



Review Article

Exploring suicide trends in India: Marriage, gender, and family roles

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Abstract

In the current paper, National Crime Records Bureau (NCRB) 2022 data on suicide related fatalities in India is interpreted sociologically by focusing on the intersecting roles of family, gender and marital status. While suicide is often looked from the perspective of mental health issue, this approach obscures the social patterns that underlie the occurrence of this mental health. The study highlights how a large proportion of suicides are linked to familial and interpersonal stressors, yet they are fragmented into narrow administrative categories in the report overlooking their interconnectedness. By examining how patriarchal family structures, gendered role expectations and marital roles shape the experiences of distress, the paper argues that suicide in India must be understood within the framework of broader social transformations related to the domain of family. The paper calls for a shift from individual-centric to structure-aware strategies in both research and prevention strategies in India.

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1. Introduction

While suicide constitutes a serious global health challenge, much of the academic focus has been shaped by research emerging from Western contexts and the dominance of the ‘psy’ disciplines, despite the complex and multifaceted nature of the phenomenon.¹ This one-sided understanding has serious limitations. As Chandler² (2020) notes, this can falter in case one is trying to explain the social patterns in the suicide rates by linking it to individual actions. For instance, such approaches often fall short in accounting for the observable social stratification in suicide incidences across different groups, and in explaining how these are shaped by institutional, cultural, and structural factors. As aptly argued by Lasrado et. al.,³ “Understanding risk factors for suicide is not just an actuarial process, but it is also about exploring the life process that leads to such decisions and actions”. This focus in suicidology was present in Durkheim’s classic work *Suicide*⁴, where, using macro-level statistical data, he analysed suicide patterns across different populations and groups. He formulated typologies of suicide by referring to various socio-cultural indicators. His work particularly

provided a means for analysing the structural conditions in society with regard to the causes of suicide and offered a pathway for meaningful empirical research in sociology.⁵

The structural categories that Durkheim created to understand suicide have remained well-established conceptual tools guiding researchers across disciplines, despite the criticisms levelled against him. However, despite its foundational importance in advancing our understanding of suicide and improving the efficacy of suicide prevention, this topic gradually waned from mainstream sociological focus.⁶ In recent years, the critical role of sociological perspectives in understanding suicide has once again been reaffirmed. Several studies, mostly from Western contexts, have shown patterns where suicide rates are affected by gender relations, social norms, and economic factors.⁷ A contemporary understanding of suicide is provided in the book *Gendering Suicide* by Jaworski,⁸ where she discusses how suicide is constructed in a social and discursive context. She argues that intentions to commit suicide are culturally governed by the imposition of social responsibilities on individuals. She argues that even though suicide is explicitly

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individualistic in nature, but it does not automatically make the person responsible for the act but rather the person is seen responsible by others making the act social in nature. Similarly, suicide is marked as an act that is taking life by oneself which implies that this act has an outcome and without understanding the intentions or motives behind it, it is not comprehensible by the mere definition of suicide.

Following Jaworski, suicide constitutes not just a private and individual act but rather is socially constructed. Societies play a significant role in assigning individuals that responsibility of killing themselves. Since suicide is a deliberate act having an outcome for others, hence what counts as an act of suicide is to be understood by understanding its intent and result that is always socially mediated and symbolically reproduced. Hence sociological inquiry involves an understanding of suicide by looking at how society constructs meanings, assigns responsibilities and defines the motivations around death. There seems to be a dearth of literature from this perspective on suicide from this perspective. It is primarily being seen from the lens of mental health issue or from an epidemiological perspective to find out the risk factor by side-lining its socio-cultural dimensions.³ Barring a few studies that aim at qualitative data,^{3,9} the majority of research remains quantitative in nature.^{10-12.}

This article aims to understand social patterns in suicidal deaths in India through a sociological lens by interpreting data from the National Crime Records Bureau (NCRB)¹³ report. Although several scholars have raised concerns regarding the accuracy of the statistical data provided by the NCRB,¹⁴⁻¹⁵ there is no doubt that it remains the most systematic and comprehensive record of suicide in India. Advocating for the use of NCRB statistics for sociological interpretation, Mayer and Ziaian¹⁶ highlights its systematic approach to study suicide in India amidst absence of other sources of systematic data at pan India Level.

Following this line of thought, I contend that data on suicide provides more than just statistical awareness; rather, it can serve as a starting point for comprehending Indian society's social structures and the ways in which these structures influence the vulnerabilities associated with suicide. Structure according to Bourdieu¹⁷ is essential to focus on, as it prescribes a set of behaviours with the capacity to shape both current and future perceptions and actions.

By highlighting intersections of social structures such as marital status, gender, and familial domains, this paper aims to uncover the social patterns behind suicide fatalities in India—patterns that raw statistics often obscure. These categories are not merely demographic variables; rather, they represent embedded qualities of social institutions and structures that shape individual experiences in everyday life. Exploring suicide through this rich framework enables the development of alternative and more nuanced understandings of suicide in the Indian context.

2. Materials and Methods

The primary data for this study was collected from the National Crime Records Bureau (NCRB) statistics for 2022, an official institution of the Indian government under the Ministry of Home Affairs. The idea of using official statistics to develop a sociological understanding of real-world events has been critically examined by many scholars.¹⁸⁻²⁰ However, this scepticism has not been universally accepted in academic communities, many of whom advocate for the use of official statistics in sociological research argues Mayer and Ziaian.¹⁶

In this paper, the NCRB 2022 data on suicide in India is used as a key source of interpretation. The latest summary of NCRB data was released in 2022 and has been incorporated into this analysis. Drawing from police records on unnatural deaths, including suicides, the NCRB compiles and categorizes data across states and union territories under various indicators such as age, gender, occupation, marital status, and stated reasons for suicide.

This study recognizes the 2022 NCRB report as a critical starting point for analysing the magnitude and distribution of suicides in India, while contextualizing the findings within the shifting landscape of Indian society. The paper reads and interprets certain stated reasons, such as 'family problems' and 'marriage-related issues,' as structural causes of vulnerability. These structural indicators are not analysed at face value; rather, they are treated as socially coded concepts that provide a contextual lens for understanding the numerical data. By decoding these structural codes, the paper moves beyond statistical abstraction toward a sociologically grounded interpretation of suicide. This approach helps link individual deaths to the macro-institutional structures that produce and sustain vulnerabilities over time.

The study also acknowledges the limitations of official statistics, as highlighted in existing scholarship. For instance, the data compiled in the NCRB report is based on police records and is classified through the lens of police officers, who themselves may be influenced by the same social conditioning that contributes to the generalization or sensationalization of suicidal deaths. As a result, the data may be biased or underreported, particularly in cases involving mental illness, domestic violence, or caste- and gender-based violence. Additionally, the categories used—such as 'family problems' or 'love affairs'—are often overly broad or simplistic categories, failing to capture the nuanced realities of what constitutes these "problems" and how they may contribute to suicide notes Lasrado et. al.³ Moreover, the data only includes completed suicides, omitting attempted suicide cases from police records, which could be a valuable source for developing preventive strategies.

Despite the ambiguities and issues surrounding data accuracy, a qualitative, context-rich interpretation of the figures presented in the NCRB report may offer valuable insights. When situated within the framework of existing

sociological theories and studies, such an approach allows researchers to move beyond statistical fixations and toward a more meaningful understanding of suicide in contemporary India.

3. Discussion

The data for the NCRB 2022 report includes all reported suicide cases that occurred between 1st January and 31st December 2022. After collecting these cases, the Bureau waits a few more months before final compilation, during which it seeks clarifications and rectifies discrepancies in the collected data. The report relies on a two-level data collection process: the first at the police station or district level, and the second at the state level, which is carried out through an NCRB application. By documenting officially recorded criminal offences, the report attempts to compile and present suicide data at the Pan-Indian level. The report begins by noting that suicide is a personal tragedy with a social impact on families, friends, and the community at large recognising the connection that individuals have with society and social institutions.

This report is based on population estimates from the 2011 Census and accounts for a total of 1,70,924 reported cases of suicide, marking a 4.2% increase compared to 2021. Additionally, the data indicate that the suicide rate has risen from 10.2 to 12.4 per 100,000 populations between 2018 and 2022. This trend clearly points to a rising incidence of

suicide, underscoring the need to examine the social context in which these tragedies occur.

The state-wise distribution reveals that 49% of all suicide cases are concentrated in just five states: Maharashtra, Karnataka, West Bengal, Tamil Nadu, and Madhya Pradesh. Among smaller states or Union Territories, Sikkim ranks highest in suicide rates followed by Andaman Nicobar Islands and Puducherry. Notably, twenty states and union territories fall into the "red zone" category, with suicide rates above the national average of 12.4 per 100,000. States like Bihar and Manipur report extremely low rate of suicide. While this may indicate a positive aspect, but it may also happen that there is underreporting, social stigma or ineffective mechanism of data collection.

There is a notable regional variation in suicides that are categorised under family problems across states in India southern states such as Tamil Nadu, Kerala and Telangana report a higher incidence of suicides in this category (numbers in thousands). In contrast, states particularly Odisha, Uttar Pradesh and Rajasthan recorded significant numbers in the same category amongst all Northern states baring Odisha and Assam as illustrated in **Table 1**. These variations in regional disparities in suicide may not reflect only variation of numbers but rather they may reflect specific localised social structures, family expectations, norms and possibly be an outcome of specific way of documentation or classification of state authorities.

Table 1: States & UTs reporting higher share of suicides due to illness and family problems during 2022 (Source: NCRB Report)¹³

Illness				Family Problems			
All India % Share							
18.4				31.7			
Sl. No.	State/UT	Suicides	% Share	Sl. No.	State/UT	Suicides	% Share
1	A & N Islands	82	48.0	1	Lakshadweep	2	100.0
2	Punjab	1096	44.9	2	Chandigarh	92	70.2
3	Tamil nadau	6715	33.9	3	Tripura	410	57.5
4	Sikkim	84	28.7	4	Telangana	5390	54.0
5	Goa	81	26.8	5	Himachal pradesh	325	50.5
6	Andhra pradesh	2186	24.5	6	Manipur	13	50.0
7	Karnataka	3109	22.9	7	Odisha	3031	49.4
8	Haryana	810	21.4	8	Kerala	4789	47.1
9	Kerala	2131	21.0	9	Bihar	308	43.9
10	Madhya pradesh	3217	20.9	10	Rajasthan	2186	40.9
11	Himachal pradesh	126	19.6	11	Assam	1284	38.7
12	Gujrat	1747	19.4	12	Uttar Pradesh	3134	38.7
				13	Tamil Nadu	6820	34.4

Table 2: Marital status-wise distribution of suicides during 2022 (State and UT wise) (Source: NCRB Report)¹³

SL.N o.	State/UT	Un-Married				Married				Widowed/Widower			
		Male	Femal e	Trans - gende r	Total	Male	Femal e	Trans - gende r	Total	Male	Male	Tran s- gend er	Total
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
States													
1	Andhra Pradesh	1540	506	1	2047	4653	1457	0	6110	45	42	0	87
2	Arunachal Pradesh	39	19	0	58	62	13	0	75	1	1	0	2
3	Assam	670	378	0	1048	1527	582	0	2109	22	19	0	41
4	Bihar	144	96	0	240	231	213	0	444	0	1	0	1
5	Chhattisgarh	1500	726	0	2226	3953	1260	0	5213	184	75	0	259
6	Goa	82	26	0	108	132	38	0	170	5	5	0	10
7	Gujarat	1645	865	2	2512	4203	1758	0	5961	87	62	0	149
8	Haryana	759	217	0	976	1843	405	0	2248	23	10	0	33
9	Himachal Pradesh	124	45	0	169	330	116	0	446	10	7	0	17
10	Jharkhand	753	327	0	1080	644	329	0	973	26	5	0	31
11	Karnataka	2233	779	1	3013	7438	2188	0	9626	164	118	0	282
12	Kerala	1533	436	2	1971	6119	1519	0	7638	195	120	0	315
13	Madhya Pradesh	2613	1459	0	4072	7532	3128	0	10660	103	118	0	221
14	Maharashtra	4016	1314	1	5331	13461	3056	0	16517	236	109	0	345
15	Manipur	8	1	0	9	7	9	0	16	0	0	0	0
16	Meghalaya	67	27	0	94	90	16	0	106	2	3	0	5
17	Mizoram	56	7	0	63	49	9	0	58	9	1	0	10
18	Nagaland	14	2	0	16	21	6	0	27	0	1	0	1
19	Odisha	439	384	0	823	607	2312	0	2919	0	15	0	15
20	Punjab	600	137	1	738	1251	367	0	1618	3	1	0	4
21	Rajasthan	989	490	0	1479	2795	876	0	3671	41	20	0	61
22	Sikkim	89	19	0	108	131	44	0	175	1	3	0	4
23	Tamil Nadu	3588	1361	14	4963	10396	4092	1	14489	64	102	0	166
24	Telangana	1574	511	0	2085	5878	1558	0	7436	57	46	0	103
25	Tripura	111	59	0	170	393	150	0	543	0	0	0	0
26	Uttar Pradesh	1415	837	0	2252	3300	1862	0	5162	59	33	0	92
27	Uttarakhand	184	125	0	309	331	145	0	476	6	0	0	6
28	West Bengal	1626	1045	0	2671	4227	2513	0	6740	133	77	0	210
Total(States)		28411	12198	22	40631	81604	30021	1	111626	1476	994	0	2470
Union Territories													
29	A & N Islands	52	6	0	58	84	20	0	104	3	4	0	7
30	Chandigarh	37	17	0	54	53	23	0	76	0	0	0	0
31	D & N haveli and daman & diu	58	31	0	89	88	26	0	114	0	1	0	1
32	Delhi (UT)	720	259	0	979	1539	521	0	2060	24	11	0	35
33	Jammu & Kashmir	60	49	0	109	121	78	0	199	0	0	0	0
34	Ladakh	3	0	0	3	5	1	0	6	0	0	0	0

35	Lakshadweep	0	0	0	0	2	0	0	2	0	0	0	0
36	Puducherry	96	29	1	126	217	81	0	298	2	3	0	5
Total		1026	391	1	1418	2109	750	0	2859	29	19	0	48
Total (all india)		29437	12589	23	42049	83713	30771	1	114485	1505	1013	0	2518

Similarly, the report also points to a stark occupational and gendered disparities. Of the 1,22,724 male suicides, the highest proportions came from the daily wage earners category, followed by 18,357 self-employers amplifying a the precarious labour conditions in the country as. trigger to suicidal deaths in India. Amongst the total number of 48,172 suicides, a significant category were housewives. This alarming rate of housewife suicides reflects the invisible stress that are intimately linked to the private spheres of family where their work is often devalued and unrecognised.

The report also mentions a greater variation in suicide across marital status. According to the data 67 percent of suicide victims were in the married category indicating marriage as a source of stress, conflict or isolation. Marital roles if entangled with other structural factors such as gender norms, patriarchal structures, can trigger the feeling of desperation, or mental distress leading to suicidal behaviour amongst married people. Though the widowed and divorced and separated groups represent a smaller portion of the total, including them into the analysis may help in comprehensively understanding the experience of social exclusion, trauma particularly when societal expectations revolve around the family and marriage as the key institutions of Indian social life.

These figures collectively highlight the pervasive and growing trend of suicide in India, demanding deeper sociological inquiry. Many attributes these growing tendencies to the rapid pace of social change.²¹ Of all changes visible within society, the most profound one has been within the institution of family. These shifts in family structures have immensely altered the everyday life of individuals by shaping the interpersonal dynamics and their emotional conditioning. Kaur²² notes the following change in the system of family and marriage in India that has led to some kind of challenge to the middle class imageries of family as the 'glued together family'. She highlights such changes due to demographic shifts to two child family norm, rising life expectancy resulting in need for more care work for the aged, growing cases of migration for work and education, rise of companionate marriage and greater freedom in spouse choice, new imageries of alternative families based of alternative sexualities and non-dependence of marriage for co-habitation. While these changes have started appearing in India, but it has not still resulted in disappearance of family as an institution. It still does exist and entangled with other social institutions such as kinship networks, caste, patriarchy, communities etc. Donner and Santos²³ also elaborated on the

gradual shift towards what they call 'a more sentimental and individualistic regime of love, marriage and family life' in the context of Indian and china. Despite changes family as a resilient social unity persists affecting individual's social and emotional life. These transformed domains are increasingly becoming a site of conflict, unmet expectations and diminished support system. Mayer's²⁴ assessment of reasons for growing case of suicide explores this link in the context of India.

4. Familial and Interpersonal Stressors

NCRB data attribute a significant proportion of suicides to "Family problems" while categorising other kinds of causes such as 'Marriage related', 'love affairs', 'fall in social reputation' as separate and unrelated to the domain of family. For a sociological point of view there exist a strong rationale from grouping these categories together keeping their interrelated nature. They can be all grouped together as they all stem from and related to intimate and interpersonal dynamics within the domain of family and relational settings. These issue whether arising from marital conflicts, romantic engagements or concerns over family honour they all are deeply embedded in the social fabric of family life reflecting emotional, cultural and structural strains. Therefore, treating them as separate categories may shrink the familial context. By clubbing all these reasons into one also helps in understanding the suicidal actions as deeply embeded in social relationships, cultural expectations and traditional norms. For instance, family in the context of Indian society is not just a private affair but it is at the same time a conversing point of moral, emotional, economic unit. Unlike the normative construction of western societies, Indian Families follow the ethics of 'duties' than the ethics of mutual 'love'; argues Kaur quoting Uberoi where the disbursement of duty often entail a notion of sacrifice argues.²² To be in family therefore means to disburse the familial duties. One of the ways in which these familial duties can be disbursed is by living up to the familial expectations. Kaur explains these mutual expectations always exists between parents and children with regard to educational attainment. She observes the sacrificial acts of parents and how they curtail various forms of consumption expenses in order to fund for their children's education and the children too feel obliged do give it back later in different forms. This mutual sacrifice may act as a burden on children and cannot be ruled out as a triggering factor for the rising student's suicides in India. Because failing to disburse the familial obligations may lead to a sense of failure and worthlessness amongst people deeply

integrated to their close ones in family. Kumar & Patel²⁵ confirms this thesis while explaining students suicide phenomena in India. They argue the familial expectations from the students are always without any support which negatively impacting these students. Similar conclusion was being drawn by Arun and Chavan.²⁶ Similarly 'fall in social reputation', 'love affairs' and 'suspected/illicit relationships' etc. revolves around a normative structure shaped by gender and patriarchy can explain rising suicide amongst men and women. Amongst many communities in India transgression of these relationship norms are termed as moral violations affecting one's community, family honour. This is typically very harsher on women.²⁷

4.1. Patriarchal link to suicide

There are evidences from across world that reveals how patriarchal gendered norms play around the suicides.^{16,28-30} Particularly to explain female suicide, Bagli argued that 'The stress and fear these patriarchal systems create in girls/women's lives need to be configured if we are to understand female suicides'.²⁸ The instance of classic patriarchy of Kandiyoti²⁹ explains it that is relevant here to explain suicidal reasons related to impotency/infertility. She argues how women in agrarian societies have been given this road to power by producing sons and to rule over on brides. Such a way of familial organisations may have greater impact on the suicidal behaviours. There has been resistance on the part of women of course to these forms of violence but the actual reprisal at times is so overpowering that choosing to die seems to be the single option open to them.³¹ Bumiller's³² finding also indicate a similar concern and made her conclude her work on female suicides by asserting that in repressive countries repressive and abusive conditions may leave women no other option.

In a qualitative study amongst the attempted suicide cases in south India, Lasrado³ revealed this complex repressive character of cultural traditions that bestows power on the basis of gendered perceptions leading to multiple forms of violence including the acts of suicide within the familial domain. A study on Dalit women recounts these narratives in India amplifying that how patriarchal structures can be an important stressor of suicide behaviour. Rao³³, argues in this study that how attempting suicide acts as mode of resistance amongst Dalit women against violence and injustice that occurred against them within the familial domain. Similar evidences are supported from studies across the world. In a study of Turkish girls, it is observed how committing suicide becomes a preferred choice for these girls that may arise out of wedlock loss of virginity and in cases of being raped.²⁸

There is a patriarchal link to men's suicide as well. Scourfield³⁴ while studying male suicide in Western societies have explained this connection through the concept of a "crisis of masculinity". Another instance of classic feminist account of difficult aspects of masculinity is found in the

works of Susan Faludi,³⁵ where she highlights the plight of working-class men trying to live up to the expectations of masculinities in the middle of sudden economic changes led by globalisation and downsizing. A systematic and influential understanding of masculinity is found in the works of Connell³⁶ through his concept of *hegemonic masculinities*. He argues that certain dominant forms of masculinity are culturally reproduced through patriarchal norms. These idealized masculine traits are depicted usually in the form of emotional stoicism, dominance, control, self-reliance, and economic success which men are expected to follow. Failing to embody these traits creates a rupture in masculine ideals and can lead to harmful and self-destructive behaviour in men. Additionally, Robertson et. al.³⁷ noted that hegemonic masculinity and the associated stigma contribute to mental distress and suicide attempts among men. Masculinity norms can also inhibit help-seeking behaviour due to the perceived stigma of expressing vulnerability or emotional distress and also in order to protect a hegemonic pattern of masculinity according to Cleary.³⁸ In another similar study River and Flood³⁹ notes how men perceive suicide as a masculine act and an alternative mean of ending difficult emotions where their body serve both as a vehicle and object of violence. However, reconfiguring traditional masculine ideals has been shown to be beneficial for suicide prevention. For instance, in a qualitative study of formerly suicidal young men, Jordan et.al. Observed that participants framed help-seeking and open discussions of emotional struggles as acts of bravery. Rather than weakening their masculinity, these actions made them feel stronger and more resilient.⁴⁰

Indian as traditional patriarchal society often exhibit such similar exceptions when it comes to men and women who are socialised from the beginning within a fixed parameter of gender norms despite changes over the years. Explaining the distress among male suicide victims who attempted suicide but survived, Lasrado et al.³ found that there exists a distressing cultural expectation. Male participants expressed that their identity as men, husbands, and sons was intrinsically linked to economic responsibilities and professional success. A similar insight was documented in an ethnographic study by Staples⁹ confirming the 'provide' role as an act of masculinity. Crisis in performing this role can be stressful for men. This can be one of the possible explanations for heightened suicide amongst men in the category of daily wage labour or self-employment as shown in the report. Studies on suicide amongst men by Parkar et al.,⁴¹ and Arya et al.⁴² in India confirm to this crisis in economic role. Jordan and Chandler's⁴³ assertions hold ground here in order to make a prevention strategy in the context of India that is based on a paradigm of gender equity while avoiding the discourse on men against women.

Interpreting suicides linked to love affairs should not be limited to understanding them merely as emotional volatility. Rather, such cases often reflect broader social issues such as moral policing, gendered surveillance, and the lack of

institutional support for youth within family or community settings. So-called “honour suicides” or “forced suicides” can be closely linked to these contexts. Patriarchy is not only a system of organizing societies or families but also a component of customary laws that define acceptable and unacceptable behaviours for men and women. In societies where marriage is primarily a family and community affair, personal choices—especially in selecting a life partner—are often discouraged or even punished when they infringe upon cultural codes. While women are more frequently penalized, men can also face serious consequences for violating these norms. In such contexts, going against these cultural expectations is seen as an act of disrespect toward the family or community, particularly because women are often viewed as the bearers of familial “honour” in patriarchal societies. Gorar⁴⁴, in his article on honour or forced suicide cases, explores the patriarchal roots of such fatalities among honour-based, patriarchal communities in the UK. According to Gorar, the actions considered dishonourable—and thus capable of provoking extreme responses—may include simple acts of being a victim of rape, seeking a divorce, exercising sexual autonomy, being gay (sexual orientation), falling in love, adopting a westernized lifestyle (such as going to the cinema, wearing jeans), or even something as minor as requesting a song on a radio program.⁴⁴

5. Marriage: The Paradox of Protection

The marital status of suicide victims, as presented in the report (Table 2), indicates a heightened vulnerability of married individuals to suicide. The report records a total of 1,14,485 suicides among married persons, in contrast to those with unmarried status. Notably, the data also shows that fewer female suicide victims fall under the categories of divorced or separated—this stands in stark contrast to the 70 percent of married women among the total female victims. This suggests that exiting the institution of marriage may not be as detrimental for women as it appears to be for men, whose numbers in these categories are slightly higher.

This stark contrast highlights the significance of marriage—and, by extension, the family—as a vital social institution, warranting a critical examination of its link to suicide. Findings from existing empirical studies reveal that marital life in India is often shaped by rigid gender roles, economic dependencies, and familial obligations for both men and women. These insights reinforce the need to approach marriage not merely as a matter of personal choice or adjustment, but as a sociological category with deep implications for mental well-being and suicidal behaviour.

This is where the concept of the *paradox of protection* becomes relevant in sociological discourses. Drawing on 19th-century European data, Durkheim⁴ argued that marriage acts as a protective shield—what he termed the *coefficient of preservation*—against suicidal behaviour. The rationale behind this argument was that marriage strengthens

social integration, particularly through the presence of children.

A study by Zhang⁴⁵ has supported Durkheim’s integration theory by demonstrating how marriage and family function as protective factors against suicide, especially in Western societies. Kposowa⁴⁶ reached a similar conclusion, arguing that marital status—particularly divorce—has a detrimental impact on men. Hoyer⁴⁷, in his study, found that women who had never been married were at higher risk of suicide, lending further empirical support to Durkheim’s theory. Likewise, Ruzicka and Choi⁴⁸ supported the Durkheimian claim by arguing that suicide mortality is high amongst the unmarried than the married. However, this pattern does not universally hold, especially in many developing countries. Citing the case of China, Zhang⁴⁵ observed that young women in traditional rural areas are not protected by marriage or family, thus contradicting Durkheim’s integration theory. Traditional family norms, support mechanisms, and the role of marriage in women’s lives were critically examined to understand these divergences.

For instance, a study conducted in Maharashtra by Balaji et al.,⁴⁹ confirmed that interpersonal and familial stressors often lead to distress and, eventually, suicide. The study also found that women are especially vulnerable to these stressors due to prevailing social norms. Similarly, Waters,⁵⁰ examining the case of women in Maharashtra, argued that suicide can be seen as a form of self-directed violence, largely shaped by patriarchal and gendered expectations. In such contexts, women often internalize their suffering due to a lack of support, voice, or avenues of escape.

These findings indicate the presence of entrenched pressures within the institution of marriage that are often unnoticed, underreported, or normalized in familial settings. This contrasts with earlier interpretations of NCRB data from 1991 by Mayer and Ziaian¹⁶ which suggested that married women were less prone to suicide compared to their divorced and unmarried counterparts.

Divorce, separation, and the loss of a spouse are often categorized separately, but they can be collectively examined to understand their impact on suicidal behaviour from the perspective of relationship breakdown. The data indicate that the loss of a spouse can be more detrimental for men in triggering suicide compared to women. According to the NCRB report, 1,505 married men and 1,013 female died by suicide (Figure 1). Similarly, men constitute the majority in both categories of relationship breakdown in separation and divorce when compared to their female counterparts.

This finding challenges Chen and Drèze’s⁵¹ assertion that the psychological consequences of losing a spouse are more severe for women, making them more prone to suicide. Chen argues that in a patriarchal society like India, it is particularly difficult for women to lead independent lives due

to lifestyle restrictions and social sanctions. Despite this contradiction, it is important to acknowledge that widowed women in rural India do face significant social and economic hardships owing to the stigma attached to widowhood. Bhattacharya and Singh's⁵² study reveals the exclusionary nature of family structures toward widows in India.

Yet, women may demonstrate greater adaptive capacity in the face of personal tragedies. As Aleem⁵³ aptly noted, the higher rate of suicide among men compared to women may reflect women's greater moral resilience, patience, and willpower in coping with adverse life circumstances. This could explain the lower suicide rates among women, particularly in the category of widows.

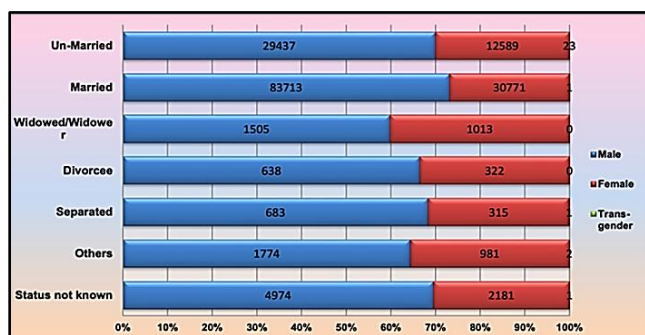


Figure 1: Distribution of suicide victims by marital status during 2022 (Source: NCRB Report)¹³

The gendered dimension of relationship loss has been supported by several studies from the West. In a comprehensive review of research articles, Scourfield and Evans⁵⁴ found that a significant number of men are in greater risk of suicide than women. Similar conclusions were drawn by Kposowa⁴⁶, who observed that divorced men are more likely to die by suicide than divorced women. According to Scourfield and Evans,⁵⁴ men's suicidal behaviours are closely linked to failures in intimate relationships since the gendered expectations of men can affect their ability to cope after the loss of their spouse.

Separation, divorce, and widowhood in this context can be seen as different forms of rupture in intimate relationships, each having varied impacts on different genders. In the Indian context, the high suicide rates among men in these categories suggest a relatively lower ability among men to cope with the breakdown of intimate relationships. Although widowhood is not caused by relational conflict like separation or divorce, it still involves significant emotional loss. This can be particularly challenging for men, especially in India, where social norms often discourage them from expressing grief or seeking help to manage stress, instead encouraging them to suppress their emotions. Such suppression can lead to isolation and psychological distress, increasing the risk of suicide among Indian men.

This phenomenon is deeply connected to gendered socialization, which frequently conditions men to rely on women—particularly their spouses—for emotional and

everyday support. The traditional caregiving role of women, wherein they tend to the emotional and physical needs of men, as noted by Oliffe et al⁵⁵, becomes disrupted when this support system is lost. This disruption can cause excessive emotional strain or even lead to suicide. This stress is evident not only in traditionally socialized men but also among so-called “new men” who may share responsibilities at home. Even they may experience profound distress upon losing a spouse as death of spouse also means loss of care that the spouse used to offer at homes. In contrast, women may not experience the same level of psychological trauma following relationship crises such as divorce, separation, or widowhood. They are often more likely to have developed supportive social networks and meaningful friendships, which help buffer the emotional impact argues Kposowa.⁴⁶

6. Conclusion

In this paper, we aimed to understand the role of family, gender norms, and marital roles in shaping suicide in India by interpreting the 2022 suicide data from the NCRB report. By moving beyond an individualistic view of suicide, the findings revealed a social patterning of suicide reflected in the numerical data. The analysis highlights significant variability in suicide rates across age and gender, which are often interlinked with causes rooted in familial and interpersonal relationships. Further, drawing on empirical studies from India and abroad, the paper explores the possible reasons behind the high incidence of suicides among men and women in various categories of marital status. The study finds that suicides in India are a socially patterned response to structural violence, rigid gender norms, familial expectations, and institutional failures to develop adequate support mechanisms. Despite the value of forensic and psychological investigations, they must be supplemented with socio-cultural assessments that consider the broader social structures—particularly the roles of family, gender, and marriage. In line with Parkar et al.⁴¹, the analysis supports the call for a biopsychosocial model of suicide prevention that equips policymakers with a nuanced understanding of this urgent public health issue in contemporary India.

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8. Conflict of Interest

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