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SUICIDE AMONG URBAN CHILDREN IN KARNATAKA: A SOCIOLOGICAL STUDY

Dr. Chidananda Swamy. C

Associate Professor of Sociology

Government Law College, Arahalli, Kolar, Karnataka state, India
Karnataka State Law University, Hubli, Karnataka

Abstract

Suicide among children is a deeply distressing and growing social problem in India, with Karnataka witnessing a worrying rise in such cases in recent years. Child suicide is an emerging public health crisis in India, with Karnataka has been witnessing a steady increase in such tragic incidents over the past decade. Despite advancements in education, healthcare, and technology, the mental health of children remains a neglected issue. This paper investigates the patterns of children's suicide, causes, and remedies for control in Karnataka. According to data from the National Crime Records Bureau (NCRB), Karnataka 5 ranks among the top states in terms of overall suicide rates. The NCRB report indicates that student suicides in the state have witnessed a 21.79% increase between 2017 and In 2021, more than 500 students died by suicide each year. In Bengaluru alone, over 2,200 suicides were reported in 2021. Compared to rural areas, urban children are vulnerable. The main causes for children's suicide are academic pressure, peer pressure, physical and mental abuse, lack of emotional support, family conflicts, socio-economic stress, cyberbullying, lack of accessible mental health support, social stigma, and institutional neglect in failing to address early warning signs among at-risk children. More expectations from children, especially in urban and semi-urban regions, can be overwhelming for many adolescents and young children. It leads to suicide. The study aims to assess not only the causes of children's suicide but also to explore existing preventive measures . It also examines the effectiveness of current government policies, school-based mental health initiatives, and helpline services such as Vandemataram, Snehi, and I Call. Despite various government initiatives and awareness campaigns, mental health continues to be stigmatized, and preventive mechanisms remain inadequate. The findings underscore the urgent need for a collaborative approach involving families, schools, healthcare providers, and policymakers to safeguard the mental well-being of children and prevent further loss of young lives.

Keywords: Risk factors, children's suicide contexts, academic pressure, legal dimensions, NCRB report, causal factors, preventive measures, Govt initiatives, and helpline services.

Introduction

Suicide among children is a deeply distressing and growing social problem in India, with Karnataka witnessing a worrying rise in such cases in recent years. Child suicide is an emerging public health crisis in India, with Karnataka witnessing a steady increase in such tragic incidents over the past decade. Despite advancements in education, healthcare, and technology, the mental health of children remains a neglected issue. This paper investigates the patterns of children's suicide, causes, and remedies for control in Karnataka. According to data from the National Crime Records Bureau (NCRB), Karnataka 5 ranks among the top states in terms of overall suicide rates. NCRB report indicates that student suicides in the state have witnessed a 21.79% increase between 2017 and 2021, with more than 500 Students are dying by suicide each year. In Bengaluru alone, over 2,200 suicides were reported in 2021. Compared to rural areas, urban children are vulnerable. The main causes for children's suicide are academic pressure, peer pressure, physical and mental abuse, lack of emotional support, family conflicts, socio-economic stress, cyberbullying, lack of accessible mental health support, social stigma, and institutional neglect in failing to address early warning signs among at-risk children. More expectations from children, especially in urban and semi-urban regions, can be overwhelming for many adolescents and young children. It leads to suicide. The study aims to assess not only the causes of children's suicide but also to explore existing preventive measures . It also examines the effectiveness of current government policies, school-based mental health initiatives, and helpline services such as Vandemataram, Snehi, and I Call. Despite various government initiatives and awareness



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campaigns, mental health continues to be stigmatized, and preventive mechanisms remain inadequate. The findings underscore the urgent need for a collaborative approach involving families, schools, healthcare providers, and policymakers to safeguard the mental well-being of children and prevent further loss of young lives.

Statement of the problem: The term child suicide refers to when a child deliberately ends their own life. The data show that suicide among children is frequently related to failure of examinations, parental discipline, negative experiences, and lack of emotional support. According to the National Crime Records Bureau (NCRB), Karnataka ranks among the top states in terms of overall suicide rates.

Background of the problem: Sociological perspective:

A sociological approach to studying child suicide, especially urban children, involves analysing how societal pressures, institutional practices, family dynamics, and broader cultural transformations affect the mental health of children. Suicide among children is viewed not just as an individual act, but as a deeply social phenomenon influenced by the broader context in which children grow up. Early sociologists, especially Émile Durkheim, argued that suicide arises from the strength and nature of social bonds, social integration, and social regulation within communities and societies. Durkheim’s theories highlight that too little integration (feeling isolated or unsupported) or too much regulation (overbearing societal or parental expectations) can both contribute to suicide. Children who feel disconnected from family, peers, or community often experience loneliness and a sense of alienation, raising risk. It is not simply the outcome of individual psychological distress. Still, the product of multiple social dynamics, family, school, peer, and societal influences collectively shape a child’s self-worth, resilience, and capacity to cope. It is a social symptom tied to how well individuals are integrated into their communities and supported by their families and peers.

Historical studies, such as those Conducted in mid-20th-century India, the study documented child suicide cases by linking them to family environments and social stressors. Recently, increased academic pressure, changing family dynamics, and evolving cultural norms have been found to contribute to growing incidence rates globally.

Methodology Used: This is descriptive research based on secondary data collected from sources such as scholarly books, survey reports, and research publications, and web-based resources. Used secondary data sources like the National Crime Records Bureau (NCRB) report, Health and Mental Health Clinics Data, School Surveys, and Psychological Assessments, Community Studies report, etc

Objectives:

The objectives of a sociological study Factors associated with suicide among children generally include:

- To explore the suicide risk among urban
- To Analyze the role of urban stressors of urban children.
- To analyse the trends and patterns of child suicides in urban Karnataka

Review of literature: Empirical Studies in Karnataka:

Suicidal Poisoning in Rural Adolescents (Mandya District): A prospective study (Dec 2013 – Dec 2014) focused on children aged 5–18 presenting with deliberate poisoning at a hospital in Mandya. 32 cases were recorded, with 84% being girls, mainly in the 16–18 age group. Most cases involved insecticides (53%) or drugs (34%). Common triggers included parental scolding (37.5%), poor exam performance (25%), love affairs (21.8%), and sibling rivalry (12.5%).

Survey of Suicidality in Bengaluru Adolescents: A cross-sectional survey of 1,087 students (ages 16–18) at a pre-university college in Bangalore **Youth Mental Health Clinics across Karnataka:** A retrospective analysis of clients aged 15–35 at youth mental health promotion clinics (2017–2020), across 30 districts, **3.5% of youth presenting had suicidality**



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(357 out of 10,340). **Adolescent Girls in North Karnataka:** A community-based study on 13–14-year-old low-caste girls revealed, **Suicidal ideation prevalence was 2.1%**. Linked factors included sexual abuse, lack of emotional support, bullying or harassment, school dropout, child marriage, and feelings of hopelessness and insecurity.

Prevalence of the problem:

Suicide among Children and adolescents are a growing public health crisis in India, and Karnataka is no exception. According to the National Crime Records Bureau (NCRB), states such as Maharashtra, Tamil Nadu, Madhya Pradesh, West Bengal, and Karnataka had more child suicide cases compared to other states in In 2021, NCRB data show that the southern region, which includes Karnataka, accounts for nearly 29% of all student suicides in India. National Crime Records Bureau (NCRB) Data from 1995 to 2021 shows a disturbing trend of increasing suicide deaths in this age group. Early years (1995–2013) showed fluctuating rates between males and females, but from 2014 onwards, female suicide rates surpassed male rates in these age groups. In 2021 alone, approximately 5,075 males and 5,655 females under 18years of age died by suicide in India, indicating a notable gender shift with female suicides surpassing male suicides in recent years. According to the NCRB report, the most common suicide methods among children under 14 include hanging (around 28%) and consuming poison (about 17%), which reflect accessibility to lethal means. Other methods include drowning, self-immolation, and jumping from heights, but occur less frequently.

NCRB statistics from 1995 to 2021 reveal the following. Karnataka consistently contributes a significant share of India’s total suicides. In 2019, the state accounted for approximately 8.1% of all suicides nationally (Source: The Hindu). In 2021, Karnataka reported 13,056 suicide cases, constituting 8% of India’s total suicides (Source: Hindustan Times). In In 2019, Karnataka recorded 11,288 suicides. In 2020, the figure dropped to 1,788 In 2021, though still notably high compared to pre-2020 averages (Source: Deccan. Herald). Student Suicides, annually, in Karnataka average over 500 student suicides (The Times of India). Over the 26 years from 1995 to 2021, approximately 134,735 children and adolescents were reported to have died by suicide in India. Suicide rates among children and adolescents have steadily increased throughout this period. Early years (1995–2013) showed fluctuating rates between males and females, but from 2014 onwards, female suicide rates surpassed male rates in these age groups. In 2021, about 5,075 males and 5,655 Female children below 18 years died by suicide. Bangalore Urban has the highest number of child suicide cases among Indian metro cities. In 2021, 2292 child suicide cases occurred in Bangalore city only.

Casual factors: for Child Suicide in urban Karnataka:

Child suicide is a multifactorial issue involving a complex interplay of psychological, social, academic, familial, and systemic factors. In Karnataka, several specific risk factors have been identified that increase vulnerability among children.

Social Isolation and Loneliness: Changes in family dynamics with dual-income parents and reduced parental time create loneliness and isolation for children. The rise in impulsive behaviour among teenagers is linked to their inability to handle emotions and societal pressure.

Educational Pressure: parents are putting more pressure on children for good performance in education, which places immense stress on students. Fear of failure, low academic performance, and comparison with peers often lead to feelings of hopelessness and self-worthlessness. In urban areas, children who are preparing for competitive exams (NEET, JEE, etc.) are at more risk.

Family Conflicts: Arguments at home, neglecting the child's emotions, and strict parents, parental fights, domestic violence, broken families, can emotionally destabilize a child.

Media Influence: Sensationalist media reporting of suicides (including celebrity suicides) can lead to copycat behaviour, especially among emotionally fragile youth.



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Lack of Emotional Support: Many children lack a safe environment where they can freely express their thoughts and emotions. It creates loneliness.

Online addiction and Peer Pressure: Victims of bullying often suffer in silence. Nowadays, children are more active online than with books. They are busy with online chatting like online games, betting, etc, which also leads to risk.

Social media and digital addiction: Children socializing through online platforms. Social media plays a significant role in children's learning. They are attracted to bad things at an early age and get astray. And also, online harassment and digital addiction impact children's self-esteem.

Lack of Emotional support: Lack of guidance and training in emotional regulation and resilience-building among children, leading to impulsive decisions in moments of crisis.

Violence and Abuse: Physical, sexual, and emotional abuse, whether at home or in institutional settings, has long-term psychological consequences. Traumatized children are more likely to experience depression, anxiety, and suicidal behaviour.

Ignored Children: It can significantly increase a child's vulnerability. It leads to isolation and loneliness.

Parental Scolding: One of the most common triggers for suicidal The intentions among children are parental scolding or harsh disciplinary actions.

Love affairs and Peer Issues: Conflicts related to love affairs and sibling rivalry also contribute to child suicides. Feeling of a friend's rejection, especially their peer group.

Health Disorders: Undiagnosed or untreated Health issues like depression, anxiety, hyperactivity disorder, or conduct disorders can increase the risk of suicide risk.

Socio-Economic factors: Financial difficulties, poverty, and unemployment in families can indirectly lead to stress and neglect of children's needs.

Government programmes for controlling child suicides in India:

Effective prevention and control of child suicide in urban Karnataka involves coordinated actions among the government, NGO, families, schools, media, and healthcare institutions. In India, the government has been actively implementing various programs and strategies to address the issue of suicide, including those affecting children and adolescents. India has launched several major programmes and policies for controlling child suicides. The main government programmes and initiatives at the national level are,

National Suicide Prevention Strategy (NSPS)-2022: T

His strategy started in November 2022. Its main aim is to reduce suicide mortality 10% by 2030

National Tele-Mental Health Programme (Tele-MANAS) and KIRAN Helpline: Launched in 2022, Tele-MANAS is a 24/7, free tele-mental health assistance service. It provides support to individuals, including children and adolescents, who are experiencing mental distress or suicidal thoughts. KIRAN Helpline 1800-5990019 is a 24/7 National toll-free number providing mental health support, including children.

National Mental Health Programme And District Mental Health Programme(NMHP and DMHP): This The programme operates in most districts across the country. Its main focus is on prevention, early detection, and treatment of mental health disorders, including suicide prevention in children.



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Rashtriya Kishor Swasthya Karyakram (RISK): It is a National adolescent health care programme integrating a mental health programme. It provides life skill education and targeted interventions for at-risk youths. The Adolescent Friendly Health Clinics (AFHCs) provide counselling services to adolescents and school children.

Legislation: Mental Healthcare Act (MHCA), 2017: This The Landmark Act decriminalized suicide in India, so that any person who attempts suicide is suffering from severe stress and should not be punished, overriding sec. 309 of the IPC

Bharathiya Nyaya Samhitha(BNS)-2023: This new act, set to replace the IPC, includes a provision that makes attempted suicide punishable only if intended specifically to prevent a public servant from discharging official duties with relatively mild penalties. (community service or minor imprisonment)

Government of Karnataka Programmes: Govt of Karnataka organized Collaborative Projects with NIMHANS like Mental Health Promotion and Suicide Risk Reduction in Students, NIMHANS Suicide Prevention, Research, Implementation, and Training Engagement (N-SPRITE) Centre, "SURAKSHA" (Surveillance system to track suicide and Self-harm), Urban Self-Harm Study (USHAS), Community Child and Adolescent Mental Health Services, District Mental Health Program (DMHP), Mental Health Helpline Numbers: The state and various organizations provide helpline numbers for people to seek help for stress, anxiety, depression, and suicidal thoughts. Like Arogya Sahayavani 1098/104.

Recommendations To prevent children's suicide in urban settings: Introduce Mental Health education programs in schools. appointment of trained school counsellors, parental awareness and training, and regulation of academic pressure, strengthening of helpline services like 1098 child line, I call, snehi, etc, safe use of technology, community engagement, peer support groups, and responsible media reporting

Conclusion: Suicide among children in Karnataka is a social and public health challenge that reflects deeper issues within families, educational institutions, and society at large. The rising trend in child and student suicides, in urban settings, is fuelled by academic pressure, addictions, family conflicts, mental disorders, and social isolation etc. From the sociological standpoint, suicide in children cannot be seen merely as an individual psychological failure but as a complex outcome of social integration, regulation, and cultural expectations. The breakdown of supportive family structures, excessive academic and societal demands, lack of emotional coping skills, and inadequate mental health services collectively contribute to the vulnerability of children. Effective prevention requires holistic strategies that strengthen family bonds, reform educational pressures, promote emotional resilience through life-skills training, and improve accessibility and acceptance of mental health interventions. Community engagement, policy support, and coordinated efforts among schools, families, healthcare providers, and social institutions are essential to create nurturing environments where children feel supported, included, and empowered to overcome stressors.

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