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Exploring the Impact of Social Change on Youth Suicide: Implications for Developmental Processes and Policies

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ABSTRACT

Youth suicide is a critical public health concern amidst the backdrop of rapid social change and development. This paper explores the intricate relationship between social transformation, youth empowerment, and the alarming phenomenon of suicide among young individuals. This study draws from interdisciplinary perspectives to unravel how social change influences youth suicide rates and offers insights for policy interventions. Epidemiological data underscores youth suicide as a leading cause of mortality globally, with risk factors including mental health disorders and adverse life events exacerbating vulnerability. Conversely, protective factors like robust support networks mitigate such risks. However, the dynamics of social change introduce new complexities. Yet, amidst these challenges lie opportunities for youth empowerment. Investments in education, skill development, and mental health services equip young individuals to navigate modern complexities. Civic engagement fosters their meaningful contribution to policy formulation, particularly in addressing mental health concerns. Utilizing an interdisciplinary approach alongside doctrinal methods, this research investigates the relationship between social change, youth empowerment, and suicide rates, aiming to inform evidence-based policy interventions. This paper underscores the importance of interdisciplinary collaboration in understanding and addressing youth suicide within the broader context of social change and development. By synthesizing insights from diverse fields, policymakers can formulate evidence-based strategies to empower young individuals and create supportive environments conducive to their holistic well-being.

Keywords: Youth, Suicide, Social Change, Empowerment.

I. INTRODUCTION

Youth suicide is a significant public health issue with devastating consequences for individuals, families, and communities. Suicide is an important global public health issue, claiming over 700,000 lives per year.[2] Despite ongoing efforts to address this problem, rates of suicide among

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[2] World Health Organization. *Preventing Suicide: A Global Imperative.* Geneva: WHO; (2014).

young people have continued to increase in recent years. While individual-level risk factors such as mental illness and substance abuse are well-documented, there is growing recognition of the role played by broader social factors in shaping the prevalence and patterns of youth suicide. Following several different actions, including the World Health Organization's (WHO) calls for reductions in suicide mortality[3], global suicide mortality rates have dropped by over one-third in the last thirty years, with age-standardized suicide rates of 9.0 per 100,000 in 2019[4], compared to 16.6 per 100,000 in 1990. While this achievement has its merits, it is equally important to recognize the longstanding challenges to obtaining precise estimates of suicide rates in certain countries and regions, or that these declining rates are not consistently seen across all countries and demographics, with some continuing to carry a disproportionately high burden of suicide. This particularly concerns data on child and adolescent suicides for which reliable data are lacking in developing countries. Suicide remains a leading cause of death among youth aged 15–29 years old[5]

This paper aims to explore the impact of social change on youth suicide, focusing on how societal transformations influence developmental processes and mental health outcomes among adolescents and young adults. By examining the interplay between social change, developmental pathways, and suicidal behaviors, this paper seeks to shed light on the complex mechanisms underlying youth suicide and identify implications for policies and interventions aimed at prevention and support.

II. YOUTH SUICIDE

Despite efforts to address youth suicide, the prevalence of suicidal behaviors among young people has continued to increase in recent years. Epidemiological studies reveal stark disparities in suicide rates across regions, with certain demographic groups experiencing higher rates of suicide than others. For example, LGBTQ+ youth, Indigenous youth, and youth from marginalized communities often face elevated risk due to discrimination, social exclusion, and limited access to resources. Social determinants such as socioeconomic status, family structure, peer relationships, and cultural norms exert a profound influence on youth suicide risk. Economic instability, family conflict, academic pressure, and exposure to violence are among the many social factors that can contribute to feelings of hopelessness, despair, and isolation in young people. Moreover, systemic inequities and structural barriers can exacerbate existing vulnerabilities, perpetuating cycles of disadvantage and despair. The rapid pace of social

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[3] World Health Organization. *Live Life: Preventing Suicide.* Geneva: WHO; (2018).
[4] World Health Organization. *Age-Standardized Suicide Rates (Per 100 000 Population).* Geneva: WHO; (2021).
[5] World Health Organization. *Suicide: Facts and Figures Globally.* Geneva: World Health Organization; (2022).

change in the modern world has introduced new challenges and stressors for young people. Technological advancements, globalization, urbanization, and shifts in family dynamics have reshaped the social landscape, altering how young people navigate relationships, identity formation, and social connectedness. While these changes offer opportunities for growth and innovation, they also pose risks to mental health and well-being, particularly among vulnerable populations. Adolescence and young adulthood are critical periods of development characterized by rapid physical, cognitive, and psychosocial changes. During this time, young people grapple with issues of identity, autonomy, and belonging, which can profoundly influence their mental health and sense of self-worth. Factors such as peer pressure, academic stress, family expectations, and social media use can shape adolescents' perceptions of themselves and their place in the world, impacting their risk of suicidal ideation and behavior.

(A) Methodology

This paper employs a comprehensive review of the literature to synthesize existing research on the impact of social change on youth suicide. A systematic search of electronic databases was conducted using relevant keywords and search terms related to youth suicide, social determinants, and social change. Studies published in peer-reviewed journals between 2000 and 2024 were included in the review, focusing on empirical research, theoretical frameworks, and policy analyses.

(B) Results

The synthesis of existing research underscores the complex and multifaceted nature of the relationship between social change and youth suicide. Findings suggest that social change can exacerbate existing risk factors for suicide while also creating new challenges and stressors for young people. Economic inequality, social isolation, cultural dislocation, and technological disruption are among the many factors driving increases in youth suicide rates, particularly among marginalized and disadvantaged populations.

(C) Discussion

The findings underscore the need for targeted policies and interventions that address the social determinants of youth suicide and promote mental well-being among young people. Strategies such as community-based prevention programs, school-based mental health initiatives, and media literacy campaigns can help mitigate the impact of social change on youth suicide rates. Furthermore, efforts to strengthen family support systems, improve access to mental health services, and reduce stigma surrounding suicide are essential for preventing suicide and supporting those at risk.

III. SOCIO-ECONOMIC DISPARITY

Socio-economic disparity can significantly influence the mental health and well-being of young people in India, contributing to youth suicide. Young people from low-income families may face greater stress due to financial instability, limited access to basic needs, and fewer opportunities for education and employment. This can lead to feelings of hopelessness and despair. Educational attainment and employment opportunities are often linked to socioeconomic status. Disparities in access to quality education and job opportunities can impact young people's aspirations and sense of purpose, potentially leading to mental health issues and suicide. Disadvantaged groups such as Dalits, Adivasis, and other marginalized communities often face social exclusion and discrimination, which can exacerbate feelings of alienation and despair among young people. Youth living in rural areas may have limited access to mental health resources, education, and employment opportunities compared to their urban counterparts. This divide can contribute to feelings of isolation and depression. Strong family and community support networks can play a protective role against suicide. However, in socio-economically disadvantaged families, the burden of financial stress and other issues may limit the support available to young people. Socio-economic disparity can limit access to quality mental health care for young people. This includes availability, affordability, and stigma surrounding mental health services, which may prevent young people from seeking help. Young people who migrate for education or employment may experience challenges such as social isolation and lack of support networks, which can increase the risk of mental health issues and suicide. Socio-economic challenges can lead some young people to turn to substance abuse as a coping mechanism, which can exacerbate mental health problems and increase the risk of suicide. Effective policies and interventions that address socio-economic disparities, provide support for mental health, and promote inclusive development can help mitigate the risk of youth suicide. In some cases, socio-economic pressures can intersect with cultural and familial expectations, placing additional stress on young people to succeed academically or financially.

Addressing socio-economic disparities and improving access to mental health services can help reduce the risk of youth suicide in India. It requires a comprehensive approach that includes education, healthcare, social support, and economic opportunities for young people across different regions and communities.

IV. CULTURAL INFLUENCES AND SUICIDE RISKS

In many Indian communities, there is a strong stigma associated with mental health issues.

Young people may be hesitant to seek help for fear of being judged, ostracized, or labeled as "weak" or "unstable." Traditional family structures in India often emphasize obedience, respect for elders, and fulfilling familial expectations. Young people may experience significant pressure to succeed academically or professionally, leading to stress and anxiety. In some cultures, arranged marriages and societal expectations around relationships can create stress for young people, particularly if there is pressure to conform to traditional roles or if there are conflicts with family members. The concept of family honor and reputation can impact how young people perceive their worth and identity. Fears of bringing shame to the family can increase pressure and stress, potentially contributing to suicide risk. While tight-knit communities and strong social support networks can be protective factors, they can also be sources of stress if young people feel that they must conform to community norms or expectations. Religious beliefs can influence attitudes toward suicide and mental health. While some religious traditions offer support and guidance, others may stigmatize suicide, making it difficult for young people to seek help. Traditional gender roles and expectations can create unique challenges for young people, particularly for young women who may face additional barriers and pressures. Media portrayal of suicide can sometimes glamorize or sensationalize the issue, impacting young people's perceptions and potentially contributing to imitation or copycat behavior. Cultural norms around expressing emotions and seeking help can influence how young people cope with stress and adversity. In some cases, traditional coping mechanisms may not be sufficient to address the complexities of modern challenges. Differences in values and beliefs between generations can create conflicts and misunderstandings that may contribute to stress and feelings of isolation for young people.

Addressing cultural influences on youth suicide risk in India requires culturally sensitive approaches that respect traditional values while also promoting awareness, education, and access to mental health resources. Open dialogue and community involvement can help reduce stigma and provide support to young people in need.

V. MENTAL HEALTH CHALLENGES AMONG INDIAN YOUTH

Depression and anxiety disorders are common mental health challenges among young people and can significantly increase the risk of suicide. These conditions can be exacerbated by academic pressure, relationship problems, and family issues. High levels of stress from academic, familial, or societal pressures can contribute to mental health issues. Young people may struggle with managing expectations, leading to feelings of inadequacy and despair. Substance abuse, including alcohol and drugs, can impair judgment and increase impulsivity,

making young people more vulnerable to suicidal ideation and behavior. Bullying, both in person and online, can have a severe impact on young people's mental health. Persistent bullying can lead to feelings of hopelessness and loneliness, which are risk factors for suicide. Young people who have experienced trauma or abuse, such as domestic violence or sexual abuse, may be at higher risk of developing mental health issues and suicidal thoughts. Struggles with identity, self-esteem, and body image can affect mental health, particularly among adolescents and young adults. These challenges can be compounded by societal expectations and cultural norms. Social isolation and feelings of loneliness can contribute to mental health challenges and increase the risk of suicide. This is particularly relevant for young people who may be separated from their support networks due to migration, relocation, or other factors. Limited access to mental health services and support can make it difficult for young people to receive the help they need. This can lead to untreated or poorly managed mental health issues. Young women and men may face different challenges when it comes to mental health. For example, young women may face issues related to gender-based violence and discrimination, while young men may struggle with societal expectations around masculinity and self-reliance. The cultural stigma surrounding mental health can prevent young people from seeking help or openly discussing their struggles, leading to untreated conditions that can increase the risk of suicide.

Effective prevention and intervention strategies should address these mental health challenges through education, awareness, and access to care. Early identification and treatment of mental health issues can play a key role in reducing the risk of youth suicide in India.

VI. IMPACT OF MODERNIZATION AND TECHNOLOGICAL ADVANCEMENT

Modernization and technological advancements have brought many benefits to society, but they can also have a significant impact on youth suicide rates. While technology can provide opportunities for connection and support, it can also present challenges that contribute to the risk of suicide among young people. Social media platforms offer avenues for connection and self-expression, but they can also expose young people to cyberbullying, harassment, and negative comparisons. Constant exposure to idealized images and lifestyles can lead to feelings of inadequacy and depression. Despite the increased connectivity provided by technology, young people can still experience loneliness and isolation. Excessive use of digital devices may lead to a lack of in-person social interactions, impacting mental health. The use of smartphones and other electronic devices late at night can disrupt sleep patterns. Poor sleep has been linked to an increased risk of depression and anxiety, which can contribute to suicide risk. The internet

provides easy access to harmful content, including information on suicide methods and self-harm. This exposure can normalize these behaviors and potentially influence vulnerable young people. The rapid pace of modernization can create additional stress for young people, who may feel pressure to keep up with technological changes and evolving social norms. Technological advancements in education can increase academic pressure on young people to perform well. The availability of online resources and courses may create competitive environments, contributing to stress and anxiety. While there are challenges, technology also offers opportunities for accessing mental health resources and support networks online. This can provide young people with avenues for seeking help and information. Encouraging young people to take breaks from technology and engage in offline activities can promote better mental health and well-being. Technology can impact family dynamics and peer relationships, potentially leading to conflicts or misunderstandings. Open communication and healthy boundaries are important for maintaining positive relationships. Promoting digital literacy and online safety can help young people navigate the digital world more responsibly and protect themselves from harmful content and interactions.

Addressing the impact of modernization and technological advancements on youth suicide requires a balanced approach that includes education, awareness, and support. Encouraging responsible technology use and fostering open communication about mental health can help mitigate the risks and promote the well-being of young people.

VII. LEGAL LANDSCAPE

Section 309 of the Indian Penal Code (IPC), 1860 is the legal provision that talks about ATTEMPT TO SUICIDE and reads as follows:

"Whoever attempts to commit suicide and does any act towards the commission of such offense, shall be punished with simple imprisonment for a term which may extend to one year or with fine, or with both."

Also, sections 305 and 306 of IPC, 1860 talks about abetment to suicide in case of a child or insane person and any other person respectively. This provision criminalizes the attempt to commit suicide. This can be understood through various cases filed.

In P. Rathinam v. Union of India (1994) the Supreme Court revisited the issue of the constitutionality of Section 309 of the IPC. The court ruled that the right to life includes the right to die by suicide, and therefore, Section 309 violates Article 21. However, this judgment was overruled by the larger bench in Gian Kaur v. State of Punjab.

In Gian Kaur v. State of Punjab (1996), the Supreme Court of India upheld the constitutional validity of Section 309 of the IPC, ruling that the right to life under Article 21 of the Constitution does not include the right to die or commit suicide. However, the court also noted that individuals who attempt suicide should be treated with compassion and provided with mental health support rather than being subjected to punishment.

In *M.S. Dubal v. State of Maharashtra (2010),* the Bombay High Court emphasized the need to decriminalize attempted suicide and recommended that the legislature consider amending Section 309 of the IPC. The court highlighted the importance of treating individuals with mental health issues with empathy and understanding, rather than subjecting them to criminal prosecution.

The Mental Healthcare Act, of 2017 aims to provide mental healthcare and services for persons with mental illness and to protect, promote, and fulfill the rights of such persons. It decriminalizes suicide attempts and prohibits the use of electroconvulsive therapy on minors for treating mental illness without the use of anesthesia and muscle relaxants.

These legal provisions and cases highlight the ongoing debate surrounding the criminalization of suicide attempts and the need for compassionate and comprehensive approaches to addressing mental health issues among youth in India.

VIII. NATIONAL CRIME RECORDS BUREAU (NCRB) DATA

NCRB is the source from the government that collects and publishes data on V prevalent in India annually. Thus, the data from NCRB provides insights into the prevalence and trends of youth suicide, helping policymakers and stakeholders develop effective strategies for prevention and intervention. As per 2022 data on suicide, India ranks on top. 41% of the data collected shows suicide committed by youth (less than 31 years of age). In 2022, the suicide rate increased by 4.2% from 2021, from 12 to 12.4 per 100,000 population (1,64,033 to 1,70,924) – the highest recorded rate over 56 years. This was the same year that the Government of India launched the National Suicide Prevention Strategy, a commendable move to articulate a country-wide approach to suicide prevention. The strategy outlined a clear target to reduce suicide deaths by 10% of the baseline year of 2020. The steep rise in the rate, however, widens the gap to meeting this target. Suicide rates varied substantially across the country, from as low as 0.6 per 100,000 population in Bihar to as high as 43.1 per 100,000 in Sikkim. This variance was significant and most pronounced in smaller states or union territories with low populations, resulting in higher reported rates. Among the geographically larger and more populous states, Kerala had the highest rate at 28.5 per 100,000 population, followed by

Chhattisgarh at 28.2, and then Telangana at 26.2. Maharashtra, Tamil Nadu, and Madhya Pradesh, the top three states in absolute numbers, collectively accounted for one-third of all suicides in the country and had suicide rates of 18.1, 25.9, and 17.9 respectively. Problems with this data can be because of several reasons for the improper data such as a lack of good documentation, death analysis treatment not good. Social stigmas that end in low reporting and death of women are mostly due to suicide which provides a backstep for a country like India.

The **general** risk factors for suicide in India are:

mental illness (54%), negative family issues(36%), education stress(23%) Over 13,000 student suicide deaths in one year**:** NCRB Report 2023[6], societal pressure(20%), violence(22%), economic crisis(9%), and relationship issues(9%).

Major causes for **youth** suicide:

sexual assault, intergeneration gap, failure in studies, gender and caste discrimination, parental pressure, alcoholism, and internet addiction.

Causes for more suicide in **female** youth are:

Arranged marriage, forced pregnancy, marriage in early teens, marginalized sectors in society, domestic violence, and rigid gender roles. Due to failure in exams, in 2022 2095 people committed suicide. Social media high impact on searches related to suicide and its reasons. Depression, anxiety, isolation, and decreased social support associated with the coronavirus disease 2019 (COVID-19) pandemic and related lockdowns have likely contributed to increased suicide risk in youth.[7]

IX. SOLUTION FOR SUICIDE PREVENTION

A National Crime Prevention Strategy was formulated for controlling the suicide rate. In November 2019, one task force was established to work on the same. On 21 November 2022, this force came up with a strategy that by 2030 there will be a 10% reduction in suicide rate. It suggested a vigilance committee be established for proper survey and help. Mental welfare programs to guide youth in small towns and districts as well as provide suicide prevention services. Coordination between Health, Education, Ministry of Information and Broadcasting and Ministry of Social Welfare. Also, Ministry od Social Justice and Empowerment started a 24*7 helpline number called as "KIRAN". The dial number for the same is 104. The

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[6] (Krishna, 2023)

[7] (Jeffrey A. Bridge, PhD; Donna A. Ruch, PhD; Arielle H. Sheftall, PhD; Hyeouk Chris Hahm, PhD, LCSW; Victoria M. O'Keefe, PhD; Cynthia A. Fontanella, PhD; Guy Brock, PhD; John V. Campo, MD; Lisa M. Horowitz, PhD, MPH, *Publications.aap.org* 2023)

observance of World Suicide Prevention Day (September 10) in India comes just days after Kota recorded 23 student suicides already in 2023, its highest since 2015, when it recorded 17 student deaths by suicide.[8] The number of student suicides in India since 2011 has generally increased every year. Having a strong and broad social support system was reported as a protective factor to suicidality. Social support systems (including considerations around being part of a social network) and the types of social support received from those linkages are described. Important social networks were identified as family, friends, community, and school connectedness.[9]
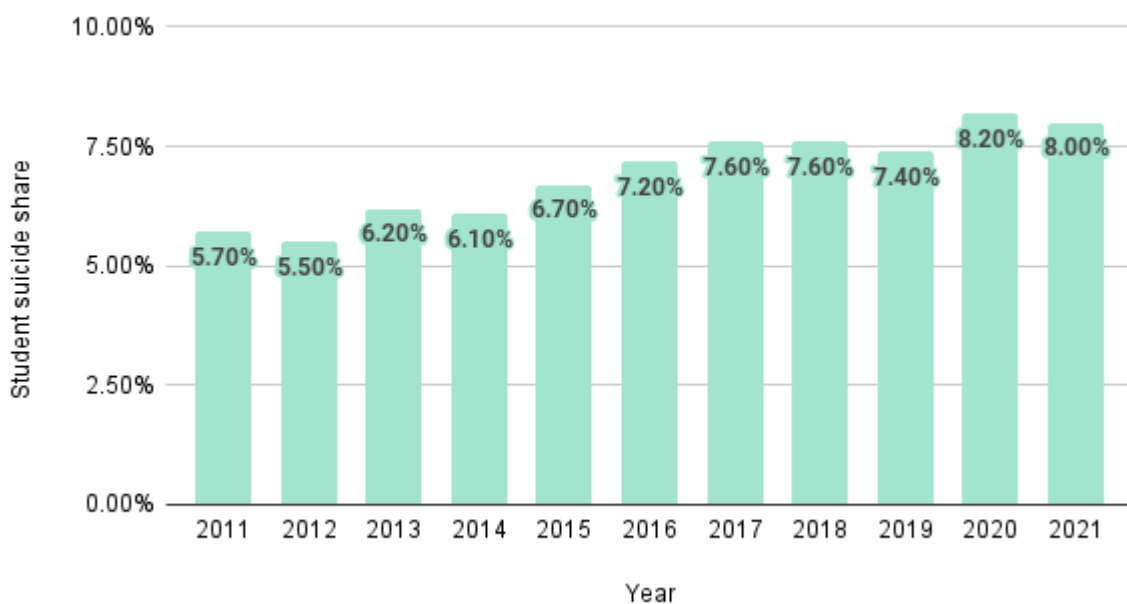
X. COACHING CENTRE BILLS

Many legislation to govern coaching centres have previously been introduced in parliament, but none have been passed. The first bill was the Private Coaching Centres Regulatory Board Bill of 2016. The bill suggested establishing a Private Coaching facilities Regulatory Board to govern the operation of private coaching facilities. However, it was not passed. Later in 2019, another bill, The Pre-examination Coaching Centres Regulatory Authority Bill, 2019, was introduced in parliament but not passed. It advocated establishing a governing authority for pre-examination tutoring centres. "In response to the Kota occurrences, the state of Rajasthan

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[8] (Sachdeva, 2023)

[9] (Sana Z. Shahram, Michelle L. Smith, Shelly Ben-David, Melissa Feddersen, Thomas E. Kemp, Katrina Plamondon, *Promoting "Zest for Life": A Systematic Literature Review of Resiliency Factors to Prevent Youth Suicide* 2021)

has issued guidelines, but other governments will be required to follow suit. Through this PIL, we sought the Supreme Court to issue some urgent directions. [10]

XI. CONCLUSION

This paper has explored the impact of social change on youth suicide, highlighting the complex interplay between societal transformations, developmental processes, and mental health outcomes among adolescents and young adults. By understanding the mechanisms through which social change influences suicide risk, policymakers, educators, and mental health professionals can develop targeted interventions and policies that address the underlying social determinants of youth suicide and promote resilience and well-being among young people.

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[10] (Sachdeva, 2023)

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