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# Suicide In Kerala - A Critical Analysis

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W.H.O. defines suicide as an act with fatal outcome and suicide attempt as an injury with varying degrees of lethal intent. Suicide accounts for 0.4-0.9% of all deaths. It accounts for 0.3-1% of all casualty admissions.

Increasing suicide rate has become an important public health problem in Kerala in recent years. In the print media as well as in seminars and conferences this problem has been discussed widely. Our state contributes 10.1 percent of all the suicides occurring in India, while our population forms only 3.4 percent of the nation's populace. During the decade 1991-2001, the incidence of suicide in Kerala rose at a compound growth of 4.61 percent as against the population rate of 2.2 percent. During this period suicides peaked in the year 1999 with a rate of 32 per 1 lakh population. According to latest reports of NCRB, Kerala ranks first in its rate of suicide (30.6 per 1 Lakh), which is three times the national average (11.2 per 1 Lakh). Kerala stands first in the rate of suicide among the other states for the 7<sup>th</sup> time.

On an average, there are 8,900 plus suicides in the state each year. In Kerala, on an average 26 people are committing suicides per day. Majority of suicide victims were between the ages of 30 to 60 years. However, on a closer analysis it is clear that the proportion of young people committing suicide is increasing over the years. Younger age for suicide victims has been reported by many stud-

ies from India. It could be due to the difficulties in securing stable jobs, financial problems and problems arising out of marriages (suicide is high among the married in Kerala), which take place increasingly during the early phase of life, might have enhanced the suicidal risk in younger age group.

The male to female ratio in suicide in this state is 2.2:1. The dominance of male in suicide shown in western literature was not seen in Kerala. The diminishing gender difference in Keralite is quite interesting. For the last few years many studies from India as well as from other developing countries have also reported an increasing female proportion in suicide.

Suicide statistics is based on data compiled in National Crime Record Bureau (NCRB). NCRB data on suicide is based on the information collected from police records. It is possible that there are many suicides that do not get included in the police records leading to gross under reporting. Social stigma, fear of legal actions and scandals, embarrassment etc. will contribute to the tendency of people to keep a suicide a confidential matter and to avoid reporting it. Like wise, there is no way of knowing the number of people

who attempt suicide but do not succumb to it. Studies show that the number of people who attempt suicide is about eight to ten times the number of people who actually succeeds in their attempt. By applying this ratio there would be 240-300 per 1 lakh population attempting suicide in Kerala every year. In absolute terms it is approximately 76,576 to 95,720 individuals in a year.

Another phenomenon that has attracted public attention in Kerala is increasing family suicide in which often husband and wife commit or attempt suicide after killing their children. Kerala also ranks first in the rate of family suicides. In the year 1999, about 60 families committed suicide. The despair and hopelessness related to family life arising out of severe financial crisis is reported and projected as the reason. The concern towards the children may be making the parents wish that their children should not suffer after their exit from the world. It may also be that their own world gain completion only if children also join them. Though suicide attempt originates as a purely personal idea, it gains the status

of a family act in these cases. Mental health experts, social activists and others blame growing consumerism for this trend.

#### District wise break up

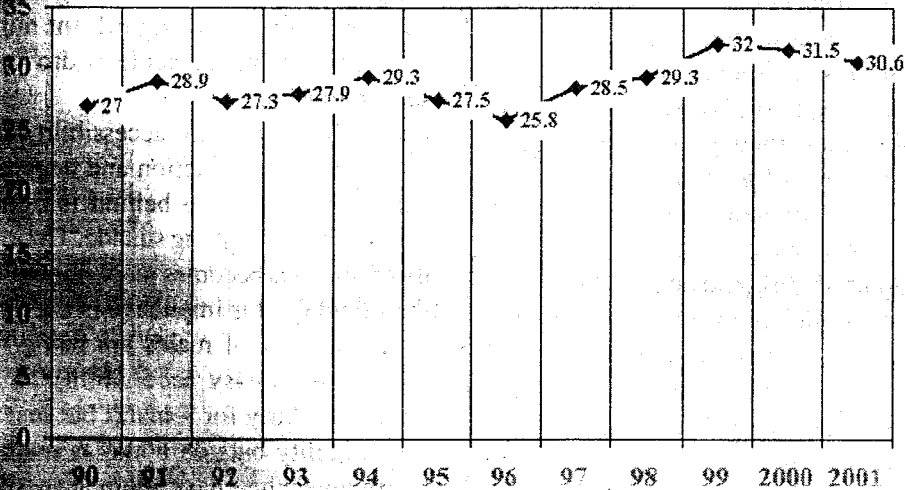
In the year 2001, Idukki district (49.1) had the highest suicide rate followed by Thiruvananthapuram (41.4), Wayanad (39.8), Thrissur (34.3), Kollam (33.9) etc. In the last 5 years Idukki, Wayanad, Thiruvananthapuram, Palakkad and Thrissur have reported higher suicide rates. Interestingly in Thiruvananthapuram district the suicide rate had a steep increase from 19.1 in 1995 to 41.4 in 2001. In all other districts the rate is more or less constant over these years. The drastic fall in the price of agricultural products might be the reason for high rate of suicides in the farmers dominated districts. Ever increasing rate of alcohol dependence is another reason for this alarming rate. Another reason could be the increasing rate of mental illnesses and the influence of migration of Keralite to the Middle East. Almost every second family with a relative in the Gulf

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Suicide rate in Kerala (1999-01)



has a history of mental illness. The worst victims seem to be women between 15 and 25 years of age. It could be the incompatibility with in-laws that leads to most women developing mental problems.

During the last five years, lowest suicide rate was reported from Malappuram (11.7). Since suicide is not allowed in Holy Koran, deep-rooted religious beliefs might be the reason for this lower rate.

#### **Employment status**

According to the recent NCRB report (2001), majority of suicide victims were unemployed (22%) followed by house wives (14.7%), farmers (10.8%), private sector employees (5.9%), businessmen (5.2%), government employees (4.4%), students (2.9%), professionals (2.3%), and retired people (1.2%). Kerala accounts for only 3.4% of India's population but has nearly 16% of the unemployment status among the Indian States. Kerala has the highest rate of unemployment of the educated. It could be the frustrated, educated, unemployed youths who resort to suicide.

Married people (75.4%) outnumbered unmarried (18.7%) and widowers/widows/separated (5.9%) among the suicide victims in Kerala. In Western countries, suicide is more common in unmarried and separated individuals. India in general as well as in Kerala marriage is a social obligation and is performed by elderly irrespective of the individual's fitness for it. Further, marriage is believed to be part of the treatment for mental illness and the mentally ill more likely to get married that is sooner than the mentally healthy. Hence there could be several adjustment problems among the married mentally ill in India. In the West on the other hand, marriage is believed to be a measure of emotional stability and married people have lower rate of mental illness.

Suicides more common among married and housewives have been reported by pre-

vious Indian studies also. Suicides more common among women below 30 of Indian origin have been reported from Malasia and Fiji. It is held that females in India are submissive, docile and non-assertive and these traits have built into their psyche with the result that they find themselves unable to deal with their negative feelings adequately. Among the stresses the marital ones appear to be most frequent in women. Amidst the hostile environment of the families with problems of a difficult husband and dowry demanding in-laws, they feel helpless with the threat of losing their husband's sympathies with none to turn to. This results in the choice of suicide as a way out from psychological pain, anguish and suffering. This calls for measures to cultivate and improve their coping styles to face the domestic conflicts and dowry related problems.

#### **Educational break up**

83.7% were below 10<sup>th</sup> class educated, 26.3% were intermediate, 2.7% were diploma holders or graduates and 0.76 were post-graduates and above. Only 6.5% were illiterates.

#### **Mode of attempt**

Majority of suicide victims took their lives by hanging, followed by consuming insecticides and other poisons. A significant number of females committed suicide by drowning and self-immolation.

Factors like feasibility, accessibility, credibility and rapidity of action and degree of suicide intent could be behind the choice of method for committing suicide. The availability of methods becomes more important when the suicidal act is impulsive in nature. In our state, majority of males are being farmers, they have an easy accessibility to insecticides. Similarly for females because of limited mobility outside home as majority are housewives they have more accessibility to native poisons, medicines, corrosives, kero-

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senior etc. However in both genders stronger suicidal intention might have led them to choose more lethal method like hanging as their means to commit suicide. Venkoba Rao has revealed that domestic burns as a method of completing suicide by young women and most lethal one with a promise of a high degree of success. Burns in general have reported more in younger women (ICMR, 1977).

**CAUSES**  
The causes or the factors that are reported for suicidal attempts differ in police records and in clinical experience. In the clinical situation various problems in the family such as marital problems, difficulties in social life, love affairs, failure in examinations, financial difficulties etc. emerge as the reasons in that order. According to police records, 19% of suicides were caused by marital problems, 16% physical illnesses, 15% financial problems, 11% mental illnesses, 2% professional problems, 2.1% professional/career problems and 0.6% love failure and 0.9% failure in examinations.

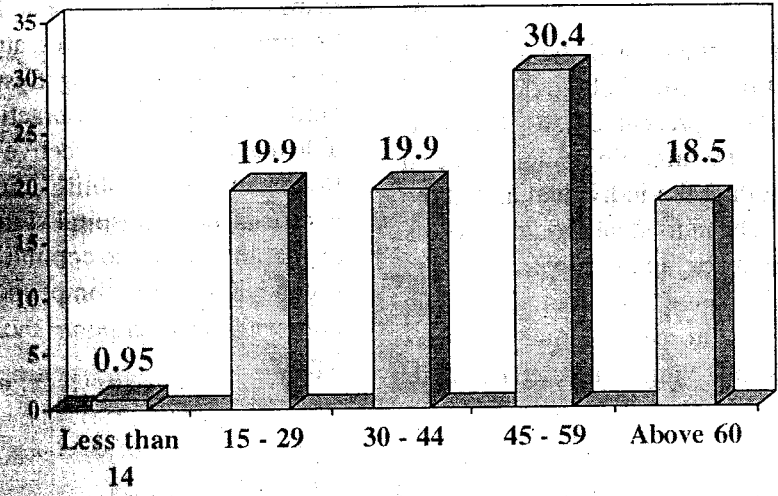
Mental illness is identified as an important cause, accounting for 11% of suicides in

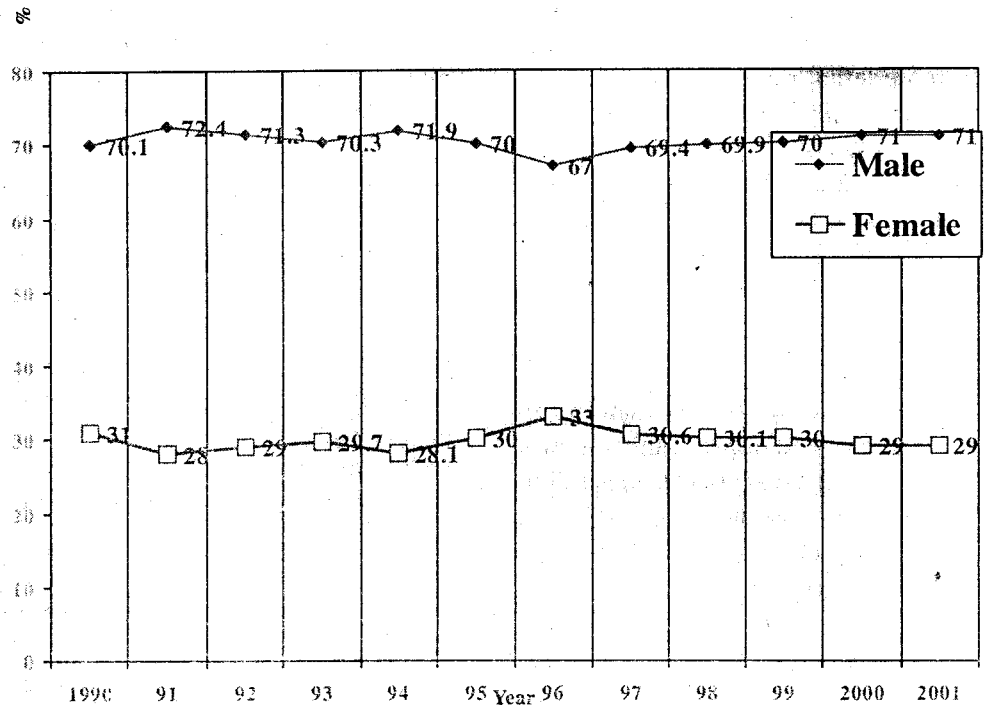
Kerala, higher than the all-India average of 5%. Among the behavioral disorders depression, alcoholism and schizophrenia score top in the percentage of suicide.

However, on a closer scrutiny it would be observed that mild and moderate difficulties, lack of competence in handling them and the emotional difficulties arising from it are responsible for majority of suicides. This is the real background of many suicides where financial difficulties are projected as the causal factor. More than the gravity of the financial difficulties and genuine problems in looking after the family, it is the incompetence and lack of confidence in handling these difficulties and the feeling of helplessness emerging from it that are setting the stage for the suicidal behavior. The influence of consumerism, the increasing prevalence of alcoholism, the ruthless and competitive life style, all collaborate to set the tragedy of the individual in the contemporary Kerala society. Aspirations and needs are quite high for an average Keralite but resources are limited. Many tend to buy things through installments. Migration adds to this. People who go abroad (especially to the Gulf) try to inculcate the same

**Middle aged out number younger in suicide**

**Age distribution of suicide victims (2001)  
Male & Female Suicide rate in Kerala (1999 - 01)**





living standards and culture here. Moreover, the pampered child rearing practice, geographical over protection of the state from natural calamities, all have made a typical Keralite an individual without much fortitude or frustration tolerance and emotional immunity.

### Prevention

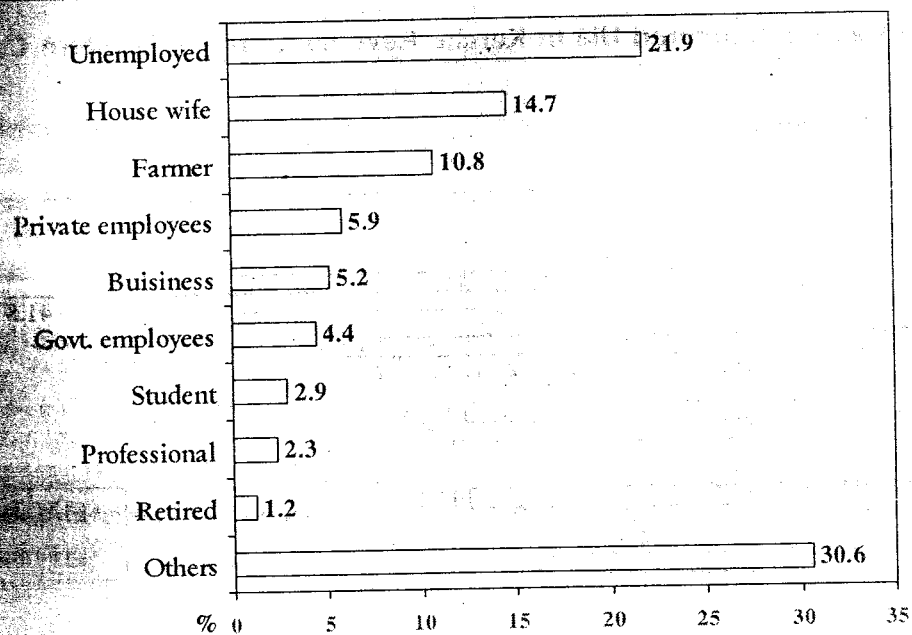
Beyond arithmetic and the analysis of data, some of the factors behind the scene of suicide have been presented here. The solution to prevent the alarming suicide rate in Kerala lies both at the individual and at the society level. The individual should make his life more pragmatic and energetic; and the society should contain the socio-economic and socio-cultural forces pulling it in different directions and trying to threaten its stabil-

ity. The various behavioral disorders like depression, alcoholism, and psychoses should be detected at the earliest and treated before it progresses to an advanced stage. The emotional disturbances in family life should be handled through empathy, understanding and humility. If they grow beyond the level of being handled and ameliorated with individual or intra-familial initiatives, attempt should be made to avail counseling. Systematic and scientific counseling in a practical and affordable manner is very effective for the prevention of suicide. Establish suicide prevention centre in each hospital. Further, the easy availability means to commit suicide such as organophosphorus compounds and medications without prescriptions should be restricted legally.

## District-wise suicide rate (per 1 lakh population) in Kerala From 1995 to 2001

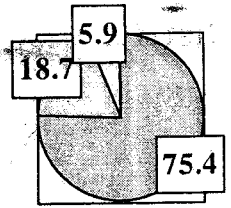
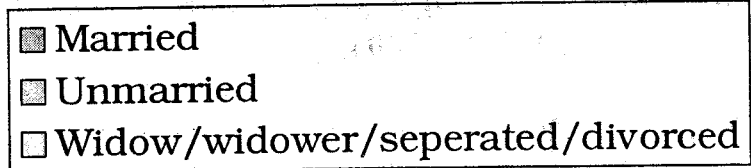
DISTRICT	95	96	97	98	99	20	01
IDUKKI	51.	44	46.9	47.2	51.3	46.1	49.1
THIRUVANANTHAPU	18.	24	43.9	45.3	34.7	46.7	41.3
WAYANAD	46.	41.	41.8	43.2	57.8	54.6	39.7
THRISSUR	39.	35.	38.7	38.7	41.1	38.3	34.3
PALAKKAD	34.	35	36.2	36.4	36.6	38.8	33.0
KOLLAM	33.	35.	34.7	34.3	35.6	37.5	33.8
KANNUR	29.	29.	31.6	33.0	30.9	30.1	32.2
ERNAMKULAM	27.	24.	29.7	28.9	28.6	27.8	25.8
KOZHIKODE	23.	22.	26.5	27.0	27.8	26.6	25.4
KASARGODE	26.	23.	26.1	24.7	25.4	21.4	22.1
KOTTAYAM	24.	22.	25.0	27.5	27.4	24.6	24.6
PATHANAMTHITTA	24.	21.	22.9	30.0	30.2	25.4	32.4
ALAPPUZHA	21	20.	22.1	25.8	25.4	25.7	22.9
MALAPPURAM	12.	10.	13.3	15.5	14.8	16.3	11.7

### Job profile (2001)

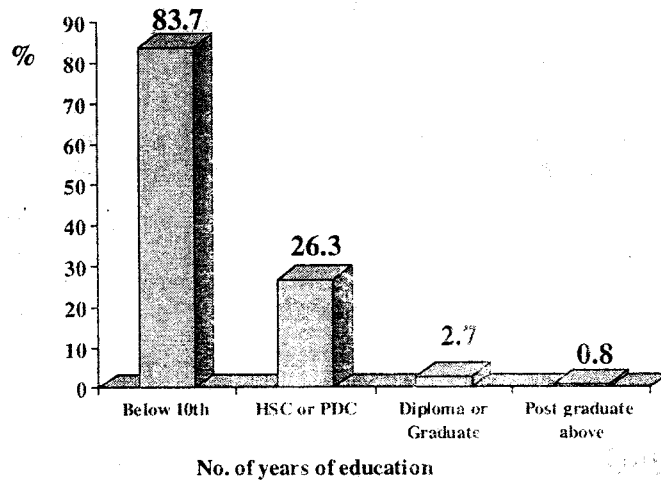


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## Marital status (2001)

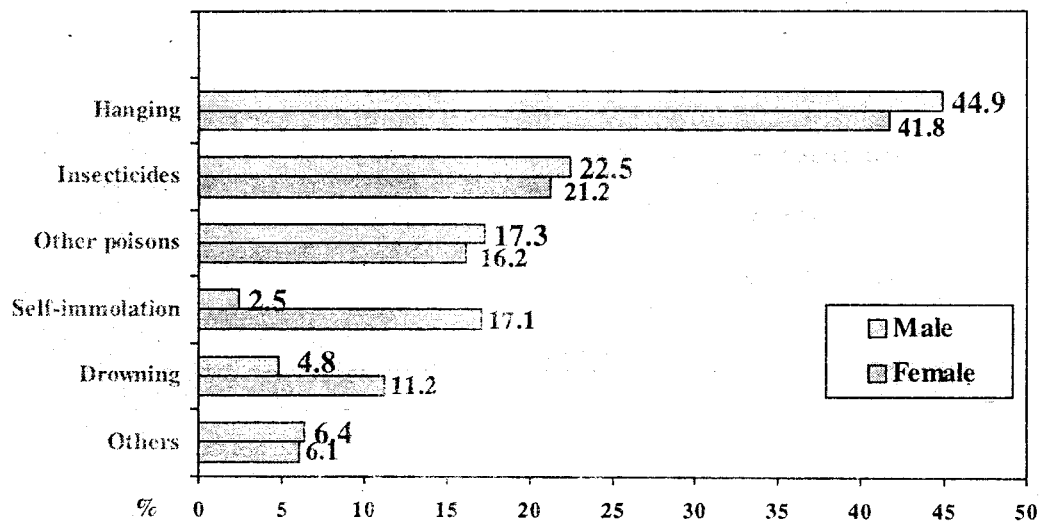


## Educational status (2001)

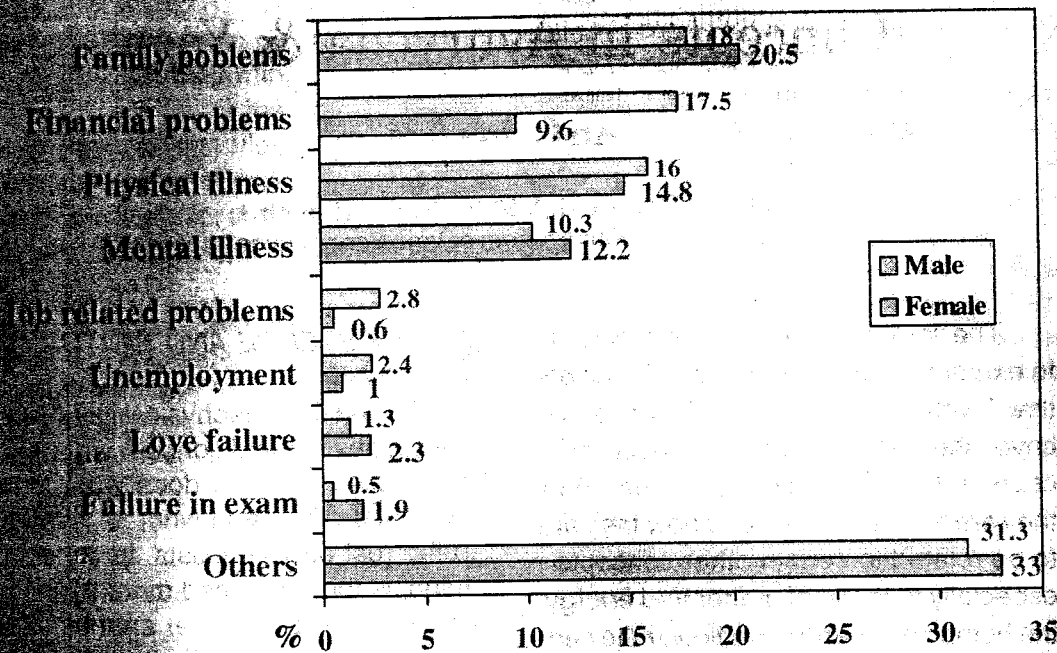


**Married outnumbered UM in Kerala. Reverse is true in Western Countries**

## *Methods adopted*



## Causes of suicide (NCRB 2001)



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