in Mumbai, Maitreyi in Pondicherry, Lifeline Foundation in Kolkata and iCall run by Tata Institute of Social Sciences run suicide prevention and psycho-social counselling helplines. In our country, suicide, rather than being seen as a mental health problem, is viewed by people as a character flaw or a sign of a weak mind. Even our religions, call

²⁷ R.Thara and Vikram Patel, Role of non-governmental organizations in mental health in India, 11 *Indian J Psychiatry*, 52, S389-S395 (2010).

²⁸ Grace Ryan, #NGOs4MentalHealth: What can NGOs contribute? MHInnovation (Feb. 24, 2019, 01.27 PM), <https://www.mhinnovation.net/blog/2016/feb/8/ngos4mentalhealth-what-can-ngos-contribute>.

²⁹ Kalpana Sharma, "I was desperate for help but no suicide prevention helpline numbers worked", The Times of India (Jul. 16, 2018, 12.19 PM), <https://timesofindia.indiatimes.com/life-style/health-fitness/health-news/i-was-desperate-for-help-but-no-suicide-helpline-numbers-worked/articleshow/64856781.cms>.



suicide the ultimate sin. This mentality makes people hesitant to seek help for suicidal thoughts for the fear of being perceived negatively by the society. Due to the stigma and taboo associated with suicide, the anonymity provided by these suicide helplines greatly helps people with suicidal thoughts who are reluctant to seek help.

6. Conclusion and suggestions

A suicide in its wake leaves behind many victims i.e. the deceased and the family and friends he/she leaves behind. It is a social and psychological problem which is preventable. A country like India cannot afford to neglect this public health crisis which claims a portion of its youth population every year. The government should become pro-active in its approach towards prevention of suicide. To effectively combat the suicide crisis in India, the government, the mental health sector, the justice system and the society should work in collaboration with each other. The media should show responsibility and restraint while reporting incidents of suicide. The government should aim to train non-specialised health workers to counsel and treat people who exhibit suicidal tendencies and behaviour. The number of trained mental health professional who specialise in suicide prevention should increase. Rural areas which are largely neglected must be provided adequate mental healthcare facilities. A public-private partnership in the field of mental health could greatly benefit the country and address its present need for mental healthcare resources.


