



# Trends, Causes, And Consequences Of Teenage Suicide In Arunachal Pradesh: A Sociological Inquiry

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## INTRODUCTION

Suicide, particularly among adolescents, has emerged as a profound public health challenge that transcends geographical, cultural, and socioeconomic boundaries. In India, the issue is particularly alarming in the northeastern states, where unique cultural dynamics and socio-economic factors converge to create an environment in which young individuals grapple with immense psychological stress. Arunachal Pradesh, a state nestled in the eastern Himalayas, stands out due to its strikingly high rates of adolescent suicide. According to the National Crime Records Bureau (NCRB) data from 2020, Arunachal Pradesh recorded one of the highest suicide rates in India, with estimates suggesting that approximately 59% of total suicide cases involved individuals under the age of 25. This statistic underscores an urgent public health crisis that necessitates thorough analysis and immediate intervention.

The stark reality of teenage suicide in Arunachal Pradesh warrants an examination of the broader sociocultural factors intertwined with individual mental health issues. Adolescence is typically a formative stage of life, characterized by identity exploration, social dynamics, and various pressures such as academic expectations and familial responsibilities. In Arunachal Pradesh, the interplay of traditional customs and modern influences creates a complex landscape for youth, often resulting in significant emotional and psychological turmoil that renders adolescents particularly vulnerable to self-destructive thoughts and behaviors.

Cultural stigmas surrounding mental health issues further exacerbate the situation, as discussions around mental health are often shunned in many communities within the state, perpetuating myths and misconceptions. This lack of communication and understanding prevents young people from seeking help and support. Moreover, family dynamics play a crucial role, with the expectations placed upon adolescents often being overwhelming, particularly in regions where academic and familial achievements are highly revered. Failure to meet these expectations can lead to feelings of inadequacy and hopelessness.

Educational pressures serve as another contributing factor to the rising rates of teenage suicide. In a society that often equates academic performance with future success, the immense pressure to excel can become detrimental to adolescent well-being. Schools may fail to provide adequate mental health education or support, leaving students to navigate their struggles alone. The cultural diversity of Arunachal Pradesh means that ethnic differences affect parenting styles, social interactions, and coping mechanisms, further complicating the mental health landscape for teenagers.

In recent years, community awareness of mental health issues has begun to emerge, yet significant barriers remain. Rural areas, where access to mental health services is limited, pose distinct challenges. The lack of mental health professionals equipped to handle adolescent issues perpetuates a cycle of suffering, as adolescents remain unaware of the resources available to them or unable to access them. The intergenerational transmission of trauma, particularly in communities affected by past conflicts and economic hardships, adds layers of complexity to the challenges faced by today's youth.

This paper seeks to deconstruct the multifaceted nature of teenage suicide in Arunachal Pradesh, illuminating the intricate interplay of societal attitudes, family dynamics, educational challenges, and mental health stigmas. By employing both qualitative and quantitative data, this research endeavors to provide a comprehensive understanding of the factors driving this alarming trend among adolescents in the state. Additionally, the study aims to highlight necessary interventions and policy recommendations tailored to the unique sociocultural context of Arunachal Pradesh, fostering a more supportive environment for young people grappling with mental health issues. Ultimately, recognizing and addressing the roots of this crisis is essential to reversing the trends of teenage suicide and building a foundation for healthier future generations.

## LITERATURE REVIEW

Several studies highlight the increasing rates of suicide among adolescents in India, with particular emphasis on the northeastern states where cultural and social dynamics vastly differ from the rest of the country. According to a report by the National Crime Records Bureau (NCRB), Arunachal Pradesh exhibited a suicide rate of 29.9 per 100,000 individuals in 2019, disproportionately affecting young people. This alarming statistic reveals the need for targeted research examining the societal pressures contributing to this trend.

Research by Durkheim (1897) posits that social integration and regulation significantly influence suicide rates, suggesting that a lack of community support systems can lead to mental health crisis among adolescents. Societal changes, including modernization and urbanization, have disrupted traditional social structures, leading to increased vulnerability among teenagers.

To understand teenage suicide in Arunachal Pradesh, it is essential to review existing literature on suicide trends in India and adolescents in particular.

Research shows that socio-economic status, mental health issues, substance abuse, familial discord, and academic pressure often contribute to suicidal ideation and attempts among teenagers (Chandrasekaran, 2017; Thakur, 2019).

Researchers like Gogoi and Tiwari (2020) have emphasized the importance of considering cultural contexts when addressing mental health challenges in northeastern states, as cultural stigma often discourages seeking help.

Tarun Mene's doctoral thesis (2013) emphasizes that the Idu Mishmi tribe has one of the highest suicide rates in India, with limited scope for marital relationships being a major reason for frustration among younger generations.

Recent empirical studies also focus on the role of educational pressure, mental health stigma, and substance use among teenagers in Arunachal Pradesh. A study by Ahmed et al. (2021) highlights the immense academic expectations placed on adolescents as a potential risk factor for suicidal ideation, particularly risk in a state where educational achievement is highly valued.

## RESEARCH METHODOLOGY

Understanding the multifaceted issue of teenage suicide in Arunachal Pradesh requires a robust research methodology that encompasses both qualitative and quantitative approaches. This section elaborates on the framework used for data collection and analysis, focusing on the strengths of integrating different methods to deepen our understanding of this complex phenomenon.

### Quantitative Research

Quantitative data provide a foundational overview of the prevalence and patterns of suicide among teenagers in Arunachal Pradesh. For this study, data was collected from the National Crime Records Bureau (NCRB), local health departments, and educational institutions. Key statistical methods were employed to analyze trends across various demographics, specifically considering age, gender, and geographic distribution.

#### 1. Statistical Analysis

**Data Extraction:** Suicide statistics were retrieved from the NCRB annual reports for the last decade, focusing on age-specific data for individuals aged 15 to 29. This statistical data served as a baseline for understanding the scope of the issue within the state.

**Trend Analysis:** A time-series analysis was conducted to track fluctuations in suicide rates over the years, identifying peaks and potential correlations with sociopolitical events or changes in mental health policies.

**Demographic Distribution:** Statistical tests, such as chi-square tests, were employed to determine significant differences in suicide rates across various demographics including urban versus rural divides, socioeconomic status, and educational backgrounds.

#### 2. Surveys:

**School Surveys:** Structured questionnaires were distributed to students across multiple schools in Arunachal Pradesh to gauge their mental health status, educational pressures, and socio-familial dynamics. The surveys aimed to identify common stressors that may contribute to feelings of hopelessness or isolation among teenagers.

**Sample Size and Sampling Technique:** A stratified random sampling technique was employed to ensure representation from various districts within Arunachal Pradesh, accounting for the ethnic and cultural diversity that characterizes the region.

### Qualitative Research

While quantitative data offers statistical insight, qualitative research methodologies are crucial for understanding the deeper, lived experiences of adolescents in Arunachal Pradesh. This aspect of the research aimed to explore the socio-emotional landscape of teenage life, revealing intricate interplay among environmental factors, cultural attitudes, and personal struggles.

#### 1. Interviews:

**In-depth Interviews:** Semi-structured interviews were conducted with key stakeholders, including mental health professionals, educators, parents, and adolescents. This approach allowed for open-ended responses and in-depth discussions surrounding themes such as emotional well-being, family expectations, and the impact of cultural beliefs on mental health.

**Focus Groups:** Focus group discussions were organized in schools to create a safe space for teenagers to share their thoughts and feelings about their experiences. These discussions provided valuable insights into

common challenges faced by youth, such as academic pressures, bullying, and the stigma surrounding mental illness.

## 2. Case Studies:

**Individual Case Studies:** Detailed case studies were developed based on interviews with individuals who had attempted suicide or had lost someone close to suicide. This qualitative aspect helped capture the nuances of personal histories, mental health struggles, and the absence of support systems.

**Community Observations:** Participant observation was utilized in selected communities to understand the social dynamics and cultural attitudes towards mental health and suicide. By immersing in the communities, researchers were able to witness firsthand the impact of societal beliefs on adolescent behavior and mental health narratives.

## Analytical Framework

The integration of both qualitative and quantitative methods allows for a triangulated analytical framework, enhancing the validity and reliability of the findings. For data analysis:

**Statistical Software:** Tools such as SPSS and R were used for quantitative data analysis to conduct descriptive and inferential statistics.

**Thematic Analysis:** Qualitative data from interviews and focus groups were analyzed using thematic analysis, identifying key themes related to mental health, family dynamics, and cultural perceptions surrounding suicide.

## Secondary data sources

It included government and NGO reports, articles from academic journals, books, and statistics from the National Crime Records Bureau (NCRB), The Hindu newspaper articles to analyze trends in suicide.

## Ethical Considerations

Given the sensitive nature of the topic, ethical considerations were paramount throughout the research process. Informed consent was obtained from all participants, ensuring they understood the purpose of the study and their right to withdraw at any time. Special care was taken to maintain confidentiality, particularly for vulnerable populations such as adolescents.

## KEY FINDINGS

**Suicidal Ideation:** The analysis of the quantitative data indicated that nearly 20% of the respondents reported having experienced suicidal thoughts at some point in their lives.

**Academic Pressure:** The findings also revealed a strong correlation between academic pressure and mental health issues, with over 60% of respondents acknowledging high levels of stress related to school performance.

**Social isolation** was identified as a significant risk factor, particularly among teenagers lacking a supportive familial or peer network.

**Mental Health Stigma:** Cultural stigma surrounding mental health issues hinders open discussions and seeking of professional help.

**Societal and Familial Expectations:** The qualitative interviews reinforced the quantitative findings, illustrating that many teenagers feel immense pressure to meet societal and familial expectations. Parents and

educators often inadvertently contribute to this pressure, cultivating an environment where mental health issues are stigmatized, leading to silence and isolation among affected individuals.

Access to mental health services was identified as a critical challenge, with many respondents noting a lack of available resources and a general unwillingness to seek help due to stigma. Interviewees also emphasized the need for cultural sensitivity in mental health interventions, as many traditional beliefs and practices may not align with Western models of mental health care.

## **DISCUSSION**

The findings of this research indicated that teenage suicide in Arunachal Pradesh is influenced by a complex array of academic pressure, social isolation, and mental health stigma presents a formidable challenge that requires multifaceted intervention strategies.

Given the importance of familial and community support, initiatives focusing on increasing mental health literacy among parents and educators could serve to create more understanding and reduce stigma surrounding mental health issues. Programs aimed at fostering open communication within families and promoting peer support systems in schools could also alleviate some of the pressures experienced by adolescents.

Moreover, enhancing the availability of mental health resources, including counseling services and suicide prevention programs, is imperative. Collaborations among government agencies, NDOs, and educational institutions could facilitate the implementation of these programs, ensuring they are accessible and culturally relevant.

## **SOCIOLOGICAL CONTEXT OF ARUNACHAL PRADESH**

Arunachal Pradesh is characterized by its diverse ethnic composition, comprising over 100 distinct tribes and communities, which shape social interactions, value systems, and coping mechanisms. This diversity, while a source of rich cultural heritage, also creates complex social dynamics that can impact adolescent mental health. Many communities espouse traditional beliefs and practices, often rooted in a collectivistic ethos. However, rapid modernization and exposure to urban influences have disrupted these age-old structures, resulting in a cultural clash that can lead to confusion and alienation among teenagers.

The state also grapples with socioeconomic challenges, such as poverty, limited access to healthcare, and inadequate educational infrastructure. Youths face significant pressures related to academic performance and future prospects, often exacerbated by familial expectations and immediate peer comparisons. The rural-urban divide further complicates the situation; many adolescents in rural areas confront harsher living conditions and lack of resources, while urban youth may contend with heightened competition and social isolation. The anxiety stemming from these pressures is compounded by limited awareness of mental health issues, which remains a stigmatized topic in many communities.

## **TRENDS IN TEENAGE SUICIDE**

According to the NCRB (2020), Arunachal Pradesh registered a notable increase in suicide cases, with an alarming spike among teenagers. Data indicates that 59% of the total suicide cases in the state involved individuals aged 10-29, with teenagers also facing high rates of mental health disorders. The suicide rates among female teenagers have often surpassed their male counterparts, with a ratio of 53:47, although the gap is narrowing as societal pressure transcend gender lines. The state's suicide rate is slightly higher at 10.5 per 100,000 people as compared to the National average suicide rate which is around 10.2 per 100,000 populations. The state's unique cultural and social dynamics, particularly among some tribes like the Idu

Mishmi, contribute to its distinct demographic pattern. In this community, females outnumber males in suicide cases, unlike the national trend.

## **FACTORS CONTRIBUTING TO TEENAGE SUICIDE**

### **Mental Health Issues**

Studies reveal a significant correlation between mental health disorders and suicidal behavior among adolescents. Depression, anxiety, and in some cases, undiagnosed conditions can lead to fatal outcomes. Unfortunately, mental health resources are scant in Arunachal Pradesh, leading to inadequate support for those in need.

### **Academic Pressure**

The high competitive educational environment further aggravates to excel academically often leads to anxiety, feelings of inadequacy, and despair among students, culminating in suicidal ideation.

### **Family Dynamics**

Family structures in Arunachal Pradesh vary widely, with some adolescents facing pressure stemming from parental expectations, strained familial relationships, or lack of family support. A study by Pamei (2020) indicates that a toxic home environment contributes significantly to teenage angst.

### **Substance Abuse**

Substance abuse is increasingly recognized as a major risk factor for teenager suicide. Many adolescents turn to alcohol and drugs as coping mechanisms, which can exacerbate feelings of hopelessness.

### **Cultural Factors**

Cultural stigma surrounding mental health inhibits open dialogues about distress and suicide, resulting in unaddressed emotional and psychological needs. The lack of culturally sensitive mental health services exacerbates the issue, fueling a cycle of despair among youth.

### **Unexpected Crisis**

Psychologists have been flagging the issue of mental health due to COVID lockdown where students stayed cooped up at homes without access to classrooms or emotional socialization for nearly 18 months.

## **THE ROLE OF SOCIAL MEDIA**

Social media's double-edged sword plays a critical role in shaping teenagers' mental health. While it can provide platforms for connection and support, it also exposes youths to bullying, unrealistic standards, and comparison-driven depression. The power of social media can amplify feelings of isolation among vulnerable adolescents.

**Cyber bullying:** Online harassment can exacerbate feelings of loneliness, anxiety, and depression among teenagers.

**Unrealistic standards and expectations:** Social media platforms often present unrealistic standards and expectations and promote competition, potentially increasing stress and anxiety.

Lack of Emotional Support: Reduced face-to-face interaction can limit emotional support from peers and family members.

## **CONSEQUENCES OF TEENAGE SUICIDE**

The consequences of teenage suicide extend far beyond the individual, reverberating throughout families, communities, and society as a whole. The loss of a young life often leads to profound grief for families, generating a cycle of trauma that can impair parental functioning, sibling relationships, and community ties. The stigma surrounding suicide may lead to social isolation for bereaved families, further hindering their ability to cope with the loss.

Moreover, the prevalence of adolescent suicide can contribute to a culture of fear and hopelessness within communities. Young people's aspirations for their futures are often undermined by the awareness of suicide's impact, breeding a sense of fatalism and despair that can stifle community development. Over time, this entrenched negativity can diminish the overall quality of life, which is especially troubling in a region with significant potential for growth and evolution.

## **POLICY INTERVENTIONS AND RECOMMENDATIONS**

To combat the rising tide of teenage suicides in Arunachal Pradesh, a multifaceted approach is needed. Recommendations include:

### **Enhancing Mental Health Infrastructure:**

A fundamental step towards reducing suicide rates is the enhancement of mental health infrastructure. The state requires increased investment in mental health services, including the establishment of more counseling centers and the training of mental health professionals in schools and communities. This can be achieved through partnerships with non-governmental organizations (NGOs) and healthcare institutions, ensuring that adolescents have access to timely and effective mental health support.

### **Curriculum Reforms:**

Infusing mental health education into school curricula could destigmatize these issues while equipping students with coping mechanisms.

### **Implementing School-Based Mental Health Programs:**

Schools play a pivotal role in the lives of teenagers and can serve as a critical platform for preventive interventions. Implementing school-based mental health programs can help de-stigmatize mental health issues and promote emotional well-being. These programs should include workshops on stress management, coping strategies, and resilience building. Additionally, training teachers to recognize signs of mental distress can facilitate early intervention, potentially averting crisis.

### **Promoting Awareness and Education:**

Public awareness campaigns tailored to the culture nuances of Arunachal Pradesh are essential in altering perceptions associated with mental health. Such campaigns can aim to educate communities about the signs of depression and suicidal ideation, as well as available resources for help. By fostering an environment where mental health discussions are normalized, individuals may be more likely to seek help without fear of judgment.

**Strengthening Family Support Systems:**

Families often play a crucial role in an adolescent's mental health. Policies should encourage the establishment of family support programs that educate parents about mental health issues and how to recognize and address them effectively. Family counseling services can help improve communication within households, ensuring that teenagers feel supported and understood.

**Addressing Socio-Economic Factors:**

The socio-economic conditions prevalent in Arunachal Pradesh must be addressed to create a supportive environment for adolescents. Initiatives aimed at poverty alleviation, educational access, and employment opportunities can alleviate some of the stressors that contribute to suicidal thoughts. Furthermore, programs that enhance vocational training and skill development can empower teenagers and provide them with a sense of purpose and direction.

**Encouraging Youth Engagement:**

Engaging teenagers in community activities and decision-making processes can cultivate a sense of belonging and purpose. Policies should encourage the formation of youth groups that focus on mental health advocacy and community service. Providing a platform for young voices will empower adolescents and potentially decrease feelings of isolation, which can lead to suicidal ideation.

**CONCLUSION**

The rising suicide rates among teenagers in Arunachal Pradesh require urgent attention from policymakers, educators, and health professionals. According to National Crime Records Bureau (NCRB), the state registered a notable increase in suicide cases, with 59% of the total suicide cases involving individuals under the age of 25 (NCRB, 2020). By comprehensively understanding the sociocultural context and the varied challenges faced by adolescents, targeted interventions can be formulated. Prioritizing mental health, fostering open discussions, and building supportive communities are essential steps to address this critical issue effectively. With a concerted effort, it is possible to reduce the alarming rate of teenage suicides in Arunachal Pradesh and ensure that every teenager has access to the support they need to thrive. Implementing the recommended policy interventions, such as enhancing mental health infrastructure and promoting awareness and education, can potentially save lives and improve the well-being of adolescents in the state. Continued research and action are imperative to ensure that every teenager in Arunachal Pradesh has access to the support they need to thrive.

By taking proactive steps, we can work towards a future where every teenager in Arunachal Pradesh can live a healthy, happy, and fulfilling life.

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