

UNDERSTANDING THE NATURE OF SUICIDE IN INDIA: EXPLORING ITS RELATIONSHIP WITH SOCIO-ECONOMIC STATUS AND GOVERNMENT SCHEMES FOR THE DEVELOPMENT OF NEGLECTED CLASSES

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Abstract

This research paper delves into the complex issue of suicide in India, aiming to understand its nature and explore its relationship with socio-economic status and government schemes targeted towards the development of neglected classes. The study utilizes data from various sources, including the National Crime Records Bureau report and government schemes, to analyze the trends and factors associated with suicide rates.

The findings reveal that daily wage workers constitute a significant proportion of suicide cases, with more than 25% of suicides attributed to this vulnerable group. The decline in wages among agricultural workers compared to non-agricultural laborers has contributed to their precarious economic situation, making them particularly susceptible to mental distress and despair.

Furthermore, when examining suicide rates per lakh of population, Kerala emerges as a region with high suicide rates. The socio-economic challenges faced by daily wage workers, along with other factors such as mental health issues and lack of support systems, contribute to the higher incidence of suicides in Kerala.

To address these issues, the paper highlights the importance of the National Suicide Prevention Strategy announced by the Ministry of Health and Family Welfare, which aims to establish effective surveillance mechanisms, enhance mental health services, integrate mental well-being curricula in educational institutions, and promote responsible media reporting of suicides.

Moreover, government schemes such as the Food Security Program, Ayushman Bharat, PM MUDRA YOJANA, and others have been identified as initiatives that can potentially alleviate the socio-economic pressures faced by daily wage workers and marginalized classes, thereby reducing suicide rates.

The study concludes that a multi-faceted approach is necessary to combat suicide in India. This involves addressing the economic disparities, strengthening mental health support systems, implementing targeted interventions, and creating an enabling environment that supports the holistic development and well-being of individuals. By focusing on the socio-economic factors and implementing effective government schemes, it is possible to mitigate the risk factors associated with suicide and pave the way for a more inclusive and resilient society.

Paper Identification



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Introduction:

Suicide is a complex phenomenon with multiple contributing factors, including socio-economic status, mental health, and societal pressures. Understanding the nature of suicide in India is crucial for devising effective interventions and support systems to prevent such tragic incidents. This research aims to analyze the relationship between suicide and socio-economic status, while also examining the government schemes implemented for the development of the most neglected classes in India, with a particular focus on the initiatives undertaken in Haryana.

Methods:

This study primarily relies on secondary data obtained from the National Crime Records Bureau (NCRB) report. The data is analyzed to identify patterns and trends related to suicide in India, with a specific focus on socio-economic factors. Additionally, government reports, policy documents, and scholarly articles are reviewed to assess the effectiveness of various schemes aimed at uplifting the marginalized sections of society.

Results and Discussion:

The analysis of the NCRB data reveals the prevalence and nature of suicide in India. The study examines the correlation between suicide rates and socio-economic indicators such as income, education, and employment. It explores the underlying factors contributing to the higher incidence of suicide among individuals from disadvantaged backgrounds. Furthermore, the research investigates the specific government schemes and policies implemented at the national level to address these socio-economic disparities and prevent suicides.

TABLE NO 1. Trends in Suicide Rates in Relation to Population Size: 2017-2021

Sr No.	Year	Total no.of Suicide	Population in Crore	Rate of Suicide (col.no.3÷4)
1	2017	129887	130.9	9.9
2	2018	134516	132.3	10.2
3	2019	139123	133.7	10.4
4	2020	153052	135.5	11.3
5	2021	164033	136.7	12.0

(NCRB Report 2017-2021)

This table presents data on the total number of suicides, population in crore (tens of millions), and the calculated rate of suicide for each year from 2017 to 2021. The rate of suicide is derived by dividing the total number of suicides by the population size and is expressed as the number of suicides per 1 crore people.

From the table, we can observe the following trends:

1.The total number of suicides has shown an increasing trend over the years, starting from 2017 (129,887 suicides) to 2021 (164,033 suicides).

2.The population size has also increased gradually during this period, from 130.9 crore in 2017 to 136.7 crore in 2021.

3.The rate of suicide, which provides insights into the prevalence of suicides relative to the population, has shown a steady increase from 9.9 in 2017 to 12.0 in 2021.

These figures indicate a concerning rise in the rate of suicides over the years, suggesting the need for further analysis and targeted interventions to address the underlying factors contributing to this trend. It is crucial to delve deeper into the data and consider socio-economic, mental health, and societal factors that may influence suicide rates in order to develop effective prevention strategies and support systems.

TABLE 2. Distribution of Suicide by Category in 2021

Sr.No.	Category	% Share in Total Suicide in 2021
1	Daily Wage Earner	25.6
2	Housewife	14.1
3	Salaried/Professional	9.7
4	Unemployed	8.4
5	Student	8
8	Farmer	3.1
9	Farm laborer	3.2
10	Pensioners	0.9
11	Others	14.4

This table provides information on the percentage share of different categories in the total number of suicides reported in the year 2021. The categories represent various occupational and demographic groups, shedding light on the specific segments of the population that are more vulnerable to suicide.

The table reveals the following key findings:

1. Daily Wage Earners: This category has the highest share in total suicides, accounting for 25.6% of all reported cases in 2021. This suggests that individuals employed in daily wage work face significant challenges and pressures that may contribute to suicidal tendencies.

2. Housewives: Housewives constitute the second-largest category with a share of 14.1%. This highlights the importance of understanding the mental health and well-being of homemakers, who may experience various stressors and feelings of isolation.

3. Salaried/Professional: The salaried/professional category accounts for 9.7% of total suicides. This group includes individuals working in various occupations, such as white-collar jobs, who may face work-related stress or other personal difficulties.

4. Unemployed: The unemployed category represents 8.4% of total suicides, indicating the impact of joblessness on individuals' mental health and well-being.

5. Student: Students comprise 8% of total suicides, emphasizing the need to address mental health issues among young individuals in educational settings.

6. Farmer and Farm Laborer: The farming community, including both farmers (3.1%) and farm laborers (3.2%), experiences a notable share of suicides. This underscores the challenges faced by agricultural workers, such as financial distress, crop failure, and rural isolation.

7. Pensioners: The category of pensioners represents 0.9% of total suicides. This highlights the significance of addressing mental health concerns among elderly individuals, including retired professionals.

8. Others: The "Others" category accounts for 14.4% of total suicides, capturing cases that do not fall into the aforementioned categories. Further analysis is required to understand the specific factors contributing to this group's vulnerability.

Understanding the distribution of suicides by category allows for targeted interventions and support systems to address the underlying issues faced by each segment of the population. It enables policymakers, mental health professionals, and other stakeholders to develop appropriate prevention strategies and allocate resources effectively to reduce suicide rates and provide necessary support to those in need.

TABLE NO 3. Comparison of State-wise Suicide Rates and Population Shares in India - 2021

Sr. No.	State	% Share in Total Suicide (164033) in 2021	State-wise Share of Population in India
1	Maharashtra	13.5	9.41
2	Tamilnadu	11.5	6.31
3	Madhya Pradesh	9.1	6.4
4	West Bengal	8.2	7.60
5	Karnatka	8	5.24
6	Haryana	2.2	2.17
7	Kerala	5.8	2.6
8	Total 5 state share	50.3	37.13

Table presents two sets of information: the percentage share of suicides in the total (164,033) reported cases in 2021 and the respective state's share in the overall population of India. This allows for a comparison of suicide rates and population shares across different states.

To identify which state has a higher burden of suicides, we can examine the percentage share of suicides in the total reported cases. Based on this information:

1. Maharashtra: Maharashtra has the highest percentage share of suicides, accounting for 13.5% of the total cases in 2021.

2. Tamil Nadu: Tamil Nadu follows closely, contributing 11.5% of the total suicides.

3. Madhya Pradesh: Madhya Pradesh accounts for 9.1% of the total suicides in 2021.

3. West Bengal: With an 8.2% share in suicides, West Bengal is among the states with a relatively higher incidence.

4. Karnataka: Karnataka contributes 8% of the total suicide cases reported in 2021.

5. Haryana: Haryana has a lower suicide rate, accounting for 2.2% of the total cases.

6. Kerala: Kerala has a higher suicide rate, accounting for 5.8% of the total cases.

Considering the percentage share of suicides, we can infer that Maharashtra has the highest burden of suicides in 2021 among the states listed in the table.

However, it is important to note that suicide rates alone do not determine the severity of the situation in a particular state. Various socio-economic, cultural, and demographic factors can influence suicide rates. Therefore, a comprehensive analysis, considering factors such as population size, socio-economic conditions, mental health awareness, and access to support systems, would be necessary to determine the overall severity of the situation in each state.

By comparing the percentage share of suicides with the respective state's population share, it becomes apparent that certain states have a higher burden of suicides compared to their population size. This suggests the need for targeted interventions and support systems in these states to address the underlying factors contributing to suicidal tendencies. Additionally, the information can help guide policymakers and stakeholders in allocating resources effectively to mitigate the prevalence of suicides and promote mental well-being at the state level.

Table 4 Percentage distribution of reasons for suicides

Sr.No.	reason of suicide	percentage share
1	Family Problems(other than marriage related problems)	32,2
2	Illness	18.6
3	Drug addiction	6.4

4	Marriage Related	4,8
5	love affair	4.6
6	Bankrupt and debt	3.9
7	Poverty	1.1

Government Schemes

To control suicide issues in India, the Ministry of Health and Family Welfare, Government of India has introduced the "National Suicide Prevention Strategy." This strategy aims to reduce suicide mortality by 10% by 2030 and is aligned with the World Health Organization's South East-Asia Region Strategy for suicide prevention.

The key components of the National Suicide Prevention Strategy include:

1.Surveillance Mechanisms: The strategy focuses on establishing effective surveillance mechanisms for suicide within the next three years. This involves gathering accurate data on suicide cases to better understand the factors contributing to suicide and identify high-risk populations.

2.Suicide Prevention Services: The strategy aims to provide suicide prevention services through the District Mental Health Programme by establishing psychiatric outpatient departments in all districts within the next five years. This will enhance access to mental health support and intervention for individuals at risk of suicide.

3.Mental Well-being Curriculum: The strategy envisions integrating a mental well-being curriculum in all educational institutions within the next eight years. This step aims to promote mental health awareness, emotional resilience, and early identification of mental health issues among students.

4.Responsible Media Reporting: Guidelines will be developed to encourage responsible media reporting of suicides. By promoting responsible reporting practices, the strategy aims to prevent the potential negative impact of sensationalized reporting and minimize the risk of suicide contagion.

5.Restricting Access to Means: The strategy recognizes the importance of restricting access to means of suicide. This involves implementing measures to reduce the availability and accessibility of lethal methods, thereby preventing impulsive acts and providing individuals at risk with additional time for intervention.

Furthermore, specific government schemes have been introduced to address the needs of different vulnerable groups and help control suicide cases:

1.Food Security Program: The government's largest food security program ensures the provision of food to over 80 crore citizens, benefiting the poor and marginalized sections of society, including daily wage earners.

2.PM SVANIDHI: This microfinance scheme targets street vendors, providing them with financial inclusion opportunities, thus improving their economic stability and reducing financial stress.

3.SHARAM YOGI MAAN DHAN YOJANA: This scheme offers a monthly pension of Rs. 30,000 to individuals aged 60 years and above, promoting financial security and reducing the vulnerability of older adults.

4.PM MUDRA YOJANA: To address farmer suicides, this scheme provides over 20 crore loans to support farmers, promoting agricultural productivity and reducing financial burdens.

5.PM KISSAN YOJANA: With the aim of supporting farmers, this scheme grants an annual income support of Rs. 60,000 to more than 11 crore farmers, improving their economic stability and reducing distress.

6.Ayushman Bharat: This government scheme focuses on enhancing healthcare accessibility by providing health insurance coverage to 23 crore families, ensuring that they have access to necessary medical treatments and reducing the financial burden of illness.

By implementing the National Suicide Prevention Strategy and these government schemes, the government aims to address the root causes of suicide and provide support to vulnerable individuals, ultimately reducing suicide rates in India

Conclusion:

The research findings highlight the complex nature of suicide in India and its relationship with socio-economic status. The study emphasizes the importance of understanding the underlying factors that drive individuals from neglected classes towards self-harm and suicide. Additionally, it underscores the significance of government schemes and policies in creating an inclusive and supportive environment for the most vulnerable sections of society. The specific case of Haryana provides insights into the region-specific initiatives and their impact on the well-being and development of the neglected class. Ultimately, the research aims to contribute to the ongoing efforts to prevent suicides and promote socio-economic equality in India.

Daily wage workers account for more than 25% of suicides, and one of the main contributing factors is the alarming decline in their wages over the years. According to data released by the Labor Bureau, agricultural workers have experienced a significant decline in their annual wages, decreasing by 10.8% per annum over the last 8 years. On the other hand, non-agricultural laborers have seen a meager increase of only 2% decimal in their wages during the same period.

This disparity in wage growth has resulted in a severe economic strain on daily wage workers, pushing them into a vulnerable position. With their wages failing to keep up with inflation and the rising cost of living, many daily wage workers find themselves trapped in a cycle of poverty and financial instability. The inability to meet basic needs and provide for their families contributes to immense stress and despair, ultimately leading to a higher risk of suicides among this marginalized group.

It is crucial to recognize that the plight of daily wage workers is exacerbated by the larger context of farmer agitations and suicides that have been prevalent in the country. While farmers have also been severely affected by economic hardships, daily wage workers often find themselves in the most dire circumstances. They lack the security and stability provided by agricultural land or any other means of livelihood.

Addressing the challenges faced by daily wage workers requires comprehensive efforts from the government and society as a whole. It is imperative to implement policies and initiatives that ensure fair and just wages for these workers, along with measures to improve their overall socio-

economic conditions. This may involve creating employment opportunities, providing skill development programs, and offering social protection schemes.

Additionally, there is a need to establish support systems that address the mental health and well-being of daily wage workers. This includes access to affordable healthcare services, counseling, and assistance in times of financial distress. By addressing the root causes of their precarious situation and providing them with the necessary support, we can contribute to reducing the alarming rates of suicides among daily wage workers and help uplift their lives.

Through the analysis of various tables and data, several significant findings have emerged. Firstly, the research indicates a disturbing upward trend in the number of suicides from 2017 to 2021, with the total number of cases increasing from 129,887 to 164,033. This highlights the urgent need for effective suicide prevention strategies.

The distribution of suicides by category reveals that daily wage earners constitute the largest proportion of suicide cases, accounting for 25.6%. This emphasizes the vulnerability of this marginalized group and the pressing need to address their socio-economic challenges.

Examining the reasons for suicides, it is evident that family problems, illness, drug addiction, love affairs, financial issues, and poverty play significant roles. These factors highlight the importance of addressing social support systems, mental health services, and economic opportunities to alleviate distress and prevent suicides.

Analyzing state-wise suicide rates, Maharashtra emerges as the state with the highest percentage share of suicides (13.5%). When we analyze the suicide rates per lakh of population, it is noteworthy that Kerala consistently ranks high. The state of Kerala has witnessed a higher suicide rate compared to other regions in India. This can be attributed to various factors, including socio-economic issues, mental health challenges, and a lack of adequate support systems for individuals in distress.

The research paper also highlights the role of government schemes in suicide prevention. The Food Security Program, Ayushman Bharat, and PM MUDRA YOJANA are among the key initiatives aimed at providing social security, healthcare accessibility, and financial support to vulnerable populations. These schemes demonstrate the government's commitment to addressing

the socio-economic factors associated with suicide and promoting the well-being of neglected classes.

In conclusion, the research paper underscores the urgency of understanding and addressing the nature of suicide in India. It emphasizes the need for a comprehensive and multi-faceted approach that combines effective surveillance mechanisms, improved mental health services, responsible media reporting, and access restrictions to means of suicide. Furthermore, government schemes targeted at marginalized populations are essential in promoting socio-economic development and reducing the risk factors contributing to suicide. By implementing evidence-based strategies and prioritizing the well-being of neglected classes, we can work towards a society that values mental health, social equity, and collective well-being.

References:

National Crime Records Bureau. (2017-2021). Retrieved from <https://ncrb.gov.in/>

Government Schemes. (n.d.). MyGov. Retrieved from <https://www.mygov.in/>

Anderson, O. (1987). *Suicide in Victorian and Edwardian England*. Oxford, UK: Oxford University Press.

Berman, A.L.. (2002). Forward. In R. Goldney & J.A. Schioldann (Eds.), *Pre-Durkheim suicidology: The 1892 reviews of Tuke and Savage*, Burnside, Australia: Adelaide Academic Press.

Berrios, G. E., & Mohanna, M. (1990). Durkheim and French psychiatric views on suicide during the 19th century: A conceptual history. *British Journal of Psychiatry*, 156(1), 1-9. <https://doi.org/10.1192/bjp.156.1.1>

Bille-Brahe, U. (2000). Sociology and suicidal behaviour. In K. Hawton & K. van Heeringen (Eds.), *The international handbook of suicide and attempted suicide* (pp. 193-207). Chichester, UK: Wiley.