

## A STUDY ON IDEAL TIME AND METHODS OF COMMITTED SUICIDE IN VILLUPURAM DISTRICT, TAMIL NADU

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### **Abstract**

The study examines the patterns, causes, and socio-demographic profile of suicide in India with a specific focus on Villupuram District, Tamil Nadu. Suicide is a major public health concern and one of the leading causes of death globally, particularly among youth. In India, over 1.7 lakh suicides were reported in 2023, with rising trends linked to family problems, illness, and substance abuse. The study adopts a descriptive research design using secondary data collected from Government Villupuram Medical College records (October 2023–September 2025), covering 160 cases. Findings reveal that males (65%) and married individuals (82%) constitute the majority of victims, with the highest incidence in the 21–30 age group. Family-related issues emerged as the primary cause, followed by interpersonal conflicts. Most suicides occurred during late night and early morning hours, commonly through poisoning and hanging. The study highlights the need for community-based interventions, mental health awareness, and strengthened preventive strategies to address this growing social problem.

**Keywords:** Family Problems, Mental Health, Suicide, Villupuram District

### **Introduction**

Suicide is the act of killing oneself intentionally ending of life. The essential ingredients of a suicide are unnatural death and the desire to die should originate within him/her. Suicide is also the commonest cause of death among psychiatric patients and common persons in the country. Suicide is a second leading death after Road Accident. Suicide is an unexpected death that is instantaneous or occurs with minutes from any cause other than violence.

Suicide (Latin *suicidium*, from *sui caedere*, 'to kill oneself') is a leading cause of death among teenagers and adults under 35 years of age (Curtin & Heron, 2019; IASP, 2025), ranked among the top 13 causes of death for individuals of all ages worldwide by World Health Organization (WHO, 2025) and the National Safety Council rates it eleventh in the United States (CDC, 2025). It is believed that the most dramatic increase in suicide mortality will be observed in third world countries because of socioeconomic and behavioral factors. Worldwide, more than 720,000 deaths are annually reported of suicide (WHO, 2025), with 20% being Indians for 17% of the world population (NCRB, 2023). Suicide is among the three leading causes of death among people aged 15–44 years in some countries and the second-leading cause of death among those

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aged 10–24 years; these figures do not include the suicide attempts, which are up to 20 times more frequent than completed suicide (WHO, 2025).

**Table No. 1: Suicide Statistics in India (2017-2023)**

	2017	2018	2019	2020	2021	2022	2023
<b>Suicides</b>	1,29,887	1,34,516	1,39,123	1,53,052	1,64,033	1,70,924	1,71,418
<b>Rate of suicides</b>	9.9	10.2	10.4	11.3	12.0	12.4	12.3

\*Suicides per lakh population

- An increase was observed in suicides during 2023 (1,71,418 suicides) as compared to 2022 (1,70,924 suicides) (NCRB, 2023).
- The suicide rate in cities (16.2) was higher as compared to all-India suicide rate (12.3) (NCRB, 2023).
- 'Family Problems (other than marriage related problems)' (31.9%), 'Illness' (19.0%) and 'Drug Abuse/Alcoholic Addiction' (7.0%) have together accounted for 57.9% of total suicides in the country during the year 2023 (NCRB, 2023).
- The overall male: female ratio of suicide victims was 72.8 : 27.2. Nearly 68.1% of the male victims were married whereas the ratio was 64.2% for the female victims (NCRB, 2023).
- Educational status of victims as follows: 11.8% victims of suicide were illiterate, 14.8% victims of suicide were educated up to primary level, 18.6% of the suicide victims were educated up to middle level and 24.6% of the suicide victims were educated up to matric level. Only 5.5% of total suicides victims were graduate and above (NCRB, 2023).
- Suicide by 'Hanging' (60.9%), Consuming 'Poison' (25.0%), 'Drowning' (4.1%) and 'By Coming under Running Vehicles/Trains' (2.8%) were the prominent means of committing suicides (NCRB, 2023).
- Maximum cases of mass/family suicide were reported from Tamil Nadu (58) followed by Kerala (17), Rajasthan (12), Madhya Pradesh (9) and Andhra Pradesh (8) (NCRB, 2023).

**The Legal Position on Suicide in India**

In contemporary society, stress, anxiety and depression are widespread; often leading individuals to consider escaping unnecessary suffering, can endure. According to a recent study by the World Health Organization, nearly 800,000 people commit suicide each year worldwide, equivalent to about one person every 40 seconds.

*Under section 115 of the Mental Health Act 2017*, Suicidal people are presumed to be suffering from mental health problems and stress, which grants them immunity from punishment. Relevant sections of the Indian Penal Code (IPC) relating to suicide include:

**Section 306, IPC:** Abetment to suicide Persons assisting suicide may also be punished with imprisonment of up to 'up to ten years as a prison sentence.

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**Section 309 of IPC:** Attempt to commit suicide Persons who attempt suicide or take steps to commit such act shall be punished with simple imprisonment for a term which may range to one year or with fine or both.

Thus, in India, attempt to commit suicide is constituted an offence punishable under section 309, IPC. Although completed act was not a crime, surprisingly, attempt to commit the act was made an offence. (*Sources:* Government of India, law commission of India, report no. 210 October 2008)

The Mental Healthcare Act, 2017 (MHCA), has several practical implications concerning suicide and attempted suicide in India: Decriminalization of Attempted Suicide: The MHCA effectively decriminalizes attempted suicide by removing Section 309 of the Indian Penal Code (IPC), which previously subjected individuals to punishment for attempting suicide. This legal change signifies a shift towards viewing suicide attempts as a mental health issue rather than a criminal act. As a result, individuals who attempt suicide are not liable for punishment under criminal law.

### **Sustainable Development Goals (SDGs) related to Suicide:**

India has aligned its national health priorities with the United Nations Sustainable Development Goals (SDGs), with a specific focus on reducing suicide mortality, which is a key indicator of SDG Goal 3 (Good Health and Well-being). The core national goal is to reduce suicide mortality in India by 10% by the year 2030. This is pursued through the National Suicide Prevention Strategy (NSPS) 2022.

*Key Sustainable Goals & Strategies in India (NSPS 2022):* The National Suicide Prevention Strategy outlines a multisectoral approach to achieve the 2030 target through immediate, intermediate, and long-term goals:

**Surveillance (Immediate: 1–3 years):** To establish an effective surveillance system for suicide within 3 years. This involves strengthening data collection via the National Crime Records Bureau (NCRB) to track attempts and identify high-risk groups.

**Mental Health Services (Intermediate: 4–7 years):** To establish psychiatric outpatient departments providing suicide prevention services through the District Mental Health Program (DMHP) in all districts within 5 years. This includes strengthening Tele-mental health services. Tela Manas (14416) is India National free 24/7 helpline. The Tele (MANAS) Mental health service is offering confidential counseling, audio/video consultations and e-prescriptions across all states in Multilanguage's.

**Education and Awareness (Long-term: 8+ years):** To integrate a mental well-being curriculum in all educational institutions within 8 years.

**Means Restriction:** A critical strategy to reduce suicides by restricting access to common methods, including phasing out hazardous pesticides and implementing safe storage systems in farming communities.

**Decriminalization:** Implementation of the Mental Healthcare Act, 2017, which decriminalized suicide attempts and ensures access to rehabilitation.

### **Recent studies in Suicide:**

**Sridhar (2001)** conducted a study on “*The Indian situation*” which reveals that suicides are common in India and the number is increasing with every passing year. It is estimated that over 100,000 people die by suicide in India every year. India alone contributes to more than 10% of suicides in the world.

**Business standard (2018)** assessed that 9,474 students committed suicide in 2016 almost 26 every day, according to a reply to the Lok Sabha by H G Ahir, Minister of State for Home Affairs, on January 2. Student suicides in the country have increased 52 per cent from 17 every day (6,248) in 2007 to 26 every day in 2016. Data shows around 75,000 students committed suicides in India between 2007 and 2016. Maharashtra reported the most 1,350 student suicides in 2016, four every day, followed by West Bengal (1,147) and Tamil Nadu (981).

**World Health Organization (2018)** found that suicide is the second leading cause of death among 15-29-year-olds globally. An estimated 8,00,000 people die due to suicide every year, which is one person every 40 seconds. The prevention of suicide has not been adequately addressed due to a lack of awareness of suicide as a major public health problem and the taboo in many societies to openly discuss it. Till date, only a few countries have included suicide prevention among their health priorities and only 38 countries report having a national suicide prevention strategy.

### **Research Methodology**

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

An estimated one million people die from suicide every year, 1 death every 40 seconds accounting for 1.5 per cent of all deaths, a study appearing in the recent issue of reputed journal *The Lancet* has revealed. (*Sources:* Every 40 seconds one suicide, says *Lancet* study, Teena Thacker Posted, Wednesday, Apr 22, 2019, New Delhi).

**Importance of the Study:** There is no period in history without recording suicide. The ideal of suicide is common among individual. The suicide rate in cities (16.2) was higher as compared to all-India suicide rate (12.3). There are few, if any individual to whom the idea of suicide has never occurred. A family of five including a 37-year-old man, his wife, 30 and their three children were found hanging inside their house on Monday in Valavanur in Villupuram district, police said, adding the probable cause of death by suicide was financial stress. The children were two girls aged 8 and 6 and a boy aged 3. (*Source: Hindustan Times, Villupuram Updated on December 15, 2020 10:32 AM IST*)

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

### **Objectives of the Study:**

- i. To study the demographic profile of the Committed Suicide

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- ii. To study common cause for committed suicide.
- iii. To examine ideal time of committed suicide.
- iv. To describe the methods of committed suicide.

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

*According to Emile Durkheim (1961) “Suicide varies inversely with the degree of integration of the social group of which the individual forms a part”*

**Research design for the Study:** The researcher adopted descriptive design for the study because committed suicide is an offence. The researcher describing the major cause, ideal time and methods of committed suicide.

**Sources of Data:** The researcher collected Secondary level data of committed suicide from October 2023 to September 2025 for the study.

**Table No. 2: Month-Wise Distribution of Suicides (Oct 2023 – Sep 2025)**

S.N	Months	Year	Male	Female	Total	S.N	Months	Year	Male	Female	Total
1	October	2023	7	5	12	1	October	2024	4	3	7
2	November	2023	5	2	7	2	November	2024	3	1	4
3	December	2023	5	3	8	3	December	2024	5	1	6
4	January	2024	4	2	6	4	January	2025	3	3	6
5	February	2024	5	2	7	5	February	2025	3	4	7
6	March	2024	7	5	12	6	March	2025	5	1	6
7	April	2024	5	1	6	7	April	2025	3	3	6
8	May	2024	5	2	7	8	May	2025	3	2	5
9	June	2024	5	1	6	9	June	2025	4	2	6
10	July	2024	8	4	12	10	July	2025	4	1	5
11	August	2024	2	1	3	11	August	2025	3	2	5
12	September	2024	3	2	5	12	September	2025	4	2	6
<b>Total</b>			<b>61</b>	<b>30</b>	<b>91</b>	<b>Total</b>			<b>44</b>	<b>25</b>	<b>69</b>

(Sources: Medical Records Department (MRD), Government Villupuram Medical College and Hospital, Villupuram, Committed Suicide from Oct 2023 to Sep 2025)

**Table No. 3: Profile of the Committed Suicide Respondents**

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<b>S.No</b>	<b>Profile of Committed Suicide</b>	<b>Committed (N= 160)</b>	<b>Percentage (100)</b>
1.	<b>Sex of Committed Suicide</b>		
	1. Male	105	65
	2. Female	55	35
2.	<b>Age group of the Committed</b>		
	1. Below 20 Years	14	08
	2. 21 to 30 Years	35	22
	3. 31 to 40 Years	25	16
	4. 41 to 50 Years	32	20
	5. 51 to 60 Years	22	14
	6. 61 to 70 Years	17	11
	7. 71 to 80 Years	11	07
	8. 81 to 90 Years	04	02
3.	<b>Marital Status of Committed Suicide</b>		
	1. Married	131	82
	2. Unmarried	29	18
4.	<b>Major Problems of Committed</b>		
	1. Failure in Examinations	04	02
	2. Family Problems	63	40
	3. Illness Problems	12	08
	4. Loan and Debit	13	08
	5. Love Affairs	18	11
	6. Property Dispute	10	06
	7. Quarrel with Husband	16	10
	8. Quarrel with Spouse	24	15
5.	<b>Time of Committed Suicide</b>		
	1. 12.00-3.00 AM	14	09
	2. 3.00-6.00 AM	25	15
	3. 6.00-9.00 AM	15	09
	4. 9.00-11.59 AM	13	08
	5. 12.00-3.00 PM	17	11
	6. 3.00-6.00 PM	22	14
	7. 6.00-9.00 PM	19	12
	8. 9.00-11.59 PM	35	22

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6	<b>Methods of Committed Suicide</b>		
	1. Rat Killer Poisoning	07	04
	2. Attempted Hanging	23	14
	3. Cypermethrin Poison	07	04
	4. Fall from Height	08	05
	5. Herbicide Poisoning	09	06
	6. Fire Burning	04	02
	7. Insecticides Poisoning	12	08
	8. Monocrotophos Poisoning	12	08
	9. Multiple Drugs Poisoning	07	04
	10. Multiple Tables Poisoning	07	04
	11. Oleander Seeds Poison	09	06
	12. OPC - Organophosphate Pesticide Poisoning	12	08
	13. Paraquat Poisoning	33	21
14. Unknown Compound	10	06	

**Table No. 4: Cross Table for Sex and Time of Committed Suicide by the Respondents**

Sex of the Respondents	Time of Committed Suicide by the Respondents								Total
	12.00-3.00 AM	12.00-3.00 PM	3.00-6.00 AM	3.00-6.00 PM	6.00-9.00 AM	6.00-9.00 PM	9.00-11.59 AM	9.00-11.59 PM	
Male	07	14	21	17	09	12	05	20	105
Female	07	03	14	05	06	07	08	05	55
Total	14	17	35	22	15	19	13	25	160

**Table No. 5: Cross Table for Marital Status and Methods of Committed Suicide by the Respondents**

Marital Status of the Respondents	Methods of Committed Suicide by the Respondents														Total
	At. Ha	Cy. Po	Fa ll	Fir e	H.P o	In.P o	Mo.P o	MD	MT	Ole . Seed	O PC	Par. Po	Rat .Po	Un k.P o	
Married	14	6	8	4	7	11	12	4	6	7	12	27	7	6	131

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Unmarried	7	0	0	0	1	1	0	3	0	2	0	5	0	3	22
Widow	2	1	0	0	1	0	0	0	1	0	0	1	0	1	7
Total	23	7	8	4	9	12	12	7	7	9	12	33	7	10	160

**TESTING OF HYPOTHESIS**

**Table No. 6: One way ANOVA for Age Groups and Major Problems of the Committed Suicide**

Age Groups	Major Problems of Committed Suicide									Total	Sum of Squares	Mean Square
	Exam	Family Problems	Illness	Loan & Debit	Love Affairs	Property	Husband	Spouse				
Less 20	4	0	0	0	10	0	0	0	0	14	423.569	Between Groups 60.510
21-30	0	1	0	0	8	0	12	14	35			
31-40	0	13	0	0	0	0	4	8	25			
41-50	0	29	0	1	0	0	0	2	32	445.727	Within Groups 2.956	
51-60	0	19	0	2	0	1	0	0	22			
61-70	0	1	5	6	0	5	0	0	17			
71-80	0	0	3	4	0	4	0	0	11	7	151	F 20.449 Sig 0.000*
81-90	0	0	4	0	0	0	0	0	04			
Total	4	63	12	13	18	10	16	24	160	159		

**Inferences:** Since P value is less than 0.05 ( $P < 0.05$ ), hence null hypothesis is rejected, then alternative hypothesis is accepted at 5% level of significance. Hence there is a difference between Age Groups and Major Problems of the Committed Suicide. Hence the researcher concluded that the age group 41 to 50 Years committed suicide because of family problems in life. The majority of people committed suicide because of family problem and quarrels in spouse.

**Major Findings of the Study:**

The majority of males were committed suicide then females. Out of 160 committed suicide from that 105 of them are males and remaining 55 of them are females.

The majority of the respondents committed suicide in the age groups of 21 to 30 Years. The majority (82%) Eighty two percentages of the respondents were married and committed suicide. The researcher felt that suicide not only affected individual and affected to families

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The maximum respondents were committed suicide because of problem in family. Now a day's bond relationship with in the family members and spouse is very poor. It is seem that day by day committed suicide increased. According to National Crime Record Bureau (NCRB) recent report on 2023 declared that mass family committed suicide is very high in Tamil Nadu than other states in our countries.

The ideal time to committed suicide was night time 9.00 PM to 12.00 AM and early morning 3.00 Am to 6.00 Am. The researcher concluded that the majority of the peoples committed suicide in the night time but committed suicide is not suddenly happen. It is pre plan of activities.

The majority of committed suicides were consuming poisoning and hanging methods. The different types of insecticide poisoning used for agriculture purpose. Farmers are widely using Paraquat Poisoning.

### Suggestions

The researcher has come to the conclusion that we need to open up more Government and Nongovernmental organization programmes for public, it is relevant to the need of them. So the Government should take more essential step to stop prevent and reduce number suicide cases in the community.

First we should understand the root causes and consequence of the problem as why they are committing suicide. The key factor should identified by social workers, school teachers, health nurses, physician and voluntaries. Sustainable prevent method should be implement in the community.

The economic condition of the respondents should improve at lower levels; they must improve their standard of living, So Suitable measures could be taken by the Government and non Governmental Organization for the community people.

### Conclusion

Since Suicide is an important issue in the Indian context. More than one lakh (one hundred thousand) lives are lost every year to suicide in our country. In the last two decades, the suicide rate has increased from 7.9 to 10.3 per 100,000. There is a wide variation in the suicide rates within the country. Suicide is a multifaceted problem and hence suicide prevention programmes should also be multidimensional. Collaboration, coordination, cooperation and commitment are needed to develop and implement a national plan, which is cost-effective, appropriate and relevant to the needs of the community. In India, suicide prevention is more of a social and public health objective than a traditional exercise in the mental health sector. The time is ripe for mental health professionals to adopt proactive and leadership roles in suicide prevention and save the lives of thousands of young Indians.

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