

A study on Identifying Risk Factors Associate to Attempted Suicide among Youth in Villupuram District, Tamil Nadu

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Abstract: *The study examines the risk factors associated with attempted suicide among youth in Villupuram District, Tamil Nadu. Suicide is a major public health concern influenced by psychological, social, and economic factors. The study adopts a descriptive research design with a sample of 150 respondents aged 15–29 years, selected through simple random sampling. Data were collected using interview schedules and standardized scales, and analyzed using statistical tools such as percentage, Chi-square, ANOVA, and correlation. The findings reveal that major causes of suicide attempts include love failure, poverty, debt, unemployment, and family conflicts. Poisoning and consumption of toxic substances were the most common methods used. A significant association was found between age group and life stress events, with youth aged 23–26 identified as a high-risk group. The study also highlights low to moderate levels of perceived social support. Strengthening social support systems and implementing community-based prevention strategies are essential to reduce suicide attempts among youth.*

Keywords: Suicide attempt, Youth, Risk factors, Social support

Introduction

Suicide is one of the most serious psychiatric emergencies and a major public health problem. According to National Institute of Mental Health, suicide is defined as death caused by self-directed injurious behavior with intent to die, while a suicide attempt refers to a non-fatal, self-directed potentially injurious behavior with intent to die (National Institute of Mental Health)

Suicide is influenced by multiple factors such as mental disorders, alcohol use, financial problems, relationship conflicts, chronic illness, abuse, violence, and social isolation. The World Health Organization states that suicide has a profound ripple effect on families, communities, and societies, and that for every suicide, there are many more attempts (World Health Organization [WHO], 2023).

Each suicide is a personal tragedy that prematurely ends a life and deeply affects families and communities. Globally, more than 720,000 people die by suicide every year, making it a leading cause of death, particularly among young people (WHO, 2023).

In India, according to the National Crime Records Bureau, a total of 171,418 suicides were reported in 2023, reflecting a 0.3% increase compared to 2022, although the suicide rate slightly declined (NCRB, 2023).

Meaning of Suicide: Suicide refers to the deliberate and intentional termination of one’s own life. It generally involves three essential elements: (i) an unnatural death, (ii) the intention to die originating within the individual, and (iii) a reason or motive for ending life (WHO, 2023).

Number of Suicides, Growth of Population and Rate of Suicide during 2018 to 2023:

Sl.No	Year	Total Number of Suicides	Mid-Year Projected Population (in lakh)	Rate of Suicides (Col.3/Col.4)
(1)	(2)	(3)	(4)	(5)
1	2018	1,34,516	13,233.8	10.2
2	2019	1,39,123	13,376.1	10.4
3	2020	1,53,052	13,533.9	11.3
4	2021	1,64,033	13,671.8	12.0
5	2022	1,70,924	13,797.5	12.4
6	2023	1,71,418	13,923.3	12.3

(Source: the Registrar General of India, Report of the Technical Group on Population Projection (July 2020), National Commission on Population, Minister of health and Family Welfare)

Number and Percentage Share of Suicides in States/UTs: The Majority of suicides were reported in Maharashtra (22,687) followed by 19,483 suicides in Tamil Nadu, 15,662 suicides in Madhya Pradesh, 13,330 suicides in Karnataka and 12,819 suicides in West Bengal accounting for 13.2%, 11.4%, 9.1%, 7.8% and 7.5% of total suicides respectively. These 5 States together accounted for 49.0% of the total suicides reported in the country. The remaining 51.0% suicides were reported in the remaining 23 States and 8 UTs. Uttar Pradesh, the most populous State (17.0% share of country population) has reported comparatively lower percentage share of suicidal deaths, accounting for only 5.3% of the total suicides reported in the country. Rate of suicides i.e. the number of suicides per one lakh population, has been widely accepted as a standard yardstick for comparison. All India rates of suicides was 12.3 during the year 2023. Andaman & Nicobar Islands reported the highest rate of suicide (49.6) followed by Sikkim (40.2), Kerala (30.6), Puducherry (28.0) and Telangana (27.7)

States with Higher Percentage Share of Suicides during 2021 to 2023

Sl.No	Year					
	2021		2022		2023	
1	Maharashtra	13.5 %	Maharashtra	13.3%	Maharashtra	13.2%
2	Tamil Nadu	11.5 %	Tamil Nadu	11.6%	Tamil Nadu	11.4%
3	Madhya Pradesh	9.1%	Madhya Pradesh	9.0 %	Madhya Pradesh	9.1 %
4	West Bengal	8.2%	Karnataka	8.0%	Karnataka	7.8%
5	Karnataka	8.0 %	West Bengal	7.4 %	West Bengal	7.5 %

(Source: the Registrar General of India, Report of the Technical Group on Population Projection (July 2020), National Commission on Population, Minister of health and Family Welfare)

A Global perspective in the epidemiology of Suicide in 2030:By 2030, global suicide epidemiology focuses on achieving a one-third reduction in mortality (SDG Target 3.4), targeting a drop from 2015 levels to roughly 22.4 per 100,000 for elderly populations. While rates are declining overall, 73% of suicides occur in low- and middle-income countries (LMICs). Prevention relies on means restriction and public health approaches.

Key Aspects of Suicide Epidemiology in 2030

Targeted Reduction: The WHO and UN aim to reduce the global suicide mortality rate by one-third between 2013 and 2030.

Demographic Trends: While female suicide rates are projected to decrease faster (approx. -29.5%) than males (approx. -15.6%) by 2030, males still die by suicide at over twice the rate of women globally.

Regional Disparities: The African Region reports the highest male suicide rates, while South-East Asia has higher female rates.

Method Restrictions: Restricting access to firearms and pesticides is projected to significantly lower suicide rates in the Americas by 2030.

Risk Factors: Mental and addictive disorders remain primary risk factors, along with social isolation and economic hardship, especially in older populations. High-Risk Groups: Young people (15–29 years) remain at high risk, making targeted youth interventions essential

Key facts:

- i. More than 720 000 people die due to suicide every year.
- ii. Suicide is the third leading cause of death among 15–29-year-olds.
- iii. Seventy-three per cent of global suicides occur in low- and middle-income countries.
- iv. The reasons for suicide are multi-faceted, influenced by social, cultural, biological, psychological, and environmental factors present across the life-course.

v. For every suicide there are many more people who attempt suicide. A prior suicide attempt is an important risk factor for suicide in the general population (World Health Organization, 2023)

Recent studies in Suicide

According to the study conducted by Rajiv Radhakrishnan et al. (2012), the significant risk factors for fatal suicide include presence of previous suicidal attempt, interpersonal conflicts and marital disharmony, alcoholism, presence of a mental illness, sudden economic bankruptcy, domestic violence, and unemployment. Individuals completing suicides did not have a positive outlook toward life, problem-solving approaches, and coping skills. (Radhakrishnan et al., 2012)

According to Johan Bilsen (2018), in recent decades, several population-based psychological autopsy studies of suicides have been conducted, involving interviews with key informants and examination of records, as well as follow-up studies of people who have attempted suicide, revealing important information about the risk factors for youth suicide. Everyone agrees that numerous factors can contribute to suicide, and that ultimately each suicide is caused by a highly unique, dynamic and complex interplay of genetic, biological, psychological and social factors. Nevertheless, it is possible to identify different types of factors that are clearly associated with an increased risk of youth suicide, so this is highly relevant with regard to prevention. (Bilsen, 2018)

Causes of Suicides in India: 'Family Problems' and 'Illness' were the major causes of suicides which accounted for 32.4% and 17.1% of total suicides respectively during 2019. 'Drug Abuse/ Addiction' (5.6%), 'Marriage Related Issues' (5.5%), 'Love Affairs' (4.5%), 'Bankruptcy or Indebtedness' (4.2%), 'Failure in Examination' and 'Unemployment' (2.0% each), 'Professional/Career Problem' (1.2%) and 'Property Dispute' (1.1%) were other causes of suicides.

Suicide Victims by Sex and Age Group in India: The overall male : female ratio of suicide victims for the year 2019 was 70.2 : 29.8, which is more as compared to year 2018 (68.5 : 31.5). The proportion of female victims were more in 'Marriage Related Issues' (specifically in 'Dowry Related Issues'), and 'Impotency/Infertility'. The age group (18 - below 30 years) and persons of 30 years - below 45 years of age were the most vulnerable groups resorting to suicides. These age groups accounted for 35.1% and 31.8% suicides respectively. 'Family Problems' (2,468), 'Failure in Examination' (1,577), 'Love Affairs' (1,297) and 'Illness' (923) were the main causes of suicides among children (below 18 years of age), (National Crime Records Bureau, 2019)

Legal Aspect of Suicide: In England, the Suicide Act 1961 abrogated the law laying down that attempt to commit suicide is an offence. Although suicide is no longer an offence in itself, any person who aids, abets, counsels or procures the suicide of another or an attempt by another to commit suicide, is guilty of an offence and liable on conviction on indictment to imprisonment for a term which may extend to 14 years. In India, not only abetment of suicide is an offence (vide section 306, IPC), but also attempt to commit suicide is an offence (vide section 309, IPC). Section 309, IPC reads as under: Attempt to commit suicide. "Whoever attempts to commit suicide and does any act towards the commission of such offence, shall be punished with simple imprisonment for a term which may extend to one year or with fine, or with both."

Thus, in India, attempt to commit suicide is constituted an offence punishable under section 309, IPC. Although completed act was not a crime, surprisingly, attempt to commit the act was made an offence. (Law Commission of India, 2008)

Research Methodology

Statement of the Problem: **Suicide is amongst the top ten causes of death for all age groups in most countries of the world. It is the second most important cause of death in the younger age group (15–19 yrs.), second only to vehicular accidents. Attempted suicides are ten times the successful suicide figures, and 1–2% attempted suicides become successful suicides every year.**

An estimated one million people die from suicide every year, 1 death every 40 seconds accounting for 1.5 per cent of all deaths, a study appearing in the recent issue of reputed journal *The Lancet* has revealed (Teena Thacker, 2019).

Importance of the Study: There is no period in history without recording suicide. The ideal of suicide is common among individual. The suicide rate in cities (16.2) was higher as compared to all-India suicide rate (12.3). There are few, if any individual to whom the idea of suicide has never occurred. A family of five including a 37-year-old man, his wife, 30 and their three children were found hanging inside their house on Monday in Valavanur in Villupuram district, police said, adding the probable cause of death by suicide was financial stress. The children were two girls aged 8 and 6 and a boy aged 3 (Hindustan Times, 2020).

Field of the Study: The researcher selects Villupuram District for his study, because Villupuram district is one of the biggest district in Tamil Nadu and economically poor and agriculture based district. The Medical Record Department Records of Government Medical College reported that 74 persons were committed suicide from September 2024 to September 2025. Out of 74 committed suicide 47 male and 27 female were died.

Objectives of the Study

- i. To study the demographic profile of the youth
- ii. To study common cause and consequence for attempting suicide.
- iii. To examine life stress event influence for youth suicide.
- iv. To examine social support system of youth in community.

Operational Definition: Suicide: "According to DSM IV "Suicide is a type of deliberate self harm and is define as a human act of self-intentioned and self inflicted cessation (death). It is end with a fatal outcome".

Definition of the 'Youth' Youth is a more fluid category than a fixed age-group. 'Youth' is often indicated as a person between the age where he/she leaves compulsory education, and the age at which he/she finds his/ her first employment. Often, Youth age-group is defined differently by different countries/ agencies and by same agency in different contexts. **United Nations** defines 'youth' as persons between 15 and 24 years of age. According to Emile Durkheim (1961) "Suicide varies inversely with the degree of integration of the social group of which the individual forms a part"

According to National Youth Policy-2003, 'youth' was defined a person of age between 13-35 years, but in the current National Policy on Youth 2014, the youth age-group is defined as 15-29 years with a view to have a more focused approach, as far as various policy interventions are concerned.

In India Youth are defined as those aged 15 to 29 in the national youth policy (2014). This age-group constitutes 27.5% of India's population. The 2011 Census counted 563 million young people from 10 to 35, according to the 12th Five-Year Plan Vol. II (2013).

Research design for the Study: The researcher adopted descriptive design for the study because attempting suicide is an offence. Descriptive research design explains cause and consequence of attempted suicide among youth.

Hypothesis for the Study: Hypothesis is a conjectural statement of the relationship between neither two nor more variable". The researcher tested select demographic variable and Factors variable like life stress event and examine social support system.

Universe for the Study: Universe for this studies researcher selected youth respondents attempting suicide in Villupuram district, the person age Between 15 to 29 both male and female.

Sampling Technique: The researcher used simple random sampling to select 100 respondents for this studies, it's comes under probability sampling method.

Sample size for the Study: Based on patient register in Psychiatric Department of Government hospital for the period of period of five months (August to December 2025) in Villupuram hospital taken as sample for the study.

Sources of Data: Primary data are collect from the respondents, using quantitative and qualitative methods. Secondary data are collected from journals, books, magazine, newspaper, websites, published research and studies.

Tools for Data Collection: The researcher used self prepared interview schedule and standardized scale to measure life stress and social support system of youth in community.

Statistical Analysis: The entire data entered and analyzed with help of SPSS 20 version package. Several types of statistical analysis will use for analyzing the data. For demographic profile of the youth, descriptive statistics has been used such as frequency and percentage. To explain the relationship between variables, T – test, Analysis of Variance (ANOVA), Chi square and Correlation is use for the study.

DATA ANALYSIS AND INTERPRETATION:

Table 01: Profile of the Respondents

S. No	Respondents Profile	Number (N= 150)	Percentage %
1.	Sex		
	1. Male	63	42
	2. Female	87	58
2.	Age		
	1. 15 to 18 Years	48	32
	2. 19 to 22 Years	42	28
	3. 23 to 26 Years	36	24
	4. 27 to 29 Years	24	16
3.	Marital Status		
	1. Married	93	62
	2. Unmarried	57	38
4.	Educational Status		
	1. Illiterate	14	09
	2. Primary School	60	40
	3. Higher Secondary/ Diploma	31	21
	4. Graduates	45	30
5.	Occupational Status		
	1. Daily Wager / Coolie	27	18
	2. Unemployment	09	06
	3. Private Employee	20	13
	4. Business	09	06
	5. House Wife	17	11
	6. Students	70	46
6.	Income		
	1. Below 5000	72	48
	2. 5001 – 10000	55	36
	3. Above 10001	23	16
7.	Types of Family	59	39
	1. Joint Family	73	49
	2. Nuclear Family	18	12
	3. Extended Family		
8.	House Types		
	1. Hut/Thatched House	24	16
	2. Tile Roof	30	20
	3. Cement Sheet	69	46
	3. Concrete Roof	27	18
9.	Family Size		
	1. Below 3	50	33
	2. 4 Members	85	57
	3. Above 5	15	10
10.	Birth Order of the Attempted Suicide		
	1. First Birth	62	41
	2. second Birth	47	31
	3. Third Birth	31	20
	4. Fourth Birth	10	08
11.	Background of Suicide Attempted		
	1. Tribal	10	06
	2. Rural	97	65
	3. Semi/Urban	43	29

Table 2: Common Cause of Suicide Attempted

S.No	Common Causes	Frequency	Percentage
1.	Failure in Exam	18	13
2.	Quarrels with Parents	15	09
3.	Quarrels with Spouse	22	15
4.	Poverty	21	17
5.	Debt / Loan	23	09
6.	Unemployment	19	09
7.	Love Failure	32	28
Total		150	100

Table 03: Common Methods of Attempted Suicide

S.No	Common Methods	Frequency	Percentage
1.	Rate Killer Powder/Paste	19	13
2.	Multiple Tables	25	17
3.	Poison and Pesticides	21	14
4.	Ant Killer Poison	28	19
5.	Oleander Seeds	44	29
6.	Hanging	13	08
Total		150	100

Table 04: Life stress events expressed by Suicide Attempted

S.No	Overall Life Stress events	Frequency	Percentage
1.	Slight Risk	24	16
2.	Moderate Risk	48	32
3.	High Risk	78	52
Total		150	100

Table 05: Age group and Life Stress Events – Chi Square

Age Group	Life Stress Event				Chi Square	P value
	Slight Risk	Moderate Risk	High Risk	Total		
15 to 18 Years	21 (7.8)	25 (15.7)	03 (25.5)	49	90.260	0.000*
19 to 22 Years	03 (7.0)	19 (14.1)	22 (22.9)	44		
23 to 26 Years	00 (5.6)	02 (11.2)	33 (18.2)	35		
27 to 29 Years	00 (3.5)	02 (7.0)	20 (11.0)	22		
Total	24	48	78	150		

Inferences: Since P value is less than 0.05, the hypothesis is accepted at 5% level of significance. Hence there is significance association between age group and Life stress events. The researcher conclude that age group of 23 to 26 are high risk category for suicide attempted.

Table 06: Social Support System Perceived by Attempted Suicide

S.No	Overall Support System	Frequency	Percentage
1.	Low Perceived support	68	46
2.	Medium Perceived Supports	74	50
3.	High Perceived Supports	08	04
Total		150	100

Table 07: Marital Status and Social Support System - ANOVA

Social Support System	Age Groups				Mean Square	F value	P value
	Mean Values		Mean Values				
	15-18	19-22	23-26	27-29			
Friends	69.51	37.90	40.38	39.70	23581.68	24.008	0.000*
Family	66.07	39.44	27.94	33.93	25985.59	30.802	0.000*
Significant others	64.14	38.09	32.20	33.60	21905.65	29.270	0.000*
Overall Social Support	69.45	39.85	31.30	32.38	30749.02	68.261	0.000*

Inferences: Since P value is less than 0.05, the hypothesis is accepted at 5% level of significance. Hence there is significance difference between age groups and social support system perceived by suicide attempted. The researcher youth felt that support level of friends, family and significant others in low and moderate level. The failure of social support system may lead to causes of suicide in the society.

Suggestion

- i. The key factor should identified by social workers, school teachers, health nurses, physician and voluntaries. Sustainable prevent method should be implement in the community.
- ii. The economic condition of the respondents should improve at lower levels; they must improve their standard of living, So Suitable measures could be taken by the Government and non Governmental Organization for the community people.
- iii. Prevention programmes will have to be eclectic as no single theory or framework can explain or provide effective interventions for all potential suicides. The challenge would then be to identify priority interventions.

- iv. Schemes to meet the basic needs, which are basic human rights (for example, employment guarantee, health care, education, housing, water, sanitation) would be essential.
- v. School social workers are the link between home, school and community. As member of the educational team, school social worker can promote and support students' academic and social success by providing specialized services.

Conclusion

In India, suicide prevention is more of a social and public health objective than a traditional exercise in the mental health sector. The time is ripe for mental health professionals to adopt proactive and leadership roles in suicide prevention and save the lives of thousands of young Indians. 10th September - World Suicide Prevention Day: The World Suicide Prevention Day was formally announced on 10th September, 2025. Each year 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.

References

1. Abraham V.J, S. Abraham S and Jacob K.S. (1999). Suicide in the Elderly in Kaniyambadi block, Tamil Nadu, South India, *World Health Organization Report*.
2. Accidental death and Suicide in India 2022. National Crime Records Bureau (Ministry of Home Affairs) Government of India. National Highway-8, Mahipalpur, New Delhi-110 037.11.
3. Accidental death and Suicide in India 2023. National Crime Records Bureau (Ministry of Home Affairs) Government of India. National Highway-8, Mahipalpur, New Delhi-110 037.11.
4. Adler and Alfred. (1958). Suicide, *Journal of Individual Psychology*, Volume 14, pp. 57–61.
5. Dr. P.Nalini Rao. (June 2007). Suicide – A Trade off for Development, *Indian Journal Of youth Affairs*, and Volume: 11, No: 1, pp 22 -27.
6. Emil Dukheim. (2002). *Suicide – A Study in Sociology*, New York publication.
7. Emil Durkheim. (1952). *Scientific Method and Emile Durkheim's Study of Suicide*, Publication Routledge and Kegan Paul let.
8. Emil Durkheim. (1952). *Suicide – A study in Sociology*, Routledge and kegan paul ltd population.
9. Government of India. (October 2008). *Law Commission of India*, Humanization and Decriminalization of Attempt to Suicide, Report No. 210.
10. Johan Bilsen. (2018). Suicide and Youth: Risk Factors Frontiers in Psychiatry. October 2018).
11. Lakshmi Vijaykumar. (2007). Suicide and its Prevention - The urgent need in India, *Indian Journal of Psychiatry*, Volume: 49, Issue: 2, pp: 81-84
12. Lawlor, Ted. (July 2002). Public Sector Risk Management: A Specific Model.
13. Paripurnanand and Varma. (1976). *Suicide in India and Abroad*, Bhawan publication.
14. Rajiv Radhakrishnan (2012) Suicide: A Indian Perspective. Indian Journal of Psychiatry. October/December 54(4). Pp 304-319)
15. Stengal. E and Cook. N. (1961). *Attempted Suicide- It is Social significant and Effect*, Oxford University Press.
16. Zimet, G.D., Dahlem, N.W., Zimet, S.G. & Farley, G.K. (1988). The Multidimensional Scale of Perceived Social Support, *Journal of Personality Assessment*, 52, pp: 30-41.