

The Unspoken Epidemic: Investigating Male Suicide Patterns in India with 2022 NCRB Statistics

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Abstract— This paper investigates the concerning trend of male suicides in India, focusing on data from the National Crime Records Bureau (NCRB) for the year 2022. By examining the gender-distribution and causative factors of suicides, we aim to shed light on the societal pressures and personal issues that lead to this tragic outcome. The study highlights the predominance of suicides among men, with specific attention to financial distress, family and relationship issues, and loss of social reputation as key contributing factors. Through statistical analysis and discussion from inferences, potential societal interventions are suggested to address this public health issue.

Keywords—india, suicide, finance, family, reputation, statistics, male, female

I. INTRODUCTION

Suicide is a significant public health concern, and recent data from the National Crime Records Bureau (NCRB) of India for the year 2022 reveals a disturbing trend: a disproportionately high number of suicides among men. This paper aims to explore why this phenomenon occurs, by analyzing the NCRB data, particularly focusing on the causes linked to financial distress, family problems, and reputation loss. Understanding these patterns, along with the inferences, is crucial for developing targeted interventions that could reduce the male suicide rate in India..

II. LITERATURE REVIEW

There are research publications already available in the public domain on the subject of male suicides, although they do not pertain to Indian demography.

Canetto, S. S., & Sakinofsky, I. discuss the gender paradox in suicide, where despite higher rates of suicidal behavior among women, men have a higher rate of completed suicides. It provides insights into the differences in methods used and the underlying reasons for the gender disparity [1].

Moller-Leimkuhler, A. M. explores why men are more vulnerable to suicide and premature death, focusing on cultural and gender-specific factors, including traditional masculine norms and how they contribute to men's mental health issues [2].

Rice, S. M., Oliffe, J. L., Seidler, Z. E., & Kealy, D. examine how traditional masculine norms can exacerbate depression in men, which is often a precursor to suicide. They also outline the need for gender-sensitive approaches in mental health care for men [3].

Armstrong, G., & Hare, I. provide a narrative review on men's mental health focusing specifically on suicide. They highlight the unique challenges men face due to societal expectations and suggest tailored interventions [4].

Eggenberger, Lukas et al. investigate how adherence to traditional masculine ideologies increases the risk of suicidal behavior in men [5].

III. METHODOLOGY

The data used in this study was sourced from the NCRB report for 2022, available at NCRB public website. A quantitative approach was employed, analyzing the frequency and distribution of suicides among men and women, segmented by various causative factors. Statistical tools were used to present the data graphically, aiding in the visualization of trends and patterns. The inferences provided by the author are integrated to offer a qualitative perspective alongside the quantitative data.

IV. RESULTS

A. Financial Causes of Suicide

Financial distress, including bankruptcy or indebtedness, poverty, and unemployment, was a prominent factor. Men were notably more affected by these issues, with 10,502 men committing suicide due to financial reasons compared to 1,154 women (Table 1, Figure 1).

This disparity suggests that men might be getting into these financially dire situations more often, or alternatively, when both genders face similar financial challenges, men might feel a greater pressure to end their lives.

In both of the above cases, it is established that men feel the burden of the societal expectation of being the primary providers, which when unmet, can lead to feelings of failure and hopelessness.

Hence, there is a need for societal support systems like the ones proposed below:

- Focused education and upskilling for men to improve their employability
- Paid internships and lenient loans for men
- Reduced expectation on men to pay for all dates
- Support for a man's right to work and earn
- Conducting court hearings through video conferencing, with in-person attendance as an exception, not a norm
- Cap on maintenance and alimony owed by men

These measures are a good start to help mitigate these financial pressures faced by men.

TABLE I. FINANCIAL CAUSES OF SUICIDE

Financial Cause of Suicide	Men	Women
Bankruptcy or Indebtedness	6417	617
Poverty	1249	203
Unemployment	2836	334
Total	10502	1154

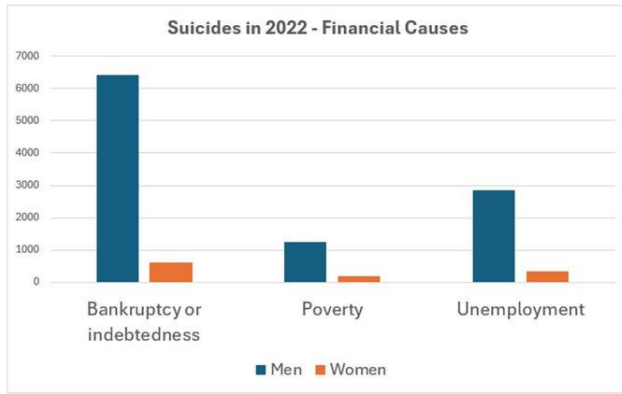


Fig. 1. A bar graph showing the number of suicides by men and women due to financial causes

B. Family and Relationship Issues

Family problems were found to affect men more profoundly, with 37,587 men compared to 16,530 women (Table 2, Figure 2).

Marriage-related issues showed almost equal distribution, suggesting a shared burden in this aspect.

It is pertinent to note that this data is from the year 2022, where the societal norms have moved away from joint families. Hence, the ‘family problems’ data cannot be seen separately from the spouse, even though they are not exactly marriage-related per se.

One inference is that men might be more affected by family disturbances because they traditionally see themselves as peacekeepers within the family. When the family peace is disturbed, they feel like a failure.

It is also to be noted that men feel themselves as the default ‘protector’ of their family, not only physically but also emotionally, making them more susceptible to emotional turmoil within family dynamics.

Hence, there is a need for societal support systems like the ones proposed below:

- Support for relaxing / relieving men from the ‘Keeper or peace’ responsibility
- Encouragement to men to avoid seeing the lack of peace in their family as their own personal failure, rather to cultivate acceptance, while attempting alternate conflict resolution strategies
- Creation of safe spaces where men can vent out their family issues, without seeking any solutions, destressing them at least temporarily

TABLE II. FAMILY AND RELATIONSHIP ISSUES RELATED SUICIDES

Cause of Suicide	Men	Women
Family Problems	37587	16530
Marriage-related issues	4237	3926
Total	41824	20456



Fig. 2. A bar graph showing the number of suicides by men and women due to family and relationship problems

C. Loss of Social Reputation

The impact of losing social reputation was starkly evident, with men showing a higher sensitivity in this area.

Both men and women see a steep rise in suicide numbers when they hit 18 years of age. However, the numbers ease for women after 30 years, while the suicide numbers continue to increase steeply for men even after that, until 45 years. (Table 3, Figure 3).

There are multiple ways in which men’s reputation can be tarnished from 18-45 years, particularly when it comes to public perception of:

- How do they treat their parents?
- How do they treat their wife?
- How much do they earn?
- How much are they dependable at workplace?
- Other factors according to the individual observer

To give credit to the misuse of law argument prevalent in men’s support groups, many of the misused laws target the loss of reputation of men in this vulnerable age group of 18 to 45 like:

- Fake rape cases
- Fake POSH complaints
- Fake dowry harassment cases
- Fake domestic violence cases

Even the Honorable Supreme Court of India has expressed opinions about being disappointed by misuse of gendered laws to settle scores [6] [7].

TABLE III. AGE-WISE SUICIDES - LOSS OF REPUTATION

Gender	< 18 yrs	18-30 yrs	30-45 yrs	>45-60 yrs	> 60 yrs
Male	28	210	249	132	40
Female	31	98	58	28	10

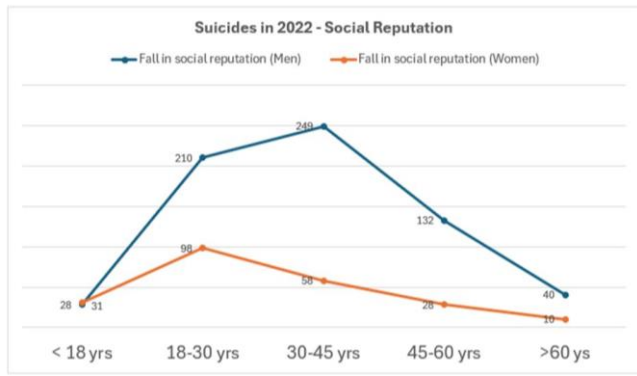


Fig. 3. A line graph showing the trend of suicides due to loss of social reputation by age group for men and women

D. Age-wise Suicide Trend (across all causes)

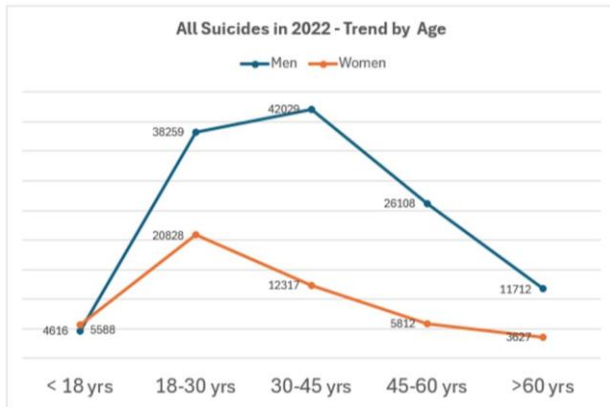
The trend in total suicides showed a peak in the productive age group of 30-45 years for men, with numbers remaining high even in older age groups (Table 4, Figure 4).

It is also inferred that societal expectations for men to be protectors and providers start to rise around age 18 and begin to ease around 45, correlating with the spike in male suicides.

It should also be noted that this period of 18-45 years of age overlaps with when men are expected to be at their economic peak, suggesting a link between these societal roles and suicide rates. This is a cruel way to lose Indian GDP.

TABLE IV. AGE-WISE SUICIDES – ACROSS ALL CAUSES

Gender	< 18 yrs	18-30 yrs	30-45 yrs	>45-60 yrs	> 60 yrs
Male	4616	38259	42029	26108	11712
Female	5588	20828	12317	5812	3627



V. RECOMMENDED MEASURES

Here are some measures that are recommended to fight against this menace of male suicide.

1. Reduce/remove the expectation of man to be the sole provider and protector
2. Share household expenses among all earning family members
3. Share emotional duties like keeping peace/mediation in the family among all family members

4. Create safe spaces for men to vent out their family issues, even without solutions

5. Find a systemic solution to stop the menace of false legal accusations that target men in their prime.

6. Even when such litigations arise, protect men's right to work and earn.

7. Introduce policies like 'no-fault' divorces to lessen the blame game in marital disputes.

8. Reform maintenance and alimony laws to prevent financial exploitation of men.

9. Promote a culture of appreciation and support for men's mental health.

VI. CONCLUSION

This study underscores the urgency of addressing the high rate of male suicides in India through a comprehensive understanding of the underlying causes. By integrating both statistical data and qualitative insights, this paper proposes actionable steps that could be taken by policymakers, community leaders, and individuals to foster a supportive environment for men. Future research could explore the effectiveness of these interventions over time, providing a longitudinal perspective on this critical issue.

VII. REFERENCES

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