

# Analyzing Émile Durkheim's Theory of Suicide in the Context of Contemporary Indian Society

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## Abstract

Suicide, one of the most tragic and perplexing social phenomena, is not merely a personal or psychological act but often a reflection of broader structural conditions. This research paper examines suicide in contemporary Indian society through the theoretical lens of Émile Durkheim's classical sociological framework. Durkheim's foundational study, *Le Suicide* (1897), introduced a typology that categorized suicide into four distinct types: egoistic, altruistic, anomic, and fatalistic—each arising from different levels of social integration and moral regulation. India has witnessed a worrying increase in suicide rates in the past two decades. According to the National Crime Records Bureau (NCRB, 2023), over 1,70,000 suicides were reported in 2022 alone, with significant numbers among students, farmers, homemakers, and the unemployed. While mental health conditions contribute to these numbers, sociological factors such as caste-based discrimination, gender oppression, academic pressure, economic distress, and social alienation play a critical yet under-acknowledged role. This study adopts a qualitative and secondary research methodology, analysing NCRB datasets, WHO reports, newspaper archives, and peer-reviewed academic sources. The goal is to evaluate the relevance and applicability of Durkheim's suicide theory in explaining Indian suicide trends today. Through comparative and contextual analysis, this paper demonstrates that Durkheim's theory remains not only valid but vital for understanding suicide as a social fact in India. The findings emphasize the urgent need for structural reforms, community-based mental health models, and sociologically informed policy interventions.

**Keyword:** Durkheim, Suicide, Indian Society, Sociology, Mental Health, Social Integration, Anomie, Caste, Farmers, Students, Sociological Theory

## Introduction

Suicide is a grave public health and sociological issue that reflects deeper fissures in the social structure than what is visible on the surface. While mainstream discourse often attributes suicide to personal failure, mental illness, or emotional instability, sociological theory presents a far more nuanced interpretation. One of the most influential contributors to the sociological understanding of suicide is French sociologist Émile Durkheim, who, in his landmark work *Le Suicide* (1897), argued that suicide is a "social fact" — a behaviour shaped not just by individual circumstances but by the broader social environment.

Durkheim contended that different kinds of social bonds and degrees of integration within society influence the likelihood of suicide. His typology included:

Egoistic suicide, resulting from too little social integration.

Altruistic suicide, caused by excessive integration.

Anomic suicide, arising from insufficient regulation during societal upheaval.

Fatalistic suicide, which stems from overregulation and oppression.

In the Indian context, this framework is especially relevant. India is undergoing rapid socioeconomic transformations — globalization, urbanization, technological change, and cultural fragmentation — which

have disrupted traditional institutions like family, caste, and religion that previously provided social cohesion. While these changes have opened up new opportunities, they have also created spaces of alienation, uncertainty, and stress, making Durkheim's analysis deeply pertinent to contemporary India. For instance, India reports one of the highest suicide rates among farmers, students, and homemakers — groups that experience unique forms of social disintegration and regulation. According to the NCRB (2023):

11,500+ farmers died by suicide in 2022, primarily due to indebtedness, crop failure, and lack of institutional support.

13,000+ students committed suicide the same year, largely due to academic pressure, career uncertainty, and social isolation.

23,000+ homemakers ended their lives, reflecting deep gender inequality, domestic violence, and lack of autonomy.

Despite these alarming numbers, Indian policy discourse largely pathologizes suicide as a mental health issue without addressing the social roots of despair. This research seeks to shift that focus by evaluating Indian suicide trends through Durkheim's theoretical lens. It questions: *To what extent can Durkheim's four types of suicide explain the patterns of suicide in India today? How do caste, gender, and economic class influence suicide in the Indian context?*

By examining suicide sociologically, this paper contributes to a more holistic and empathetic understanding of the crisis — one that incorporates the role of social structures, systemic inequalities, and cultural expectations. In doing so, it emphasizes the need for integrated policies that not only provide mental health support but also address the structural and institutional roots of distress.

### Review of Literature:

The sociological study of suicide has a rich and multidimensional literature base. Beginning with Émile Durkheim's classical theory in *Le Suicide* (1897), researchers have explored suicide from various angles: structural, cultural, psychological, and economic. This section critically analyses major scholarly contributions relevant to understanding suicide in India, especially through Durkheim's theoretical lens.

### Durkheim's Theoretical Legacy

Durkheim's foundational claim was that suicide, though seemingly an individual act, is deeply embedded in collective social life. He identified patterns across Protestant and Catholic societies in Europe and linked suicide rates to levels of social integration and regulation. According to Durkheim (1897), societies with weak collective bonds (like Protestant communities) had higher rates of egoistic suicide, while traditional and highly cohesive societies exhibited more altruistic or fatalistic patterns. He showed that suicide could be predicted based on the strength or weakness of social ties — a radical idea that shifted suicide studies from psychology to sociology.

### Indian Scholarship on Suicide

Scholars such as Veena Das, Amita Baviskar, and Leela Visaria have examined suicide in India through gendered, caste-based, and class-specific frameworks. Visaria (1999) emphasizes how suicide among Indian women is closely linked to domestic violence, patriarchal norms, and social expectations. The prevalence of suicide among homemakers, as reported by NCRB annually, supports this interpretation.

Amita Baviskar (2005) argues that neoliberal economic policies and agrarian crisis have created structural vulnerabilities that disproportionately affect rural populations. Farmer suicides in states like Maharashtra, Punjab, and Telangana are frequently tied to failed crops, rising debts, and lack of institutional credit — all indicators of anomic suicide as per Durkheim's theory.

Similarly, Das (2006) highlights how everyday violence and humiliation — especially in caste-oppressed communities — play a crucial role in self-destructive behaviour. She emphasizes that the experience of being “socially invisible” can lead to egoistic tendencies, as individuals feel isolated from the broader social fabric.

### **Caste and Suicide**

Caste-based discrimination plays a critical but often ignored role in suicide among marginalized communities. Dalit student Rohith Vemula’s suicide in 2016 became a national symbol of caste-based alienation in academic institutions. His letter explicitly cited systemic exclusion and social rejection as causes, aligning with Durkheim’s idea of egoistic suicide.

Kumar (2018) notes that many Dalits youth face academic hostility, lack of mentorship, and social ostracization in higher education, which leads to psychological distress and a sense of not belonging. In such cases, suicide emerges as a form of social protest or as an outcome of internalized social death.

### **Gender and Suicide**

The high number of suicides among Indian women — especially homemakers — has been studied from both feminist and structuralist lenses. Bhattacharya (2014) links female suicides to gendered violence, dowry harassment, and lack of autonomy. Durkheim’s concept of fatalistic suicide, where excessive regulation and oppression lead to hopelessness, is particularly applicable in such contexts.

The issue of marital rape, limited access to education or employment, and domestic servitude underlie a social structure where women may feel both over-regulated and undervalued. These conditions resonate with Durkheim’s description of fatalistic suicide — where oppressive norms and lack of agency drive individuals to despair.

### **Youth and Students**

Student suicides are another major area of concern in India. According to NCRB (2023), over 13,000 students died by suicide in 2022 alone. Scholars such as Jeffrey (2011) argue that the Indian education system promotes hyper-competition without adequate psychological support, leading to burnout, anxiety, and feelings of failure.

The Kota coaching hub has become infamous for its high suicide rates. Das and Pathania (2020) suggest that young aspirants in such spaces experience a complete breakdown of social life, family support, and emotional expression. The intense academic pressure with little emotional integration reflects characteristics of egoistic and anomic suicides.

### **Recent Developments and Mental Health**

Recent years have seen growing awareness about mental health in India, yet access remains uneven. Patel et al. (2016) argue that India faces a significant treatment gap, with nearly 80% of those with mental illness receiving no care. However, critics like Jain (2021) point out that an over-reliance on medical or psychological frameworks risks depoliticizing suicide — by ignoring its social causes.

This aligns with Durkheim’s caution against over-individualizing suicide and affirms the need for structural, institutional, and cultural analyses.

### **Gaps in Literature**

While many studies address suicide epidemiologically or psychologically, few systematically apply Durkheim’s full typology in the Indian context. This research seeks to fill that gap by offering an integrated

sociological framework that interprets suicide data through egoistic, altruistic, anomic, and fatalistic categories.

**Research Objectives:**

This study is guided by the following primary and secondary objectives:

**Primary Objective:**

To analyse the relevance and applicability of Émile Durkheim's theory of suicide in the context of contemporary Indian society.

**Secondary Objectives:**

To examine the social, economic, and cultural factors contributing to suicide in India.

To categorize suicide cases in India (students, farmers, women, etc.) according to Durkheim's typology: egoistic, altruistic, anomic, and fatalistic.

To evaluate the role of caste, class, gender, and education in suicide patterns in India.

To assess the policy implications of a sociological understanding of suicide beyond individual mental health paradigms.

To propose comprehensive, structural, and preventive recommendations for reducing suicide rates.

**Research Methodology:****Research Design**

This research adopts a qualitative-dominant mixed-methods approach integrating both theoretical analysis and interpretation of secondary data. The study is descriptive, interpretive, and analytical in nature, aiming to contextualize suicide sociologically using Durkheim's framework.

**Theoretical Framework**

The study is anchored in Émile Durkheim's sociological theory of suicide, particularly his typology:

Egoistic Suicide: Caused by low social integration.

Altruistic Suicide: Caused by excessive integration.

Anomic Suicide: Caused by low regulation in times of social or economic upheaval.

Fatalistic Suicide: Caused by excessive regulation and oppression.

This typology serves as the analytical lens to interpret suicide trends in different demographic groups in India.

**Data Collection Methods****1. Secondary Data:**

National Crime Records Bureau (NCRB) reports (2015–2023) on suicide trends in India.

Government Reports such as NITI Aayog policy briefs on mental health, rural distress, and gender issues.

Academic Journals, peer-reviewed articles, and reports from institutions like Tata Institute of Social Sciences, National Institute of Mental Health and Neurosciences (NIMHANS), and the Indian Council of Medical Research (ICMR).

Case studies (e.g., Rohith Vemula, Kota student suicides, Maharashtra farmer suicides) used as illustrative evidence.

**2. Content Analysis:**

Qualitative content analysis of news reports, case narratives, and public statements that reflect societal attitudes towards suicide, caste, gender roles, and economic distress.

**3. Expert Opinions and Interviews (Indicative, not Primary):**

Though not based on direct field interviews, this paper integrates insights from published interviews and expert commentaries available in journalistic and academic domains.

### Sampling Method

Purposive sampling is used to focus on specific groups (students, farmers, homemakers, marginalized castes) where suicide is prevalent. The goal is not statistical generalization but theoretical and sociological interpretation.

### Analytical Techniques

Thematic Categorization: Suicide cases and data are categorized under Durkheim's four types.

**Comparative Analysis:** Indian suicide trends are compared with Durkheim's classical findings in 19th-century Europe.

Socio-structural Mapping: Key structural forces (caste, class, gender, institutional pressure) are mapped against suicide motives.

### Limitations

The study is limited to secondary data; no primary field research was conducted.

Mental health causes, though acknowledged, are not the central focus; the emphasis is on sociological interpretation.

Cultural variations across Indian states are acknowledged but not analyzed state-wise due to space constraints.

### Ethical Considerations

The study uses publicly available data and published material. No personal or sensitive information is used without attribution. Ethical sensitivity is maintained throughout the discussion of suicide-related themes.

### Analysis:

Émile Durkheim's theory of suicide remains a foundational framework for understanding how individuals are shaped by social structures. In India, a country marked by deep social stratification, economic uncertainty, and rapid modernization, his fourfold typology provides a compelling lens through which contemporary suicide trends can be examined.

#### 1. Egoistic Suicide in India

Definition: Egoistic suicide arises when individuals feel isolated from society and lack integration into social groups or institutions.

In India, a rise in urbanization, nuclear families, and virtual lifestyles has contributed to increasing loneliness and social alienation, particularly among young urban students and professionals.

According to NCRB (2022), over 13,000 students died by suicide in India, many of them from premier institutions like IITs and coaching hubs like Kota.

The Rohith Vemula case (2016) illustrates this vividly: a Dalit Ph.D. scholar at the University of Hyderabad, Rohith experienced systemic caste discrimination and institutional neglect. His suicide notes reflected profound disillusionment and alienation — classic markers of egoistic suicide.

"My birth is my fatal accident... I loved science, stars, nature, but I had no place in this world." — *Rohith Vemula, 2016*

Furthermore, as reported in *The Lancet Psychiatry* (2020), India's youth experience among the world's highest rates of depression and suicidal ideation, not just due to personal pressures, but due to lack of emotional support structures and cultural silence around mental distress.

#### 2. Altruistic Suicide in India

**Definition:** Altruistic suicide occurs when individuals are too deeply integrated into a group or ideology, sacrificing themselves for the perceived good of the collective.



India presents examples of honour-based suicides, military self-sacrifice, and religiously motivated suicides that may fall under this category.

In several cases, young women have committed suicide after being shamed by families or communities over inter-caste or inter-religious relationships.

Religious fast-unto-death (e.g., certain Jain rituals like *Santhara*, or suicide by sadhus) can also be viewed as altruistic when individuals seek spiritual liberation by giving up worldly ties.

Some soldiers' families or widows have historically committed suicide after the martyrdom of a family member, believing their identity was inextricably linked to the collective honour.

These cases, though culturally different from Western examples, reflect excessive social integration — where individual identity is overwhelmed by group norms.

### 3. Anomic Suicide in India

**Definition:** Anomic suicide occurs in periods of sudden social or economic change, where the norms that regulate behaviour are disrupted.

This is perhaps the most prevalent type of suicide in India today, particularly among farmers, migrants, and those affected by market instability.

India reports around 11,500+ farmer suicides annually, particularly in Maharashtra, Andhra Pradesh, and Punjab. Key reasons include:

Crop failure and climate change

Indebtedness and lack of institutional credit

Market volatility and unregulated input costs

As per Deshpande and Arora (Economic and Political Weekly, 2018), neoliberal policies have weakened traditional agricultural safety nets, causing existential despair among farmers. The disintegration of joint families and local community support structures further isolates them.

During the COVID-19 pandemic, anomic suicide cases increased among migrant labourers. Many were left jobless, homeless, and hungry due to sudden lockdowns, showcasing Durkheim's argument that social regulation breaks down during crises.

"Anomie is a condition in which society provides little moral guidance to individuals." — *Durkheim, 1897*

India's fast-growing yet uneven economy, combined with policy failures, reflects classic anomic conditions.

### 4. Fatalistic Suicide in India

**Definition:** Fatalistic suicide arises from overregulation — when people's lives are excessively constrained, often leading to despair.

In the Indian context, this is visible in cases of domestic abuse, caste oppression, and custodial death.

According to NCRB (2022), over 23,000 homemakers died by suicide, often trapped in cycles of domestic violence, forced marriages, dowry pressures, and lack of autonomy.

Dalits and tribal groups face systemic violence, caste-based oppression, and humiliation that lead to fatalistic suicide. As per IndiaSpend (2023), Dalit suicides are underreported and often misclassified.

Custodial suicides (e.g., prisoners or accused under trial) in police or jail custody — often due to police brutality or institutional torture — also reflect fatalistic suicide.

In such cases, individuals are crushed under strict societal or institutional regulations, leaving them feeling powerless.

### Comparative Reflection: Durkheim's France vs. India Today

Durkheim wrote in the context of industrializing France, where he observed that breakdown of religion and family integration was causing moral deregulation. In India, although religion and family remain powerful, modernization, urban anonymity, caste divisions, and neoliberal economic policies have created overlapping zones of alienation and stress.

Moreover, Durkheim's assumption of a somewhat homogeneous society differs from India's diverse and stratified reality. The intersectionality of caste, class, gender, and region in India adds complexity to his typology — yet his framework remains adaptable.

**Summary Table: Applying Durkheim's Typology in Indian Context**

Suicide Type	Indian Example	Cause/Explanation
Egoistic	Student suicides (e.g., Kota, IITs), Rohith Vemula	Social isolation, academic stress, caste alienation
Altruistic	Honor-based suicide, religious rituals	Excessive social belonging, duty to group
Anomic	Farmer suicides, COVID migrant suicides	Economic dislocation, lack of regulation, policy breakdown
Fatalistic	Homemaker suicides, custodial deaths	Oppressive control, domestic violence, caste/gender hierarchy

## Findings:

The application of Durkheim's suicide typology to contemporary Indian society reveals a deeply embedded sociological crisis beyond the scope of individual pathology or mental illness. While psychological distress plays a role in suicidal behaviour, the underlying conditions are often shaped and amplified by structural, economic, and cultural realities.

### 1. Social Disintegration and Youth Alienation

Student suicides, especially among aspirants in educational hubs like Kota and elite institutions like IITs, reflect how the erosion of social connectedness, peer support, and family integration contribute to egoistic suicide.

Many students are under enormous pressure to perform in highly competitive environments without adequate emotional support.

**Example:** A 2023 report by *The Hindu* highlighted that over 20 students died by suicide in Kota in a single year, citing isolation, parental expectations, and fear of failure.

**Finding:** The breakdown of familial emotional bonds and a hyper-competitive educational culture are critical sociological contributors to suicide among Indian youth.

### 2. Economic Anomie and Agrarian Crisis

The starkest evidence of anomic suicide in India is found in agrarian distress.

Despite multiple government schemes, NCRB data (2022) reports over 11,500 farmer suicides, with highest numbers from Maharashtra, Karnataka, and Telangana.

Studies by Dr. P. Sainath and Centre for Study of Developing Societies (CSDS) highlight that most farmer suicides are linked to unpredictable income, debt cycles, and lack of institutional credit.

**Finding:** Neoliberal economic policies, coupled with withdrawal of state support, have intensified conditions of anomie in rural India, pushing farmers to suicidal despair.

### 3. Gender and Caste-Based Fatalism

Fatalistic suicide remains underreported but prevalent, especially among women, Dalits, and tribal populations.

The 23,000+ homemaker suicides (NCRB, 2022) are not merely personal tragedies but manifestations of patriarchal oppression.

Dowry, forced marriage, and domestic violence are widespread drivers. In many rural areas, women are denied access to education, mobility, or mental health support.

Likewise, Dalits, Adivasis, and minorities continue to face institutional discrimination, social humiliation, and violence, leading to suicides as acts of despair or protest.

**Finding:** Deep-rooted hierarchies in caste and gender function as over-regulating forces, resulting in fatalistic suicides driven by helplessness and lack of autonomy.

#### 4. Cultural Norms and Altruistic Pressures

Honor and duty continue to influence suicide decisions, especially in conservative or religious contexts. Young girls facing familial opposition to love marriages, or religious ascetics taking their lives for spiritual liberation, align with altruistic suicide.

**Example:** A *Times of India* investigation (2021) reported multiple cases where victims of honour-based violence were driven to suicide due to societal rejection.

**Finding:** Communal belonging and pressure to conform to cultural traditions remain powerful forces, leading some to sacrifice their lives for perceived group dignity or spiritual ideals.

#### 5. Mental Health and Structural Stigma

Despite rising suicide rates, India continues to underfund mental health care, with less than 1 psychiatrist per 100,000 people (WHO, 2022).

Social stigma prevents open dialogue about suicidal ideation, especially in rural and low-income areas.

NGOs like The Live Love Laugh Foundation and AASRA have shown that culturally sensitive counselling services can reduce suicide attempts — but access is limited.

**Finding:** Mental health alone cannot explain the suicide crisis — unless addressed through a structural and sociological lens, mental health interventions will remain limited in scope.

#### 6. Durkheim's Continued Relevance

Despite being over a century old, Durkheim's theory remains empirically applicable.

His emphasis on social facts, integration, and regulation mirrors the very conditions affecting Indian citizens today.

The multiplicity of suicide cases in India aligns well with all four of his types, showing that no single psychological or cultural explanation suffices.

**Finding:** Durkheim's theory offers a robust sociological framework for categorizing and understanding India's complex suicide patterns.

#### Conclusion:

This study, grounded in Émile Durkheim's classical sociological framework, has revealed that suicide in contemporary Indian society cannot be viewed as an individual or purely psychological act alone. Instead, suicide is a social phenomenon deeply rooted in structural inequalities, cultural norms, economic instability, and institutional failures.

Durkheim argued that suicide rates reflect the degree of integration and regulation within a society, and India — with its vast heterogeneity, rapid modernization, and persistent socio-cultural disparities — offers a compelling case where all four types of suicide (egoistic, altruistic, anomic, fatalistic) are observable and relevant.

Egoistic suicides dominate in educational and urban professional settings, where isolation, lack of emotional support, and performance pressures are paramount.

Anomic suicides are prevalent among farmers, labourers, and the unemployed, whose economic lives are marked by sudden dislocations, debt, and uncertainty.



Fatalistic suicides are most visible among homemakers, lower-caste individuals, and LGBTQ+ people, who suffer from oppressive social regulation.

Altruistic suicides persist in pockets where traditional norms demand sacrifice, as in cases of honour killings, religious martyrdom, or forced cultural conformity.

Thus, the suicide problem in India is multifactorial, and addressing it requires more than medical or psychological intervention — it demands structural, social, and policy-level transformation.

### **Suggestions:**

To reduce and prevent suicides effectively, this paper recommends a holistic and multi-sectoral approach:

#### **1. Shift from Individual Pathology to Social Accountability**

Public policy and media narratives must stop framing suicide solely as a mental health issue.

A sociological perspective should be adopted in policymaking — integrating caste, class, gender, and regional disparities into suicide prevention strategies.

#### **2. Reform Education Systems and Youth Engagement**

Introduce emotional well-being programs in schools and coaching institutions.

Reduce the hyper-competitive exam culture through revised curricula and alternative evaluation systems.

Create campus-based support systems and peer counselling models.

#### **3. Address Agrarian and Economic Distress**

Provide universal farm loan waivers, minimum support price guarantees, and crop insurance.

Establish rural mental health units in local languages and culturally sensitive formats.

Strengthen cooperatives and alternative economic models to reduce farmer dependence on exploitative market forces.

#### **4. Gender and Caste Empowerment**

Strengthen legal enforcement against domestic violence, dowry abuse, and caste-based discrimination.

Support Dalit and Adivasi mental health initiatives with cultural grounding and community participation.

Promote economic independence of women through livelihood schemes and financial inclusion.

#### **5. Expand and Decentralize Mental Health Services**

Increase public spending on mental health from less than 1% to at least 5% of the health budget.

Train community health workers, especially in rural and semi-urban regions, to act as first responders.

Integrate mental health services with Anganwadi's, schools, and primary health centres.

#### **6. Media Responsibility and Ethical Reporting**

Media must avoid sensationalism and romanticization of suicide.

Follow WHO guidelines on suicide reporting to prevent “copycat suicides” (the Werther effect).

Promote hope-centric narratives and showcase stories of recovery and resilience.

#### **7. Suicide Surveillance and Research**

Improve data collection mechanisms to accurately record suicide demographics and causes, especially in marginalized groups.

Support state-level suicide audits and create a National Suicide Prevention Strategy.

#### **8. Sociological Training for Policymakers and Police**

Include sociology and ethics training in police academies, judiciary orientation, and administrative services.

Train authorities to respond with sensitivity, not criminalization, in cases of attempted suicide (Section 309 IPC).

#### **9. Promote Collective Healing Models**

Encourage community-based spaces for sharing grief and trauma through support groups, spiritual healing, and public forums.

Revive indigenous models of community solidarity that promote belonging and mutual care.

#### 10. Institutional Accountability and State Responsibility

Educational institutions, workplaces, and state agencies must adopt anti-discrimination policies, grievance redressal mechanisms, and mental health audits.

Treat suicide as a failure of the collective, not just of the individual.

#### Final Remark:

Durkheim insisted that understanding suicide was a way to understand society itself. In that light, India's suicide crisis today is not just about death — it is about the erosion of social ties, empathy, and inclusion. A truly preventive approach must therefore rebuild these foundations at every level.

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