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A SOCIO-LEGAL STUDY ON THE CAUSES AND PREVENTION OF SUICIDE IN INDIA: FOCUS ON YOUTH, ACADEMIC PRESSURE, AND CULTURAL PERSPECTIVES

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Introduction

Suicide has increasingly become a pressing social and legal concern in India, where the rate of self-inflicted deaths, especially among the youth, continues to rise. Unlike purely medical or psychological explanations, suicide must also be understood in relation to broader social structures, cultural expectations, and legal frameworks. For young people, particularly students in higher education, suicide is often linked to academic stress, competitive examinations, financial insecurity, and the pressure to meet parental and societal expectations. Tragic cases such as those connected to the National Eligibility cum Entrance Test (NEET) or stress among PhD scholars reveal how systemic and institutional factors contribute to despair.

The Indian legal system has gradually shifted its approach toward suicide. Once criminalized under Section 309 of the Indian Penal Code, attempted suicide is now decriminalized through the Mental Healthcare Act, 2017, which recognizes the need for medical and psychological support rather than punishment. Judicial decisions like the Aruna Shanbaug case (2011) and Common Cause v. Union of India (2018) have also shaped debates by distinguishing suicide from euthanasia and affirming the constitutional principle of dignity under Article 21 of the Constitution. At the same time, cultural practices such as the Jain ritual of Sallekhana highlight how different communities interpret voluntary death within religious and philosophical frameworks.

Preventive Laws Relating to Suicide in India

Suicide is not only a serious public health problem but also a social, cultural, and legal concern in India. The legal system has gradually shifted from treating suicide merely as a crime to viewing it as a symptom of psychological distress and social vulnerability. While earlier the

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emphasis was on punitive measures, the present trend has moved towards preventive and reformative approaches. Preventive laws and policies now focus on decriminalization, mental health care, reducing stigma, and creating support structures to reduce suicide rates, especially among youth and vulnerable populations.

1. **Decriminalization under the Mental Healthcare Act, 2017**

   One of the most important preventive legal steps was the enactment of the Mental Healthcare Act (MHCA), 2017.

   Section 115 of the Act states that a person who attempts to commit suicide shall be presumed to be under severe stress and shall not be punished under Section 309 of the Indian Penal Code (IPC).

   The Act obligates the government to provide care, treatment, and rehabilitation to such persons, aiming to reduce the risk of recurrence.

   This provision marks a shift from punishment to prevention, ensuring that vulnerable individuals receive medical and psychological support rather than facing criminal sanctions.

2. **National Mental Health Policy, 2014**

   This policy emphasizes the promotion of mental health, prevention of mental illness, reduction of suicide, and rehabilitation of affected individuals.

   It advocates for school-based counseling, workplace mental health programs, and special focus on students facing academic pressure, farmers facing debt traps, and marginalized groups.

   By mainstreaming mental health care into general health services, the policy seeks to make mental health support accessible and reduce the social stigma associated with suicide.

3. **Indian Penal Code, 1860 (Section 309 – Attempt to Suicide)**

   Historically, attempt to commit suicide was a punishable offence under Section 309 IPC.

   However, after the MHCA, 2017, this provision has become largely inoperative, except in cases where the presumption of severe stress does not apply.

   This shift reduces fear of prosecution and encourages individuals to seek medical and psychiatric help instead of hiding their distress.

4. **Juvenile Justice (Care and Protection of Children) Act, 2015**

   The Act provides protection to children in conflict with law and those in need of care,

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including those who may be at risk of suicide due to abuse, neglect, or exploitation.

It mandates rehabilitative and counseling measures for children showing signs of self-harm or suicidal tendencies, thereby focusing on prevention rather than punishment.

5. **Educational and Institutional Preventive Mechanisms**

   The University Grants Commission (UGC) has issued guidelines on student counseling services, setting up anti-ragging mechanisms, and creating student support centers to prevent suicides caused by academic pressure or harassment.

   Similarly, schools are required to appoint counselors and conduct life-skills programs as per recommendations of the National Education Policy (NEP), 2020, indirectly working as a suicide-prevention mechanism.

6. **Provisions under Labour and Agricultural Laws**

   Farmer suicides due to indebtedness and crop failure are a major concern in India. Preventive measures include loan waiver schemes, crop insurance policies, and support packages announced by both central and state governments.

   Labour welfare laws, such as the Factories Act, 1948, and occupational health regulations, also indirectly contribute to suicide prevention by ensuring workplace safety, social security, and reducing stress factors that could push workers to desperation.

7. **National Crime Records Bureau (NCRB) Data and Preventive Action**

   NCRB publishes annual data on suicides, highlighting vulnerable categories such as students, farmers, daily wage earners, and housewives.

   Based on this data, governments design targeted suicide prevention programs, such as helplines, awareness campaigns, and district-level mental health initiatives.

Judicial Pronouncements

The judiciary has played a key role in shaping suicide-prevention laws:

P. Rathinam v. Union of India (1994): The Supreme Court initially struck down Section 309 IPC, calling it unconstitutional.

Gian Kaur v. State of Punjab (1996): The Court upheld the validity of Section 309 but clarified that the right to life under Article 21 does not include the right to die.

These cases paved the way for later reforms, culminating in the MHCA, 2017, which took a humanitarian approach to suicide prevention.

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Government Helplines and Awareness Programs

The Government of India and NGOs run suicide prevention helplines such as KIRAN (1800-599-0019), which offer 24/7 counseling.

Campaigns like "Manodarpan" (for students) and workplace mental health initiatives also aim to reduce suicide risks by promoting awareness and providing accessible mental health support. Preventive laws relating to suicide in India demonstrate a progressive transformation from criminalization to care and rehabilitation. With the MHCA, 2017 at the center, along with policies like the National Mental Health Policy, UGC guidelines, child protection laws, and farmer welfare measures, India has begun to build a comprehensive preventive framework. However, challenges remain in the effective implementation, reduction of stigma, shortage of mental health professionals, and accessibility in rural areas. Strengthening these preventive mechanisms can significantly reduce suicide rates and safeguard vulnerable populations.

Methods to Prevent Suicide Among Youngsters

Suicide among youngsters in India has become a serious socio-legal and public health concern. Changing family structures, rising academic expectations, economic insecurities, and psychosocial stressors have pushed many young individuals towards distress. The phenomenon is not uniform; different categories of youth suicides reveal different causes and therefore demand context-specific prevention strategies. Among these, after marriage suicides, NEET suicides, and suicides due to academic pressure in higher education/PhD programs have emerged as alarming trends.

1. **After Marriage Suicide**

   Marriage in Indian society is often considered a stabilizing institution, but for some young individuals, it becomes a source of psychological burden and distress.

   Causes

   Adjustment issues: Lack of compatibility, loss of autonomy, or cultural expectations (especially in arranged marriages).

   Dowry-related harassment: Young brides are often subjected to domestic violence, dowry demands, and humiliation.

   Domestic violence and abuse: Both physical and mental abuse contribute significantly.

   Lack of support systems: Isolation from natal family after marriage leaves many,

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especially women, vulnerable.

Preventive Methods

Pre-marital and post-marital counselling – Introducing counselling as a formal process can help couples adjust better and manage conflicts.

Legal protections – Effective enforcement of laws like the Dowry Prohibition Act, 1961 and Protection of Women from Domestic Violence Act, 2005 reduces harassment-related suicides.

Helplines and support groups – Dedicated helplines and women's cells in every district for immediate psychological and legal support.

Community awareness – Campaigns to sensitize families about the consequences of dowry harassment and coercive control.

Conflict-resolution mechanisms – Family counselling centers, mediation cells, and NGOs can play a role in preventing escalation of marital conflicts.

2. NEET Suicide (Competitive Exam Suicides)

NEET (National Eligibility cum Entrance Test) is one of the toughest exams in India. The aspirants, often teenagers, face extreme academic pressure, which has led to multiple suicides, particularly in states like Tamil Nadu.

Causes

High parental expectations – Families often invest large sums of money and emotional hopes in coaching.

Coaching centre pressure – Rigid schedules, humiliation for poor performance, and lack of personal attention.

Fear of failure – Inability to cope with repeated attempts and social comparison.

Limited opportunities – The high competition and few seats create disproportionate stress.

Preventive Methods

Reform in examination structure – Reduce over-dependence on a single test; provide multiple pathways for admission.

Mental health integration in coaching centres – Mandatory counsellors in all large coaching hubs; peer-support groups for aspirants.

Parental orientation programs – Educating parents to focus on effort, not just results.

Government monitoring of coaching institutes – Regulations to prevent exploitative practices, mental harassment, and excessive pressure.

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Helplines and crisis intervention cells – Student-specific suicide prevention helplines, especially in NEET-dominated regions.

Scholarships and alternative career counselling – Informing aspirants about multiple career options beyond medicine to reduce the "all or nothing" mindset.

3. Academic Pressure Suicide (PhD Scholars & Higher Education)

Suicides among PhD students and higher education scholars are increasingly reported in India, often linked to academic workload, funding insecurity, and supervisor–student conflicts.

Causes

Workplace harassment and power imbalance – Harsh supervisors, lack of recognition, and exploitation in research work.

Financial stress – Irregular scholarships, low stipends, or delays in disbursal of fellowships.

Isolation and lack of peer support – Prolonged research often leads to loneliness and mental fatigue.

Uncertain career prospects – Fear of unemployment after years of research.

Discrimination – Cases of caste-based discrimination and exclusion in higher educational institutions.

Preventive Methods

Student grievance redressal mechanisms – Strong, independent grievance cells to handle cases of harassment, discrimination, and exploitation.

Supervisor training – Sensitizing guides and faculty on mentorship, empathy, and student well-being.

Timely financial support – Ensuring prompt disbursal of fellowships and stipends to reduce financial stress.

Mental health cells in universities – Counselling centres with professional psychologists available on campus.

Peer-support and research community networks – Student-led groups to create safe spaces for sharing struggles.

Legal and institutional accountability – Strict implementation of anti-discrimination laws under UGC regulations and constitutional safeguards for marginalized students.

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Friends and Family Play a Vital Role in Preventing Suicide

Suicide is rarely an impulsive act in isolation; it usually develops over time through psychological distress, social pressures, and a perceived lack of support. In this context, friends and family become the closest and most immediate protective factors against suicidal ideation. Unlike laws or institutional interventions, the presence of supportive relationships can directly influence the emotional resilience of a person in distress. For a non-doctrinal study, this social dimension is crucial because it reveals how informal support networks complement formal legal and policy measures.

1. **Emotional Support and Early Identification**

   Friends and family are often the first to notice behavioural changes such as withdrawal, loss of interest, mood swings, or talk of hopelessness.

   Family members who maintain open communication can identify stress in its early stages and encourage professional help.

   Close friends often act as confidants, reducing the sense of isolation that intensifies suicidal thoughts.

   By providing a safe space for expressing emotions, these networks help in early detection and timely intervention, which formal institutions may fail to achieve.

2. **Reducing Stigma Around Mental Health**

   One of the biggest barriers to suicide prevention is the stigma associated with mental illness.

   Families that normalize conversations about stress, depression, and anxiety help reduce shame.

   Peer groups that openly support help-seeking behavior make it easier for youngsters to approach counsellors or helplines.

   This shift in social attitude plays a preventive role, ensuring that the individual does not suffer in silence.

3. **Protective Role of Belongingness**

   The Interpersonal Theory of Suicide suggests that a sense of “thwarted belongingness” often contributes to suicidal ideation. Friends and family create a sense of belonging and connection, which works as a buffer against self-destructive impulses.

   Supportive family relationships strengthen emotional security.

   Friendships provide acceptance outside the family structure, especially for students, newly married individuals, or those living away from home.

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Thus, the presence of strong social ties reduces feelings of alienation.

4. **Role in Post-Attempt Care**

   Suicide prevention is not limited to pre-attempt stages; post-attempt care is equally important. Families and close friends play a role in:

   Ensuring regular medical follow-ups.

   Offering non-judgmental support rather than blame or shame.

   Helping the person reintegrate into normal life activities.

   Without this support, survivors of suicide attempts remain at a higher risk of repeat attempts.

5. **Peer Support Among Youth**

   For youngsters, friends often act as the first line of defense. Students, especially those preparing for competitive exams or pursuing higher education away from home, may hesitate to confide in parents due to fear of disappointment. In such cases:

   Peer groups become essential for emotional ventilation.

   Friends can accompany distressed individuals to counselling services.

   In hostel or campus settings, peer gatekeepers trained in mental health awareness have successfully identified at-risk students.

Constitutional and Judicial Perspectives

Suicide in India is not only a public health issue but also a subject of legal, cultural, and constitutional debate. While youth suicides are often linked to academic stress, social pressure, and cultural stigma, the law grapples with the tension between "right to life" under Article 21 of the Indian Constitution and the question of a "right to die." The Indian judiciary and legislature have, over the decades, attempted to balance individual autonomy, state interest in preserving life, and cultural practices that challenge conventional definitions of suicide.

Right to Life under Article 21

Article 21 of the Constitution guarantees that "No person shall be deprived of his life or personal liberty except according to procedure established by law."

The right to life has been interpreted expansively to include the right to live with dignity, health, livelihood, and privacy.

However, the question arises: Does the right to life also include a right to die?

Judicial opinions have been divided — earlier judgments like P. Rathinam v. Union of India (1994) suggested that the right to die could be part of Article 21, but Gian Kaur v. State of

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Punjab (1996) reversed this, holding that the right to die is not included, though it recognized that in certain circumstances (e.g., terminal illness), withdrawal of life support may not amount to an offence.

The Anitha Case (2017)

The tragic death of S. Anitha, a young Dalit student from Tamil Nadu, highlighted the link between academic pressure and suicide.

Anitha, who had scored high marks in her State Board examinations, was unable to secure a medical seat due to the imposition of NEET (National Eligibility cum Entrance Test).

Coming from a disadvantaged background, her inability to compete with urban, well-resourced students led her to take her own life.

The case triggered widespread debate on educational inequality, structural discrimination, and state responsibility in preventing student suicides.

Legally, it emphasized the need for equal opportunity under Article 21 and Article 14 (Right to Equality), linking the right to life with access to fair education systems.

Aruna Shanbaug Case (2011)

The Aruna Shanbaug case dealt with the question of euthanasia and whether a person has the right to die with dignity.

Aruna Shanbaug, a nurse, remained in a persistent vegetative state for nearly 42 years after a brutal assault. A plea for her euthanasia was filed.

The Supreme Court, while rejecting active euthanasia, allowed passive euthanasia (withdrawal of life support) under strict safeguards.

The Court distinguished between suicide (an act of self-destruction, often impulsive) and euthanasia (a medical decision to end suffering).

This judgment marked a significant step in recognizing “right to die with dignity” as part of Article 21 in limited circumstances.

Jain Practice of Sallekhana or Santhara

The Jain religious practice of Sallekhana (also known as Santhara) involves a voluntary fast unto death, undertaken by individuals, usually in old age or terminal illness, as a spiritual act of renunciation.

Critics argue that it amounts to suicide and violates the law.

Supporters argue that it is a religiously sanctioned practice, fundamentally different from

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suicide, as it is undertaken with calmness, detachment, and acceptance of death, rather than distress or despair.

In Nikhil Soni v. Union of India (Rajasthan High Court, 2015), the practice was initially banned, but the Supreme Court stayed this order, keeping the debate alive.

Right to Die under Jain Law

Under Jain philosophy, Sallekhana is not viewed as self-destruction but as an act of spiritual purification and voluntary acceptance of the natural end of life.

It is distinguished from suicide because suicide is considered to stem from anguish, fear, or frustration, whereas Sallekhana is based on non-attachment and religious discipline.

This raises the larger jurisprudential question: Should cultural and religious practices influence how law defines suicide?

From a socio-legal standpoint, this tension shows the difficulty in framing uniform preventive laws for suicide when cultural variations exist.

Common Cause v. Union of India (2018)

This landmark judgment further clarified the right to die with dignity.

The Supreme Court held that right to life under Article 21 includes the right to die with dignity, especially in cases of terminal illness.

The Court legalized passive euthanasia and recognized the validity of living wills (advance directives), subject to safeguards.

This judgment balanced individual autonomy with state interest in preventing misuse.

Importantly, it shifted the legal discourse from blanket criminalization of suicide attempts under Section 309 IPC (which was already diluted by the Mental Healthcare Act, 2017) to a rights-based, compassionate approach.

Socio-Legal Implications for Youth Suicide

The Anitha case illustrates that systemic failures in education policy can directly lead to student suicides, showing that prevention requires more than laws — it requires policy reforms, mental health access, and social equity.

The Aruna Shanbaug and Common Cause cases highlight how the law grapples with the idea of dignity in death, influencing debates on whether suicide prevention should focus solely on prohibition or on compassion and care.

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The Jain Sallekhana practice raises cultural and legal complexities, showing how religious traditions challenge uniform legal definitions of suicide.

The socio-legal study of suicide in India demonstrates a gradual shift from criminalization to compassion. The Constitution's Article 21 has been interpreted to balance both the sanctity of life and the dignity of death. Judicial pronouncements in the Anitha case, Aruna Shanbaug case, and Common Cause case show that suicide prevention is not merely a medical issue but also a matter of social justice, education policy, and cultural acceptance. Similarly, debates around Sallekhana reveal that law must be sensitive to religious practices while safeguarding against exploitation.

For non-doctrinal research, this underscores that preventing suicide among youth requires a holistic approach: educational reforms to reduce academic stress, social support systems to empower vulnerable groups, mental health services to offer care, and legal frameworks that emphasize dignity, equity, and compassion.

How Suicide is Different from Euthanasia – A Socio-Legal Perspective

The concepts of suicide and euthanasia are often debated together because both involve the termination of human life. However, from a moral, legal, and cultural standpoint, the two are distinct. Suicide is an individual act of self-destruction, usually triggered by despair, psychological distress, or social pressures. Euthanasia, on the other hand, refers to the deliberate ending of life—generally of a terminally ill or suffering patient—either through medical assistance or withdrawal of life support. While both involve death, the intention, context, and legal treatment of suicide and euthanasia differ significantly.

Defining Suicide

Suicide is the voluntary act of taking one's own life.It is usually associated with psychological pain, depression, financial distress, social isolation, discrimination, or academic and professional failure.

It is often impulsive and reflects a desire to escape suffering, rather than a rational decision about the end of life.

In India, suicide attempts were once punishable under Section 309 of the Indian Penal Code (IPC), but the Mental Healthcare Act, 2017 effectively decriminalized it, recognizing that those who attempt suicide need care, not punishment.

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Defining Euthanasia

Euthanasia (literally "good death") refers to ending the life of a person who is terminally ill, in a persistent vegetative state, or suffering from unbearable pain.

It is usually done with consent (voluntary euthanasia) or in the best interest of the patient when consent cannot be obtained (non-voluntary euthanasia).

Unlike suicide, euthanasia involves external assistance, usually from doctors or caregivers.

The goal is not escape from temporary distress but relief from prolonged suffering when medical recovery is impossible.

In India, the legality of euthanasia has been shaped by cases like Aruna Shanbaug (2011) and Common Cause vs. Union of India (2018), where the Supreme Court recognized passive euthanasia and allowed "living wills" under strict safeguards.

Legal Developments in India

Suicide:

Section 309 IPC originally criminalized suicide attempts.

P. Rathinam v. Union of India (1994) briefly recognized the right to die as part of Article 21.

Gian Kaur v. State of Punjab (1996) reversed this, holding that the right to life does not include the right to die.

Finally, the Mental Healthcare Act, 2017 decriminalized suicide attempts, treating them as mental health issues.

Euthanasia:

Aruna Shanbaug (2011): Passive euthanasia permitted under strict safeguards.

Common Cause v. Union of India (2018): Recognized the right to die with dignity as part of Article 21, allowed passive euthanasia and advance directives ("living wills").

Active euthanasia (deliberately ending life with an injection or lethal dose) remains illegal in India.

Findings

Most law students and advocates were aware that suicide is partially decriminalized under the Mental Healthcare Act, 2017, though a small portion still linked it with IPC Section 309, showing that outdated perceptions persist in some minds.

A majority recognized the link between Article 21 (Right to Life) and debates on the right to

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die, citing cases like P. Rathinam, Gian Kaur, and Common Cause v. Union of India. This shows their legal education influences their perception.

Compared to the general public, law students and advocates demonstrated clearer understanding of the difference between suicide (mental distress-driven) and euthanasia (medically assisted decision), referencing Aruna Shanbaug and passive euthanasia judgments. Almost all respondents were familiar with cases like S. Anitha's NEET case and Aruna Shanbaug, interpreting them in socio-legal terms—Anitha's case linked to educational inequality, and Shanbaug's to dignity in death.

Law students pointed strongly to academic pressure and systemic flaws (exam policies, lack of counseling in institutions), while advocates emphasized family disputes, dowry issues, and financial insecurities as equally pressing causes.

Many respondents believed media sensationalizes suicides instead of reporting responsibly. They argued for legal regulation or ethical guidelines for media coverage to avoid copycat cases and protect dignity.

A significant number reported knowing someone from their student community or clients who had attempted/died by suicide, reflecting the prevalence of the issue even within educated circles.

Law students highlighted the lack of regular counseling mechanisms in law schools, while advocates pointed to inadequate mental health access in workplaces and courts, showing institutional gaps.

Both groups largely agreed that suicide should be fully decriminalized and treated as a mental health and social justice issue rather than a criminal one. Advocates especially stressed on implementation challenges in rural areas.

Conclusion

The problem of suicide in India cannot be reduced to individual weakness or impulsive behavior; it must be understood as the result of systemic, cultural, and institutional challenges. For students and young people, the burden of academic competition, lack of mental health

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support, and fear of social stigma remain major drivers of despair. Marital conflicts, financial struggles, and discrimination further expand the vulnerability of individuals across different sections of society.

The legal framework has evolved from criminalization to compassion, recognizing that those who attempt suicide deserve treatment and support. The Mental Healthcare Act, 2017, along with progressive judicial pronouncements such as Aruna Shanbaug and Common Cause, reflects a broader understanding of the right to life as including dignity and humane treatment. Yet, gaps remain in implementation—counseling services are insufficient, stigma persists, and preventive measures are not uniformly enforced across institutions.