EDITORIAL

# Incidence, Prevalence, Method and Mode of Suicide: A Brief Overview

Dr. Pradeep Kumar

*Editor in Chief, Journal of Psychosocial Well being & Consultant, Psychiatric Social Work, State Institute of Mental Health, Pt. BDS, UHS,Rohtak, Haryana.*

## ABSTRACT

**Background:** Suicide is death caused by injuring oneself with the intent to die**.** Every minute, four males and six females need inpatient treatment due to suicide attempts. Males die from suicide at twice than female and their attempts result in death three times more often than female attempts. As per Centres for Disease Control and Prevention, there is 1 death every 11 minutes. Seventy-seven present of global suicides occur in low- and middle-income countries. **Aims**: To explore about Incidence, Prevalence, Method and Mode of suicide**.** Suicide rates were also varying in the different parts of the country. **Methods**: For this, literature has been looked for manually as well as through electronic resources like PubMed, PsycINFO, EMBASE, Global Health, Google Scholar, IndMED , JSTOR, and Research Gate . The abstracts of relevant papers were independently examined by author .Out of eighty one there were fifty four papers met the criteria for the analysis. **Conclusion;** Information about suicide in India is limited, but it is an important and growing public health problem. Towards methods of suicide, hanging and poisoning is very common in India, while in United States 55% men and 31% females were commit suicide with the guns.The incidence, prevalence, mode and method of suicide depend on the culture, economic, sociocultural belief, availabilities of materials of the particular regions and social conditions in the respective country.

***Key words***: Suicide, prevalence, method, hanging, poisoning, mental health,

ISSN: **2582-6891**

## INTRODUCTION

Suicide is an important cause of death. Around 800000 to 1 million people die by suicide annually, making suicide the 10th leading cause of death worldwide (Bidaki et al 2016). This is premature mortality where a person deliberately terminates their own life. This is a major mental health issue as well as social problem. This may occur at any stage within a life span of person. The effects of the suicide rate on society as well as family become serious due to the monetary losses , development of psychological burden and secondary mental diseases in the bereaved (Kim et al, 2019).

Suicide incidence refers to the frequency of suicide within a population and is a key focus for research, especially in field of social sciences as well as health Sciences. It has found that among young people (aged 15-29), suicide was the fourth leading cause of death (after road injury, tuberculosis and interpersonal violence) . Every year, more people die as a result of suicide than HIV, malaria or breast cancer or war and homicide. Ilic & Ilic found that the global Annual Suicide Rate (ASR) (mortality of suicide) was 9.0/100000 population in both sexes (12.6 in males *vs* 5.4 in females).

In India suicide rate of 14.04/lakh population in 2019 puts it at 49th rank globally (GBD 2019). Indian union health ministry estimates state that 1.2 lakh people commit suicide and over 4 lakh people attempt suicide

**Corresponding Author-** Dr Pradeep Kumar, Editor in Chief, Journal of Psychosocial Well being & Consultant, Psychiatric Social Work, State Institute of Mental Health, Pt. BDS, UHS, Rohtak, Haryana.

**Email id -** pradeep.meghu@gmail.com, pradeep.pgims@uhsr.ac.in

**How to cite:** Kumar, P (2026). Incidence, Prevalence, Method and Mode of suicide: A Brief Overview. Journal of Psychosocial Wellbeing 7(1):01-09.

**DOI:** https://doi.org/10.55242/JPSW.2026.7101

**Received:** 07.02.2026 **Revised:** 17.03.2026
**Accepted:** 09.04.2026 **Published:** 14.05.2026

every year in this country. Most people who commit suicide in India (37.8%) are below 30 years of age. The percentage of suicides committed by those below 44 years is 71%. Kerala, the country's first fully literate state, has the highest number of suicides (Reddy,2020). A demographic analysis revealed higher prevalence among young adults and married individuals and attempts occurred in the afternoon and evening. Male suicide attempts peaked between 4 pm and 6 pm, while female attempts peaked at 6 pm. Hanging was the most common method. Weekday trends showed higher attempts (on Fridays and Mondays). Identifying vulnerable individuals, such as young adults and married individuals during the afternoon and evening hours allows for closer monitoring and intervention, with heightened vigilance on Fridays and Mondays.( Kanani & Sheikh,2024). Pradhan et al mentioned that death on spot was 47% , 41% victims died within 24 hours of incidence, and 11% victims survived for 7 days (Pradhan et al 2012).

## OTHER THAN THE COUNTRY (INDIA)

On World Suicide Prevention Day 2008, WHO claimed that Japan, China and India might account for about 40% of the world suicides (Reddy 2020). Clusters with high suicide rates were men, the elderly, and Whites. Groups with high attempted suicide rates were teenagers, young adults, women . Poisoning and firearm were the most common methods used among those attempting suicide and those completing suicide acts, respectively. The most lethal method was firearm (Spicer & Miller,2000). Suicide rates are higher among men than women, and the probability of suicide is 3 to 4 times higher for men than for women. (Bidaki et al 2016). **Male**: More than twice as many males die due to suicide as females (12.6 per 100 000 males compared with 5.4 per 100 000 females). Suicide rates among men are generally higher in high-income countries (16.5 per 100 000). **Female**: Highest suicide rates are found in lower-middle-income countries (7.1 per 100 000).(WHO-2021).

Table -1 **Prevalence of suicide (India)**

| **Authors** | Year | **Prevalence of suicide** |
|---|---|---|
| Nandi | 1978 | 2.4 per 100,000 in 1872 and 16.0 per 100,000 in 1972 |
| Nandi | 1979 | 28.6 per 100,000 in one village and 5.1 per 100,000 in the other. |
| Hedge | 1980 | 9.3 suicides per 100,000 per year. |
| Gupta | 1988 | 23.9% of fatal burns were suicides. |
| Banerjee | 1990 | 43.4 per 100,000 per year. |
| Shukla | 1990 | Annual rate of suicide was 29 per 100,000. |
| Mayer | 2002 | Increased between 1991 and 1997 from 9.2 to 10.0 per 100,000 |
| Batra | 2003 | 15.1 per 100,000 deaths by burns per year |
| Joseph | 2003 | 8 to 12% of total deaths; mean suicide rate 95/100,000. |
| Sharma | 2003 | 38% of autopsies were suicide deaths |
| Aaron | 2004 | Average suicide rate in young women 148 per 100,000 and in young men 58 per 100,000. |
| Lalwani | 2004 | 1.9% of all autopsies in 10 to 18 year olds were suicides. |
| Sharma | 2004 | 39% of unnatural deaths were suicidal |
| Steen | 2004 | The differences between male and female suicide rates were relatively stable over the 30 year period. |
| Abraham | 2005 | Annual suicide rate for people over 55 years was 189 per 100,000. |
| Bose | 2006 | 82.2 per 100,000 population, 11.3% of all deaths |
| Prasad | 2006 | 92 per 100,000; accounts for 9.8 to 11.4 % of all deaths; rates in men and women were 112 and 72 per 100,000, respectively. |
| Mohanty | 2007 | 11.8 suicides per 100,000 population; 28% of autopsies were suicides. |
| Kanchan | 2008 | 18% of all autopsies were deaths due to suicidal poisoning. |
| Soman | 2009 | 6.6% of all deaths were suicidal; male rate was 45 per 100,000, accounting for 7.3% of all deaths; female rate 27 per 100,000, accounting for 5.8% of all deaths. |

| | | |
|---|---|---|
| Arafat et al | 2021 | Decline in the incidence of suicides by poisoning following pesticide regulations in South Asian countries. |
| Vadukapuram et al | 2022 | Greater prevalence seen among patients with Bipolar Disoder compared to Major Depressive Disorder. |
| NCRB | 2023 | In 2022, the suicide rate increased by 3.3% 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. |
| Arya et al | 2023 | Suicide rates by hanging increased from 6.08 to 10.0 per 100,000 populations among males and from 2.55 to 3.56 per 100,000 among females. Insecticide poisoning suicide rates also increased from 1.51 to 2.73 per 100,000 among males and from 0.74 to 1.14 per 100,000 among females. Suicide by self-immolation decreased among both sexes. |
| Mishra et al | 2025 | In India, there were 12.4 suicides per lakh population, with 170924 suicides in the year 2022. |

Table -2 **Prevalence of suicide (other than India)**

| Authors and year | Country | Suicide rate Per lakh |
|---|---|---|
| Shuvo et al 2025 | Bangladesh | The pooled prevalence of suicide attempts in Bangladesh was 4.25 %, with females (4.17 %) at higher risk than males (3.36 %). An increasing trend in suicide attempts was observed, rising from 3.88 % (2010–2016) to 4.29 % (2017–2023) |
| CDC,2025 | In **United State (US)** | Suicide rates increased 37% between 2000-2018, decreased 5% between 2018-2020 and returned to their peak in 2022. The suicide rate among males in 2023 was approximately four times higher than the rate among females. People ages 85 and older had the highest rates of suicide in 2023 |
| Reddy,2010 | US | The overall rate is approximately 20 suicidal deaths per 100,000 persons in US, which is almost twice as much as the 10.5 reported in India |
| Bertuccio et al,2024 | United Kingdom, | 2.5% since 2005 among males and 8.5% since 2012 among females. |
| | Italy | 3.1/100,000 persons in Italy in 2020 |
| | Spain | 3.5/100,000 persons in Spain in 2021 among males |
| | Romania | 1.1/100,000 persons in Romania in 2019 among females |
| | Russian Federation | 10.2/100,000 males in 2019 |
| | Poland | 10.0/100,000 males in 2002. |
| | United States of America. | The highest Annual Suicide Rate was 15.5/100,000 in males. |
| Ilic & Ilic,2022 & WHO-2021 | Africa | Highest suicide rates were found in both sexes (11.2/100000). |

## METHODS OF SUICIDE

The methods and mode of suicide were varying in different countries. It is depends on the culture, economic, and social conditions in the respective country. The differences in types of suicide are partly due to the availability of various methods. Non-lethal suicide is more common in young people and women. The percentage of suicides has risen in all countries. The most prominent methods of suicide in most countries in the world are hanging and poisoning. The most deadly type of suicide is by gun. The most unsuccessful suicide attempts are overdoses of medication. (Bidaki et al 2016). Regarding suicide methods in India, hanging is the primary method of suicide and has shown increasing trends among both males and females between 2001-2021 (Arya et al 2023).Pesticide poisoning rates observed a downward trend, especially over 2011–2014 following a national ban on endosulfan (a commonly available pesticide) (Arya et al 2021). Suicide by self-immolation decreased over the study period among both sexes, while self-immolation has deep roots in ancient socio-cultural practices and religious traditions. In a dramatic act (the story of "Sati," the devoted wife of Lord Shiva) of defiance against her father, Daksha Prajapati, who publicly insulted her husband, Sati chose to sacrifice her own life by igniting herself on a Yagna pyre (a sacred fire). This powerful act of self-immolation was a profound statement against familial dishonour (Rezaeian, 2022, Vijayakumar 2004). Throughout history, similar instances of self-immolation have surfaced in various cultures, including Indian, Buddhist, and Western contexts, often serving as a poignant form of protest against injustice or oppression, highlighting the intense personal and societal struggles involved (Kelly, 2011).

**Table -2 Method and mode of suicide**

| **Authors** | **Year** | **Method and mode of suicide** |
|---|---|---|
| Sathyawati | **1977** | Burning and drowning each accounted for 38%; poisoning 3%; and hanging 9%. |
| Nandi | **1978** | Poisoning (44%) and hanging (41%) in 1872; poisoning (50%) and hanging (22%) in 1972. |
| Nandi | **1979** | In 1976 67% of suicides ingested Endrine and 22% died by hanging. In 1977 (after a ban on Endrine) 50% used Endrine and 32% die by hanging |
| Ponnudurai | **1990** | Most common method was hanging followed by organophosphate pesticides in males and drowning in females. |
| Banerjee | **1990** | Insecticide poisoning was most common method (93%) |
| Shukla | **1990** | Poisoning (22.6%), burning (21.4%), drowning (20.3%), hanging (18.7%) and getting run over by car/train (13.3%) were reported. |
| | | |
| Bhatia | 2000 | Hanging (43.6%), burning (38.3%), poisoning (12.7%) |
| Joseph | 2003 | Poisoning (45%) and hanging (41%) were the most common methods. |
| Sharma | 2003 | Poisoning (18%), self-immolation (16%) and hanging (3%) were most common methods. |
| Aaron | 2004 | Hanging (44%), poisoning with insecticide (40%), self-immolation (9%), and drowning (7%). |
| Gururaj | 2004 | Hanging (59%), poisoning (25%) and self-immolation (11.5%) were common methods; burns (self immolation) twice more frequent among women than men |
| Kumar | 2004 | Hanging (48.2%), poisoning (28.9%), and immolation (12.8%, 6 times more common in females than males). |
| Lalwani | 2004 | Hanging (girls 57%, boys 50%); poisoning (girls 37%, boys 50%). |

| | | |
|---|---|---|
| Sharma | 2004 | Poisoning (48%), burns (40%) and hanging (10%). |
| Abraham | 2005 | Hanging (51.6%) and poisoning (38.9%) were most common methods; women more likely to use burning or drowning. |
| Khan | 2005 | Hanging common in males, self immolation in females. |
| Bose | 2006 | Hanging (47.8%), use of poison (40.4%), burning (7.2%), drowning (4%). |
| Prasad | 2006 | Organophosphate pesticides (40.5%) and hanging (49%) were the most common methods. |
| Mohanty | 2007 | Hanging (32.6%), poisoning (30.6%). |
| Chavan | 2008 | Hanging (72%); poisoning (16%). |
| Gupta | 2008 | Methods either for killing or suicide were either burning or drowning. |
| Kanchan | 2008 | Agrochemicals were the preferred agents, especially organophosphates. |
| Bastia | 2009 | Hanging (15.7%), insecticide-ingestion (37.2%), other substance use (13.4%); medication overdose (6.5%), jumping under train (9.2%) and, self immolation 8.5%. |
| Parkar | 2009 | Burning (56.6%), poisoning (18.4%) and hanging (15.8%). |
| Soman | 2009 | Hanging (64%), poisoning (10%), drowning (9.3%), self immolation/burning (6.4%), and jumping in front of train (6.4%). |
| Bidaki et al | 2016 | Most prominent methods of suicide in most countries in the world are hanging and poisoning. The most deadly type of suicide is by gun. The most unsuccessful suicide attempts are overdoses of medication. |
| Arafat et al | 2018 | Asian and south Asians used more poisoning methods than those from other parts of the world. |
| Arafat et al | 2021 | Hanging and poisoning were the two most common suicide methods . |
| NCRB | 2022 | self-poisoning was the most adopted mode of self killing by the victim in AndraPradesh. |
| Vadukapuram et al | 2022 | Suicide and self-inflicted poisoning/injury by cutting instrument was highly prevalent among major depressive disorder and bipolar disorder |
| Arya et al | 2023 | Hanging suicides and insecticides poisoning suicides observed an increasing trend and self-immolation rates decreased between 2014 and 2021. |

**Table -4 NCRB-**Methods of suicide in men and women aged 15 years and older (2010).

| **Methods** | **Male percentage(%)** | **Female percentage(%)** |
|---|---|---|
| **Hanging** | **28** | **33** |
| **Insecticides** | **18** | **19** |
| **Other poisons** | **15** | **15** |
| **Burns** | **17** | **5** |
| **Drowning** | **7** | **6** |
| **Others** | **16** | **22** |

In India, hanging was the most frequently reported method of suicide in most of the studies (accounting for 10 to 72% of all suicides). Another important reported method was self-poisoning, which accounted for 16 to 49% of all suicides. The proportion of all suicides attributed to drowning ranged from 3 to 39% and the third one proportion attributed to burning or self-immolation ranged from 6 to 57%, jumping off heights (0.5 to 2% of all suicides), being run over by a train (6 to 13% of all suicides) and using a firearm (3% of all suicides).

According to the ancient Indian tradition there are three main procedures for the disposal of persons who have taken Maha Samadhi: Bhu Samadhi (burial in earth), Agni Samadhi (cremation) or Jal Samadhi (river water immersion)..The age-old custom of jal samadhi has its roots in the Hindu myth that Lord Ram died by immersing himself in the Saryu river. Thereafter, it was believed that anyone who ends his life in the river is granted a place in heaven. Guptar Ghat is one of the most sacred and spiritually powerful ghats in Ayodhya. Situated on the serene banks of the **Saryu River**, this holy place is believed to be where **Lord Ram took Jal Samadhi**, leaving his earthly form and returning to Vaikuntha. Decades back, Swamiji was conferred the title of Mahamandeleshwar of the Niranjani Akhada in 1999. In keeping with their tradition after receiving this elevated position, Swamiji had in his last will and testament directed that his body be given the Jal Samadhi. Upon the relinquishment of his mortal coil, the body of Swami Veda Bharati was disposed of through the Vedic system of Jal Samadhi on Friday July 17, 2015, at the Neela Dhara Ganga, Haridwar.(Swami and Swami,2025). In Nepal,Yogmaya (1867-1941) committed suicide leading mass jal-samadhi (killing oneself by plunging in the river) opposing the notion of existence as resistance (Shrestha,L2023).

Prasad et al found that women chose drowning and burning as modes of suicide more than men, while significantly more men chose hanging. In support of this finding, a similar pattern of gender-based method was reported by Abraham and colleagues (in the age group of 55 and above). Other studies report higher rates of suicides by hanging in males than females, a predominance of males in suicide decedents who use other violent methods (e.g., jumping in front of a train), and a predominance of females among suicides by self-immolation.( Hedge 1980, Shukla et al 1990, Banerjee et al 2009, Aaron et al 2004, Vijayakumar & Rajkumar 1999, Bhatia et al 2000, Sharma et al 2004, Gururaj et al 2004,Kumar et al 2004, Abraham et al 2005, Khan et al 2005, Bose et al 2006, Parkar et al 2006, Prasad et al 2006, Mohantyet al 2007, Chavan 2008, Soman et al 2009). Vadukapuram et al found that adult males are more prone to use unusual methods. Males used violent methods more than females, whereas females used more unusual poisoning methods. Asian and south Asians used more poisoning methods than those from other parts of the world (Arafat et al 2018). Regarding mental illness, suicide and self-inflicted poisoning/injury by cutting instrument was highly prevalent among major depressive disorder (MDD) and bipolar disorder (BD), with a greater prevalence among patients with BD compared to MDD (35.5% vs 30.8%) (Vadukapuram et al 2022).

In Toronto, hanging, jumping from height, and poisoning were the most common suicide methods (Vera et al 2024).In United States (US), 55% of men and 30% of women used firearms; 28% of men and 29% of women hanging/suffocation; 9% of men and 32% of women poisoning, and 8% of men and 9% of women “other” methods (Choi et al 2022). Another study showed that in United States (US) firearms (55.33%) are the most common method used in suicides while Suffocation and poisoning were 24.37% and 12.075 respectively in US. Suicides by guns are far more prevalent in the U.S. than elsewhere in the world. (Centers for Disease Control and Prevention,2025).In UK reports of suicide by sodium nitrite poisoning have been growing in UK. Suspected suicide by sodium (or potassium) nitrite/nitrate was confirmed in 87% of cases, with measured nitrite and/or nitrate concentrations ~100× normal physiological levels. Most (71%) cases were from Generation Z and Millennial generation (Ho et al 2026). Suicide by self-immolation decreased among both sexes. Increase in suicide by hanging of 12.3 among males between 2018 and 2021 and 4.9 among females between 2014 and 2021 and an increase in male suicide by insecticide poisoning between 2014 and 2021 (APC of 4.2) while a decrease in self-immolation rates was noted among males (APC of −12.7 between 2014 and 2021) and females (APC of −16.5 between 2016 and 2021).(Arya et al 2023)**.**Yue et al explored that males consistently had much higher suicide mortality rates than females in all 58 countries. Hanging was the most common suicide method in the majority of 58 countries. In another study poisoning and firearm were the most common methods used among those attempting suicide and those completing suicide acts, respectively. The most lethal method was firearm. (Spicer & Miller,2010)

## CONCLUSION

The information about suicide is limited, not in the India but across the globe. Suicide rates vary between 8.1 and 58.3/100,000 population for different parts of India .The incidence, prevalence methods and mode of suicide were varying. It is depends on the culture, economic, sociocultural belief, availabilities of materials of the particular regions and social conditions in the respective country. In India, hanging and self-poisoning were the most common and frequent method was used while in United States, guns were the most common as well as lethal method chosen for this. Suicides by drawing and self-immolation were comparatively high in the India .Indian women used self-immolation way most commonly. For the women, reason may be availabilities (generally women do not move out of the house and material available in kitchen) mythological and cultural belief in Indian scenario Jal Samadhi and Agni Samadhi for the moksha. *Several prominent women in this country* chosen to sacrifice her own life by burning herself on a sacred fire (Example-Mata Sati, Rani Karnawati and Padmawati were chosen this method for their honour (self-immolation). Suicides and suicide attempts have a wave effect that impacts on families, friends, colleagues, communities and societies. Suicide is complex but often preventable. Preventing suicide requires strategies at all levels (individuals, families, and communities) of society. It can be prevented by learning the warning signs, promoting prevention and resilience, Treating mental illness, Improving coping strategies of people who are at risk, reducing risk factors for suicide, such as substance misuse, poverty and social vulnerability ,giving people hope for a better life after current problems are resolved, calling a suicide hotline number .Suicide is not inevitable. It can be interrupted. Anyone can interrupt someone's suicidal thoughts. World suicide prevention day 2025 campaign was created with people who have lived experience of suicidal thoughts.

## REFERENCES


Aaron R, Joseph A, Abraham S, Muliyil J, George K, Prasad J et al.(2004). Suicides in young people in rural southern India. Lancet. 363: 1117-1118

Abraham VJ, Abraham S, Jacob KS.(2005). Suicide in the elderly in Kaniyambadi block, Tamil Nadu, South India. Int J Geriatr Psychiatry. 20: 953-955.

Arafat SY.,Chowdhury MHR.,Mohit M (2018).Suicidal attempts by unusual means and methods:A brief review.Jentashapir J Cell Mol Biol.9(3):ie82829.

Arafat SY, Kar SK, Marthoenis M, Cherian AV, Vimala L, Kabir R.(2020). Quality of media reporting of suicidal behaviors in South-East Asia. Neurol Psychiatry Brain Res 2020;37:21–6.

Arafat SMY, Ali SA, Menon V, Hussain F, Ansari DS, Baminiwatta A, Saleem T, Singh R, Varadharajan N, Biyyala D, Kar SK, Khan MM. Suicide methods in South Asia over two decades (2001-2020). Int J Soc Psychiatry. 2021 Nov;67(7):920-934.

Arya V., Page A ., Vijayakumar L , Onie S , Tapp C., John A , Pirkis J, Armstrong G. (2023) Changing profile of suicide methods in India: 2014–2021.Journal of Affective Disorders,340, 420-26.

Arya, Vikas; Page, Andrew; Gunnell, David; Armstrong, Gregory (2021). "Changes in method specific suicide following a national pesticide ban in India (2011–2014)". *Journal of Affective Disorders*. **278**: 592–600.

Banerjee S, Chowdhury AN, Schelling E, Brahma A, Biswas MK, Weiss MG.(2009). Deliberate self-harm and suicide by pesticide ingestion in the Sundarban region, India. Tropical Medicine & International Health. 14: 213-219.

Batra AK.(2003). Burn mortality: recent trends and sociocultural determinants in rural India. Burns. 29: 270-275 23.

Bertuccio P, Amerio A, Grande E et al.(2024). Global trends in youth suicide from 1990 to 2020: an analysis of data from the WHO mortality database.eClinicalMedicine, 70:102506. doi: 10.1016/j.eclinm.2024.102506. PMID: 38440131; PMCID: PMC10911948.

Bhatia MS, Aggarwal NK, Aggarwal BBL.(2000). Psychosocial profile of suicide ideators, attempters and completers in India. Int J Soc Psychiatry. 46: 155-163.

Bidaki R, Shirani S, Shamsian M, et al. A review of the various suicide methods used around the world. Int J Med Rev. 2016;3(4):504-507. doi:10.15171/ijmr.2016.11

Bose A, Konradsen F, John J, Suganthy P, Muliyil J, Abraham S (2006). Mortality rate and years of life lost from unintentional injury and suicide in South India. Tropical Medicine & International Health. 11: 1553-1556.

Centers for Disease Control and Preventio [CDC]n,2025(.gov) Suicide Data and Statistics. https://www.cdc.gov/suicide/facts/data. html] cited on 20.04.2026..

Centers for Disease Control and Prevention | CDC (.gov) Suicide Data and Statistics. https://www.cdc. gov/suicide/facts/data.html] cited on 20.04.2025.

Chavan B, Singh G, Kaur J, Kochar R.(2008). Psychological autopsy of 101 suicide cases from northwest region of India. Indian J Psychiatry. 50: 34-38.

Choi NG, Marti CN and Choi BY (2022) Three leading suicide methods in the United States, 2017–2019: Associations with decedents' demographic and clinical characteristics. Front. Public Health 10:955008. doi: 10.3389/fpubh.2022.955008.

Global burden of disease study 2019 (GBD 2019) **results** Institute for Health Metrics and Evaluation (IHME), Seattle, United States, 2021.

Gupta R, Srivastava A.(1988). Study of fatal burns cases in Kanpur (India). Forensic Sci Int. 37: 81-89.

Gururaj G, Isaac MK, Subbakrishna DK, Ranjani R.(2004). Risk factors for completed suicides: a case-control study from Bangalore, India. Inj Control Saf Promot. 11: 183-191 29.

Hedge RS. (1980). Suicide in rural community. Indian J Psychiatry. 22:368-70.

Ho JW, Hobbs R, Brown N, Dargan P, Hikin LJ, Lawson A, et al.(2026). Retrospective cohort analysis of nitrite and nitrate levels in postmortem biological samples after suspected suicide, 2019-24. BMJ Public Health. 4:e004215.

Ilic M, Ilic I.(2022). Worldwide suicide mortality trends (2000-2019): A joinpoint regression analysis. World J Psychiatry. 12(8):1044-1060.

Joseph A, Abraham S, Muliyil JP, George K, Prasad J, Minz S et al.(2003). Evaluation of suicide rates in rural India using verbal autopsies, 1994-9. BMJ. 326: 1121-1122..

Kanani J., Sheikh MI(2024) :Temporal patterns of suicide attempts in India: A Comprehensive analysis by time of day, week, and hour, stratified by age, sex, and marital status, and examining suicidal methods distribution. Brain Behavior and Immunity Integrative.Vol- 7,100072.

Kanchan T, Menezes RG(2008). Suicidal poisoning in southern India: gender differences. J Forensic Leg Med. 15: 7-14.

Kar, Sujita K.; Padhy, Susanta K. Menon, Vikas. ( 2026). Media contagion and self-immolation in Odisha: An emerging public health concern. Indian Journal of Psychiatry 68(4):p 407-408, April 2026.

Kelly BD. (2011). Self-immolation, suicide and self-harm in Buddhist and Western traditions. Transcult Psychiatry .48:299–317.

Khan F, Anand B, Devi MG, Murthy KK.(2005). Psychological autopsy of suicide-a cross-sectional study. Indian J Psychiatry. 47: 73-78.

Kim JW, Jung HY, Won DY, Noh JH, Shin YS, Kang TI.(2019). Suicide Trends According to Age, Gender, and Marital Status in South Korea. *OMEGA—Journal of Death and Dying*. 79(1):90–105]**.**

Kumar PNS (2004). An analysis of suicide attempters versus completers in Kerala. Indian J Psychiatry. 46: 144-149.

Lalwani S, Sharma G, Kabra S, Girdhar S, Dogra T(2004). Suicide among children and adolescents in south Delhi (1991–2000). Indian J Pediatr. 71: 701-703.

Lal Shrestha (2023).*subsistence via jala-samadhi (sacred suicide): an enigmatic activism of yogmaya* Tara. Tribhuvan University Journal.(38) 2: 105-120
Mayer P, Ziaian T(2002). Are women in Indian society protected from suicide? Crisis. 23: 98-103.

Mishra AK, Shukla AK, Mani M.(2025). Suicides in India: A Forecasting for Immediate Investment to Save Lives. Indian J Community Med. 50(Suppl 3):S471-S474.

Mohanty S, Sahu G, Mohanty MK, Patnaik M.(2007). Suicide in India: a four year retrospective study. J Forensic Leg Med. 14: 185-189.

Mohan Swami and Swami Ritavan Bharati(2015).Jal Samadhi. https://www.ahymsin.org/jal-samadhi/ cited on 05.05.2026.

Nandi D, Banerjee G, Boral G.(1978). Suicide in West Bengal-A Century Apart. Indian J Psychiatry. 20: 155-160.

Nandi D, Mukherjee S, Banerjee G, Ghosh A, Boral G, Chowdhury A et al.(1979). Is suicide preventable by restricting the availability of lethal agents ? a rural survey of West Bengal. Indian J Psychiatry.21(3): 251-255.

NCRB(2023): Takeaways from the NCRB data on suicide for 2022: insights from 6 charts. https://cmhlp.org/imho/blog/takeaways-from-the-ncrb-data-on-suicide-for-2022/

Parkar SR, Dawani V, Weiss MG.(2006). Clinical diagnostic and sociocultural dimensions of deliberate self-harm in Mumbai, India. Suicide LifeThreat Behav. 36: 223-228.

Pradhan A, Tripathi CB, Mandal BK, Karn A, Subedi ND (2012) Suicide: Attempts Methods and Causes in Cases Brought for Autopsy inBpkihs, Dharan. J Forensic Res 3:166. doi:10.4172/2157-7145.1000166

Prasad J, Abraham VJ, Minz S, Abraham S, Joseph A, Muliyil JP et al.(2006). Rates and factors associated with suicide in Kaniyambadi Block, Tamil Nadu, South India, 2000-2002. Int J Soc Psychiatry. 52: 65-71.

Reddy MS. Suicide incidence and epidemiology (2010). Indian J Psychol Med. 32(2):77-82. doi: 10.4103/0253-7176.78501. PMID: 21716862; PMCID: PMC3122543.

Rezaeian M. (2022). The unique characteristics of self-immolation compared to other types of suicide: What does this imply? Burns .48:234–

Ruder JB, Ward JG, Taylor S, Giles K, Higgins T, Haan JM. (2015). Hydrogen sulfide suicide: A new trend and threat to healthcare providers. J Burn Care Res 36:e23–5.

Sharma BR, Sharma V, Harish D, Vij K. (2003).Suicides in northern India: causes, methods used and prevention. Medicine, Science and the Law. 43: 221-229.

Sharma BR, Singh VP, Sharma R, Sumedha. (2004). Unnatural deaths In northern India: a profile. Journal of Indian Academy of Forensic Medicine. 26: 140-146

Shukla G, Verma B, Mishra DN. (1990). Suicide in Jhansi City. Indian J Psychiatry. 32: 44-51]

Shuvo TA .,Hossain K , Hosna A.,Dey DR.()2005 .Suicide attempts in Bangladesh: Prevalence, trends, and disparities Journal of Medicine, Surgery, and Public Health. Vol-5, 100170.

Soman C, Vijayakumar K, Ajayan K, Safraj S, Kutty V(2009). Suicide in South India: a community-based study in Kerala. Indian J Psychiatry. 51: 261-264.

Spicer RS, Miller TR.(2000). Suicide acts in 8 states: incidence and case fatality rates by demographics and method. Am J Public Health. 90(12):1885-91.

Steen DM, Mayer P. (2004). Modernization and the male female suicide ratio in India 1967–1997: Divergence or Convergence? Suicide Life-Threat Behav. 34: 147-159.

Vadukapuram R, Trivedi C, Mansuri Z, et al (2022). Common methods of suicide and self-inflicted poisoning/injury by individuals with major depressive disorder and bipolar disorder: a nationwide inpatient sample analysis. *Prim Care Companion CNS Disord*.24(4):21m031]

Vera Yu Men , Prudence Po Ming Chan a , Ayal Schaffer , Daniel Sanchez Morales a , Rosalie Steinberg , Rachel Hana Mitchell , Mark Sinyor (2024) :Suicide by different methods in Toronto: A quantitative study examining of 23-years of coronial records, Journal of Affective Disorders. Vol- 366, Pages 283-28.

Vijayakumar L, Rajkumar S (1999). Are risk factors for suicide universal? A case-control study in India. Acta Psychiatr Scand. 99: 407-411.

Vijayakumar L. Altruistic suicide in India. Arch Suicide Res 2004;8:73–80

World Health Organization (2021).One in 100 deaths is by suicide. https://www.who.int/news/item/17-06-2021-one-in-100-deaths-is-by-suicide.cited on 23.04.2026.

Yue Wu.,Yun Huang.,Peishan Ning.,Peixia Cheng (2020).Sex-specific and age-specific suicide mortality by method in 58 countries between 2000 and 2015,BMJ Journal, Injury Prevention,27(1). https://injuryprevention.bmj.com/content/27/1/61.