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SUICIDE: A MAJOR PUBLIC HEALTH PROBLEM OF KERALA

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Abstract

Suicide has acquired all the characteristics of a major social problem in Kerala. While Kerala is ranked high among the states in India on development indices, Kerala has the highest suicide rate in India – about three times the national average. In discussing this phenomenon the paper uses information on the incidence and rate of suicide in Kerala obtained from the National Crime Records Research Bureau. An analysis of the data on suicide has been undertaken in order to understand the trend of suicide during the period of 1995-2003, sex and age differentiation, and inter-district variations of suicide in Kerala. The paper also discusses the major reasons why people decide to end their life, which give some clues on the measures that can be undertaken for preventing suicide.

Introduction

Death by suicide may be seen as a major public health problem in Kerala. In the year 2003 as many as 9438 persons committed suicide in this state. Many more sustained injuries in unsuccessful attempts to take their own lives. No one will dispute the urgency of the situation calling for immediate attention of all people with concern. This paper takes a close look at this phenomenon and tries to identify the factors contributing to the malady. The discussion is done in five parts: *(1) the people of Kerala, (2) suicide as a public health problem, (3) proneness to commit suicide and the means used, (4) regional variation in suicide, and (5) preventing suicide.*

This paper is based on the quantitative data obtained from the National Crime Records Research Bureau (NCRB). The suicide data for the period of 1995-2003 have been reviewed (National Crime Records Bureau 2004; Kerala State Crime Records Bureau, 2003). It should be mentioned here that the data from these sources are not without limitations. However, being the only registry of all unnatural deaths occurring in the state, the trends indicated here would definitely be reflective of the existing scenario.

The people of Kerala

This part of the paper deals with the socio-cultural realities in Kerala, which may have bearing on the day-to-day life of the people, particularly those that are liable to generate distress. They can be expected to provide clues to the suicide scenario in the state. It is paradoxical that Kerala, which is considered one of the more advanced states in the country, has a suicide rate three times the national average. An attempt is made here to identify the factors, in addition to the socio-cultural endowments, that make the people of the state more vulnerable to suicide.

Social Development and Economic Backwardness

On the development indices Kerala stands considerably higher than the other parts of the country and is comparable to the developed nations. Kerala has been specially noted for the level of social development achieved by it, in spite of the severe economic disabilities. Kerala has been one of the economically backward states in the Indian Union for a long time now. The state is said to be under heavy financial strain and is receiving monetary support from international organisations like the World Bank, Asian Development Bank etc. The per capita income in the state at constant prices is Rs. 11,388 in 2002-03, keeping it marginally ahead of the national per capita income of Rs. 11,010. (Government of Kerala 2005a; Business Line 2004).

The state also has a heavy load of unemployment. About 4.5 million unemployed youth are said to be on the live registers of the Kerala State Employment Exchanges (Government of Kerala, 2005b). In addition, the agricultural sector is in crisis with the price of almost every cash crop like coconut, rubber, coffee, paddy etc. crashing and the crops wilting under severe pest conditions. The state has to depend on the neighbouring states for its daily requirements of consumer goods like rice, vegetables, milk, poultry etc. The severe drought conditions and the repeated failure of crops have put farmers in unprecedented distress.

Large number of educated young people seek employment in the unorganised sectors like private education, health care, shops and commercial establishments, cottage industries, construction, entertainment business, tourism etc. for less than what has been known as the 'minimum wage'. These jobs are poorly paid, and are without adequate social security. The women employees in these sectors are at a greater disadvantage and are open to exploitation.

Family in Transition

The forward movement of the people of Kerala has to be placed in the context of the changes that have been taking place in the family system. The joint family, which afforded a great deal of support, care and protection, has almost disappeared and in its place, the nuclear families or smaller extended families have emerged. The number of single-parent families also is steadily rising. In the vast majority of cases, the family now means the husband, wife and children. There is no doubt that this provides a great opportunity for uninhibited personal interaction. But, it brings in limitations as well. The following are some of the real problems to be encountered by the members of the nuclear families:

a. The nuclear family has shortage of resources like time, money, space, support services, etc. It can just go on as long as everything goes well and might crack under pressure.
b. Those living in the nuclear family, particularly in the urban areas, would have limited family support from the neighbours. The family members would soon realise that their roots are elsewhere.
c. Presence of dependants like small children, sick and elderly parents, disabled or chronically ill family members etc. could be a source of emotional stress to the members, who may find themselves unable to cope with the demands of caring for them.
d. Where domestic aid is unavailable or unaffordable, housekeeping activities become the sole concern of the small number of family members. More often than not, the female members of the family get burdened with the domestic chores in addition to their own professional responsibilities outside homes.
e. The risk behaviour of a member like drinking, smoking, drug addiction etc. could be a major source of pain and anxiety to the other members. Similarly, managing cases of disability, chronic illness, old age etc. could drive one to his/her wit's end.

Women's Advancement

One of the most significant reasons for the impressive social development of Kerala is the rise in the status of its women in society. Kerala records the best sex ratio in the country in favour of women – 1058 females to 1000 males as per 2001 census. The life expectancy of women in Kerala is high - 72 years compared to 62 years at the national level. The level of female literacy has been equally impressive. The literacy level of the women in Kerala is 89.81 per cent, which is comparable to the status obtained in the developed world. The state also has very high level of women's education. An increasing number of women in the state of Kerala are seeking employment outside homes.

That women who work outside homes are straddled with the double burden of the career woman and that of the homemaker is beyond doubt. Women in Kerala perhaps more acutely feel this than those outside. In the traditional Kerala society, woman had the role of the homemaker and man, the breadwinner. Now that many of the women of the state are engaged in organised or unorganised employment outside homes, the household duties remain the burden for them in addition to the responsibilities of the outdoor jobs. In fact, the difficult, time consuming, and repetitive duties of the housewife like cooking, cleaning, washing, looking after children's education, caring for the aged, sick and disabled etc. are not easy tasks. This becomes all the more strenuous when the husband does not participate in carrying out this burden. Being forced to attend to these responsibilities even while being sick, pregnant, nursing the child etc. makes it more stressful.

In addition, if the husband is prone to alcoholism, extra-marital affairs, criminal behaviour etc., life could become more unbearable for the woman. Cases of physical harassment, social isolation, psychological torture etc. are not uncommon in some cases. In olden days, the female going through this kind of experience would suffer in silence. She might also find in the joint family, kind-hearted adults who would give her a shoulder to weep on and a helping hand to attend to her manifold concerns. But today, though a large number of women would still suffer in silence and make no attempt to protest or retaliate, many have started reacting. They tend to return to their ancestral homes, seek divorce, legal separation etc. This pattern has been growing. The divorce rate in the state has picked up. As many as 5129 divorce petitions have been filed in the Family Courts seeking divorce, during the year 2000 (Rashtradeepika 2001). Those who find it difficult to continue suffering in silence and have no way to react or seek remedial measures would contemplate suicide.

The Consumer Culture

Kerala has been perceived as an inviting market for any new product. As an attractive test-marketing arena, Kerala is a place where high voltage advertisement campaigns are carried out. As a result, several non-essential items have been perceived as essential and

prestige symbols to be acquired at all costs. This has resulted in creating an environment conducive to the Keralites spending beyond their means, availing themselves of the liberal loan facilities. It is only later does they realise that they are in the almost impregnable debt trap. The mounting debt burden could be one of the reasons for the unnatural deaths in the state.

This consumer culture sweeping the state has also impacted on the value system prevailing in the state. Personal utility is accepted as an important value. Stated differently, anything that causes inconvenience or difficulties is to be avoided. This has many implications in the social life. The family members perceived 'unproductive' like the aged, the chronically ill and the disabled often find themselves neglected or not cared for. The recognition of money as the most important value in social life and the generally pragmatic outlook have resulted in the progressive isolation of individuals and families from the mainstream. There are very many individuals who have no friends to talk to and families that live as islands cut off from neighbours and relatives.

The above has been an attempt to highlight the issues, which dominate the social life of the people of Kerala. We have found that the state is noted for the advancement in social life, especially for the high position of the womenfolk. We have also identified some problems that have resulted from large-scale consumerism, disintegration of the traditional family etc. It appears that the state of Kerala, acclaimed as "God's Own Country", is slowly losing its charm and becoming a hotbed of problems.

Suicide - A Public Health Problem in Kerala

Kerala has the highest rate of suicide in the country. It has remained consistently high for several years and three times above the national average. Given below are data from the NCRB on the incidence of suicide in the state from 1995 to 2003. The population for each year has been worked out from the 2001 census data. The projection has been made with the annual population growth at the rate of 0.942 per cent. This projection has been

attempted mainly for arriving at realistic rates based on the population figures of the respective year.

Table 1

Population, and incidence and rate of suicide in Kerala by year and sex

Year	Population			Incidence of suicide			Rate of suicide		
	Male	Female	Total	Male	Female	Total	Male	Female	**Total**
1995	14753686	15613320	30367007	5615	2397	8012	38.06	15.35	**26.38**
1996	14893988	15761796	30655784	5414	2672	8086	36.35	16.95	**26,38**
1997	15035624	15911684	30947308	6215	2746	8961	41.33	17.26	**28.96**
1998	15178606	16062998	31241604	6503	2803	9306	42.84	17.45	**29.79**
1999	15322949	16215750	31538699	6853	2925	9778	44.72	18.04	**31.00**
2000	15468664	16369955	31838619	6609	2695	9304	42.72	16.46	**29.22**
2001	15614379	16524160	32138539	6787	2785	9572	42.72	16.85	**29.74**
2002	15761466	16679817	32441284	7165	2645	9810	45.46	15.86	**30.24**

2003	15912985	16835916	32748881	6935	2503	9438	43.58	14.87	**28.82**

Source: Data of this and other tables in this paper are taken from the National Crime Records Bureau, 2004.

Table 1 reveals several pertinent points on suicide in Kerala. Following are some of them that deserve attention.

a. The incidence and rate of suicide in the state have been rising during the nine years since 1995, the occasional dips notwithstanding. The rate hovers consistently around 30/100000 persons as against the national average of 10/100000 during the same period. The question being asked here is why Kerala, a state with progressive characteristics shows pronounced self-destructive tendencies.
b. From 1995 to 2003 the state's population has registered a 7.84 per cent increase. The corresponding increase in suicide is to the tune of 17.8 per cent. It should be specially noted that while the growth rate in population slows down as the years go by, the rate of suicide does not show such a trend.
c. The rate of suicide among men is 43.58 for every 100000 persons in 2003. This is in contrast to 14.87 for women. The male-female ratio of completed suicides in the year 2002 is 73:27. In the year 1995 it was 70:30.
d. Increase in the incidence of suicide (in absolute numbers) among men and women also shows considerable variation. While suicide among men increased by 23.51 per cent from 1995 to 2003, the corresponding increase for women is 4.42 per cent.
e. There are variations in the trends in suicide rate among men and women. Data in table 1 indicate that the suicide rate among men registered a rise of 5.52 percentage points between 1995 and 2003, while for women it declined by 0.48 percentage points. The data also show that the rise in the suicide rate of the state is mainly due to the increase in men's suicides.

f. The data in table 1 also show that the year 1999 recorded the highest incidence and the rate of suicide in Kerala. It needs to be examined if this can be attributed to any particular factor.

The suicide proneness among the people of Kerala is also to be seen in the context of the high rate of crime in the state, increasing incidence of divorce, chart-busting graphs of sale of alcohol etc. Kerala has had the highest crime rate among the states in our country for some years. In the year 2003, the state recorded the highest crime rate in India, viz., 306.1/100000 persons. The national crime rate for the year stood at 176.7/100000 (The Hindu 2004). The alcohol intake also is said to be high among the men in the state. The state has a very high rate of road accidents too. In 2001 according to figures available from NCRB, 2707 persons died in 36439 road accidents in Kerala.

The suicide proneness among the people of the state seems to be related to the social changes taking place in the region. This has regional, sub-regional, or district level variations as well. Some of the social changes in the state that probably have some influence on the suicide scenario in the state are: (a) transformation in the family, (b) the changes in the educational system, (c) the growth of the media, (d) the gulf boom, (e) rise in women's employment, (f) increase in the use of alcohol and (g) spread of the consumer culture.

Another pertinent point is on those who failed in suicide attempts. As important as those who lost their lives by suicide are those who have failed in their attempts to kill themselves. Those who fail in their attempts to kill themselves are more than those who succeed. "A ratio that has emerged from countries where there is more credibility and accuracy of records is that the number of people who attempt suicide is about five to eight times the number of those who actually take their lives through suicide" (Kumar 1995). "Suicidal behaviour statistics show that in addition to the number of suicides, at least twenty times as many persons make non fatal suicide attempts serious enough to require medical attention, often resulting in irreversible disability" (UN Interregional Expert Meeting 1993). In addition to those who attempt suicide are those who carry

suicidal thoughts and consider such deliberate self-harm as a feasible option available to them as and when necessary. They may be 10 to 15 times more than the attempters, psychiatrists suggest, though no hard data are available. If suicides (attempted and completed), rate of incidence of crimes, rate of alcohol consumption etc. are to be taken as indicators of the mental health of the people, the mental health status of the people of Kerala leaves much to be desired.

Factors Related to Suicide

A major area of concern in the suicide scenario in the state is the age group of those are more often found to kill themselves. Table 2 presents details on the age of those who commit suicide. The variation by sex in these categories is also given. These data indicate the relative vulnerability of different age groups in comparison with the others.

Table 2

Incidence and Rate of Suicide in 2001 by Age and by Sex

S.No.	Age Category	Male		Female		Total	
		Incidence	Rate	Incidence	Rate	Incidence	Rate

1.	0-14yrs.	0043	00.63	048	01.72	0091	**00.95**
2	15-29yrs.	1109	16.34	794	28.51	1903	**19.88**
3	30-44yrs.	2107	31.05	798	28.65	2905	**30.35**
4	45-59yrs.	2240	33.00	666	23.91	2906	**30.36**
5	60 yrs. and above	1288	18.98	479	17.21	1767	**18.46**
Total		**6787**	**100.0**	**2785**	**100**	**9572**	**100.00**

The suicide scenario in the state as reflected in the Table 2 has several noticeable features:

a. The table shows that nearly 80 per cent of the suicidal deaths in the state take place among those belonging to the productive age group of 15 to 59 years. This is true of the male as well female population.

b. There are some variations between males and females within the different age categories. The bulk of the suicidal deaths among the females take place in the age category of 15-44 years – 57.16 per cent. It looks that the suicide proneness is more pronounced among young females. The major reason for this phenomenon may be that the womenfolk go through more dramatic changes in their lives during the early part of their lives.

- Marriage and shifting from the traditional parental homes,
- Living with another person thereto unknown and the resultant adjustment problems,
- Child bearing, children's education etc.
- Taking up employment in addition to family responsibility,
- Harassment or torture, related to the dowry payment.
- Living with in-laws while the spouse stays abroad or elsewhere.

c. The suicide rate among men seems to pick up as they age. As many as 64.05 per cent of all suicides among males are from the 30-59 age group. Here too, the highest percentage is in the age group of 45 – 59 years. About one third of the men's suicides fall into this category while the corresponding figure for the females is 21.6 per cent. What accounts for this difference is to be examined. One possibility is that men begin to encounter greater problems in life at a later stage than early on. The likely contributory factors are:

- Alcoholism and the resultant financial difficulties,
- Children's education, house construction, children's marriage etc. leading to serious financial constraints,
- Serious family problems or health related issues, and
- Serious economic disabilities around retirement time.

d. Suicide among children below 14 years of age is of special concern. The fact that as many as 106 children below 14 years of age have resorted to killing themselves in 2001 should be an eye opener to all of us who hold the view that children in Kerala are better cared for than those outside the state. Further, suicides among children are to be seen in the context of the relatively high number of unnatural deaths among children, instances of children absconding from homes, becoming drug addicts etc.

e. Another noticeable feature of the suicide scenario in the state is the growing suicide incidence among the older persons. As many as 18.46 per cent of all suicides in the state are by those above 60 years of age. The significant fact is that the suicide rate among the elderly is increasing by the year. The percentage of suicide deaths among the elderly has been 11 in 1995, 16 in 1998, 18.3 in 2000 and 18.46 in 2001 (National Crime Records Bureau 2004). The constant upward movement of the suicide graph has out paced the growth of that segment of the Kerala's population, which hovers around 11 per cent.

f. The rate of increase in suicide is more or less same for the elderly men and women over the years. Suicide among men above 60 years of age rose from 11.8 per cent in 1995 to 19.0 per cent in 2001. For women of the same age group suicide rate went up from 10.8 to 17.2 per cent during the period. Rise in the suicide rates among both the groups is gradual and consistent.

The data presented above indicate that the suicide scenario in the state of Kerala has age differentials. While the number of self-inflicted deaths among children is small, it could still be indicative of the Kerala society's inadequate concern for the child. The increasing figures of suicidal deaths among the older persons are to be seen as a major signpost of how the society in Kerala is going to be in the days to come.

Means Used to Kill Oneself

Understanding of the suicide phenomenon is incomplete without knowing the means used for killing oneself. The means used varies from place to place and group to group. There seem to be gender variations as well. Whether the selection of the means used is indicative of the preferences of the person in the given conditions is not taken up for discussion here. The task here is to identify the means used and the possible 'why' of it. The discussion is based primarily on the data provided by NCRB. Reference is also made to the data collected in a recent study on Unnatural Deaths Among Young Women in Kerala (George

2002). The means used is expected to give clues for organising suicide prevention programmes.

Table 3

Suicides in Kerala in the Year 2000 by Means Used and by Sex

S.No	Means used	Males		Females		Total	
		No.	%	No.	%	No.	%
1	Drowning	297	4.49	326	12.10	623	**6.69**
2	Burning	164	2.48	415	15.40	579	**6.22**
3	Hanging	2991	45.26	908	33.70	3899	**41.91**
4	Poison, including Insecticides	2692	40.74	916	33.98	3608	**38.88**
5	Jumping from moving vehicles	84	1.27	19	0.71	103	**1.11**
6	Over dose of Sleeping pil	45	0.68	27	1.00	72	**0.77**
7	Run over by vehicles/trair	148	2.24	31	1.15	179	**1.92**
8	9.Other Means	188	2.84	53	1.97	241	**2.59**
	TOTAL	**6609**	**100.00**	**2695**	**100.00**	**9304**	**100.00**

Table 3 shows that the most commonly used means for killing oneself in the Kerala society are hanging (41.8%) and use of poisonous substances, including insecticides (38.88%). Such cases add up to 80.7 per cent of all suicides taking place in the state. In both the cases however, there

are very significant variations between men and women. While 86 per cent of all suicides by men are by either of these two methods, only 67.7 per cent of females resort to these methods. One reason for this may be that the males have more access to these means than the females.

Committing suicide by using poisonous substances is the second commonly used means. Insecticides are the very frequently used substance. It has been noticed that Furadan is the most commonly used pesticide. Easy availability of the substance and its known lethality are the contributory factors. Two other means of committing suicide among the Keralites, are self-immolation and drowning. Self-immolation accounts for 6.7 per cent of the suicide deaths and drowning 6.2 per cent. While men use these methods less frequently, incidents of suicide through burning and drowning are more among women. An independent study conducted recently, has shown that 9.5 per cent of all deaths among females belonging to the age group of 18 to 49 years, are due to burns, self inflicted or otherwise (George 2001). There are reasons to doubt that some of them are homicides rather than suicides. But the fact that the young females resort to this method of suicide is significant.

The question uppermost in the minds of the reader is whether controlling the means will help avoiding the deaths by suicide. It is not possible to remove all possible means to kill oneself. It is virtually impossible to cap all wells or put up fences along the length and breadth of the railway tracks! A person determined to take his/her own life will find out ways to execute the plan. The only feasible thing that can be attempted here is to avoid easy access to suicide agents as a measure of deterrence. It should be admitted that availability of a known death agent like insecticide at home, in circumstances ideal for committing suicide, might cause greater temptation. In this context, strict enforcement of legal directions for manufacture and sale of pesticides, particularly those with death inducing capabilities is essential. Apart from that, the only thing that can be attempted is to build awareness on suicide not being the only alternative in situations of difficulty.

Regional Variations

The incidence of suicide among the people of Kerala is not evenly distributed across the different regions of the state. Some regions have shown greater propensity to self-destructive tendencies than others. It is interesting to identify those regions with higher suicide rates and find out the factors contributing to the phenomenon. Equally worthwhile is the need to locate the low-incidence regions and understand the factors contributing to the lower rates of suicide.

Table 4:

Incidence and Rate of Suicide in 2002 by District and by Sex

District	**Population in lakh***			**Male**		**Female**		**Total**	
	M.	F.	Total	No.	Rate	No.	Rate	No.	Rate.
Tvm.	16.00	16.92	32.92	885	55.3	369	21.8	1254	38.1
Kollam	12.65	13.54	26.19	886	70.0	250	18.5	1136	43.4
Pthnta.	05.92	06.48	12.40	367	62.0	105	16.2	472	38.1
Alappuzha	10.22	11.03	21.25	414	40.5	121	11.0	535	25.2
Kottayam	09.76	10.01	19.77	370	37.9	129	12.8	499	28.1
Idukki	05.72	05.67	11.39	395	69.1	170	30.0	565	49.6
Ernakulam	15.64	15.91	31.55	612	39.1	257	16.2	869	27.5
Thrissur	14.45	15.78	30.23	751	52.0	283	18.0	1034	34.2
Palakkad	12.88	13.76	26.64	604	46.9	267	19.4	871	32.7
Malapuram	18.48	18.89	37.37	322	17.4	113	06.0	435	11.6
Kozhikode	14.16	14.98	29.14	486	34.2	219	14.6	705	24.2
Wayanad	04.05	04.05	08.10	237	58.5	83	20.5	320	39.5
Kannur	11.69	12.75	24.44	586	50.1	197	15.5	783	32.0
Kasargode	06.02	06.27	12.29	237	39.4	78	12.4	315	25.6
Railways	------	------	------	4	-----	13	-----	17	-----

Total	157.63	166.78	324.41	7165	45.45	2645	15.9	9810	30.24

* Population figures projected on the basis of 2001 census

Table 4 shows that some districts in the state have high rates of suicide while some others register relatively low rates. It should be borne in mind that the people of different districts have differences in terms of rural/urban background, education level, predominant religious group affiliation, migration to foreign countries, employment status etc. There is no doubt these factors have significant bearing on the social and emotional life of the people. Hence their impact on the suicide pattern in the state. The data from the table should reflect those influences. Following are some salient features:

a. There are eight districts in the state, which register suicide rates higher than the state average of 30.24 per one lakh population. They are Idukki, Kollam, Wayanad, Thiruvananthapuram, Pathanamthitta, Palakkad, Thrissur, and Kannur. The districts with suicide rates lower than the state average are Malappuram, Kozhikode, Kasargode, Alapuzha, Ernakulam and Kottayam. Idukki and Kollam top the list with the suicide rates of 49.6 and 43.4 respectively. Malappuram (11.6) and Kozhikode (24.2) occupy the lowest spots.

b. The difference between the suicide rates among men and women is too pronounced to escape notice – 45.45 and 15.9 for the state. This pattern is found uniformly in all the districts.

c. From table 4 one could notice clusters of neighbouring districts in the rate of suicide. Among the low-rate districts Alappuzha, Kottayam and Ernakulam form one such cluster, and Malappuram and Kozhikode, another. Similarly, Thiruvananthapuram, Kollam, Pathanamthitta and Idukki form a cluster of high incidence districts. Thrissur and Palakkad, and Wayanad and Kannur are other such clusters. It would be interesting to study further to find out whether the socio-cultural traits and geographical characteristics of the region contribute to the suicidal behaviour of the people.

Is Suicide Scenario Undergoing Changes

We have to analyse the suicidal behaviour of the people over a period of time in order to get a clear understanding of the situation. This may also be necessary for initiating remedial measures. The district wise characteristics will be useful in planning prevention programmes for each district. In other words, suicide prevention strategies planned for the state can be better applied to individual districts, if specific characteristics are taken into account. Given below are data for five years from 1998 to 2002 provided by NCRB.

Table 5

Incidence and Rate of Suicide among the People of Kerala by Year and by Districts

District	1998		1999		2000		2001		2002	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Tvm	1335	42.02	1304	40.69	1377	42.57	1338	41.01	1254	38.09
Kollam	0826	32.39	894	34.83	903	35.18	875	33.63	1136	43.38
Pthnta.	357	29.17	389	31.68	303	24.60	400	32.36	472	38.06
Alappuzha	518	24.86	740	35.34	516	24.52	483	22.84	535	25.18
Kottayam	504	26.13	497	25.61	450	23.04	481	24.47	499	25.24
Idukki	509	45.49	516	45.97	498	44.10	555	48.94	565	49.60
Ernakulam	816	26.82	827	26.93	785	25.33	801	25.62	869	27.54
Thrissur	1060	36.20	1129	38.26	1049	35.26	1022	34.07	1034	34.20
Palakkad	868	33.76	904	34.85	925	35.35	866	32.80	871	32.70
Mlprm	483	13.71	466	13.03	505	13.92	425	11.54	435	11.64
Kozhikode	708	25.04	723	25.35	699	24.29	734	25.28	705	24.19
Wayanad	291	38.03	387	49.87	367	46.63	313	39.22	320	39.51
Kannur	744	31.26	690	28.80	679	28.15	778	32.04	783	32.04
Ksrgde	265	22.52	286	24.03	230	19.12	266	21.88	315	25.63
Railways	22	------	-----	-----	18	------	12	-----	17	------

Kerala	9306	29.79	9778	31.00	9304	29.22	9349	29.74	9810	30.24

Table 5 shows that during the five years from 1998 to 2002, the suicide graph has taken different courses in different districts.

a. In Thiruvananthapuram, Kottayam, Thrissur, Palakkad, Malappuram, and Kozhikode the suicide rate has shown a decline from the 1998 level or remained more or less the same. The other eight districts, however register noticeable increase. Of the latter group Kollam and Pathanamthitta deserve special attention. The increase over a period of five years is quite high. Further, those districts registering lower rates, or maintaining more or less the stable rates over a five-year period are among the most populous districts of the state. In fact, those six districts together account for 54.3 per cent of the state's population. As the districts show different trends of decline and increase in the suicide rate, we need to augment our efforts on the few high-incidence districts to arrest the upward trend in the suicide graph.

b. The consistently low rates of suicide in Malappuram need to be taken special note of. The rate has declined from the 1998 position of 13.71 to 11.64 in 2002. The rate of female suicide is as low as 6/100000. What contributes to consistently low rate of suicide in the most populous district of Kerala needs to be explored. It may be pointed out here that this district has the highest Muslim population and is considered one of the less developed regions. The district is educationally backward; but has a considerable segment of its population working outside the country. The traditional joint family system and strong family traditions are considered to be still prevalent in the district. It appears that the relative backwardness of the district has made the people to live in keeping with the traditional value system governing the social and familial relationships among them. This probably might have had an impact on controlling suicide.

Multi Factorial Causation

Suicide is to be seen as a phenomenon of multi-factorial causation. It is normally not easy to attribute one specific cause to any incident of suicide. Unlike what many think, we cannot find simple cause-effect relationships for most of the incidents of suicide. Psychiatrists with the experience of person-to-person sessions with clients having suicidal intentions would testify that it is not easy to identify the factors leading to the decision to take one's life. Similarly, those who have attempted suicide, or the near and dear ones of those who have killed themselves, will find it difficult to identify the specific factors leading to such tragedies.

It is indeed naïve to believe that one takes the decision to kill oneself out of frustration caused by an isolated event. It is fairly well established that no person, child or adult, would decide to take his/her life for apparently frivolous reasons like "refused permission to watch television", "scored poor grades in the examination", "the request for a motor bike was turned down" etc. Granting that such instances might have preceded the tragedy, we should not hasten to conclude that but for such incidents, the person should have lived ever after. If no timely intervention were made, a person might attempt suicide in other conditions as well.

"F***inancial Problems***"

In cases attributed to "financial problems" there are factors other than money matters, which might have contributed to the tragedy. A study conducted among those seeking assistance from a suicide prevention centre in Kerala indicated that those who reported suicidal intent due to "financial reasons" had in fact, poor family relations, history of alcoholism, absenteeism, broken marriage, financial difficulties etc. It was found that financial indiscipline was only one of the problems experienced by them and that they had progressively 'found themselves alone in the world' without anyone to help.

We have to look for factors like emotional distress, inter personal conflicts, risk behaviours, unrestrained spending habits, health conditions and numerous other conditions before we can get a fair understanding of the situation one was in. A person going through intense emotional crisis might initiate suicidal behaviour if timely attention is not provided.

Equally important are the many instances of "farmers' suicides" being brought to us by the media on a regular basis. The eagerness of the political parties to cash in on such "incontrovertible proof of the inefficiency of the government" is for all to see. There are many other factors, which have driven desperate person to his/her wits' end and finally to self inflicted death. Those who are eager to expose the sad plight of the victims after death could show a little more interest to help out while they are still alive. The fact that the over exposure of suicides in the media can result in repeated cases of such incidents as a ripple effect is conveniently forgotten.

Family at the centre

The data provided by the NCRB give us general indications of the major factors contributing to the high incidence of suicides in the state. In fact, the data indicate that vast majority of deaths by suicides have their roots in the inability of the family to effectively deal with distress causing situations, or the family itself becoming dysfunctional as a result of the distress.

Table 6

Suicides in Kerala in 2001 by Cause

.S.No.	Causes	No.	Percentage
1	Bankruptcy	1451	15.16
2		257	2.68

	Physical Illness		
3	Mental illness	954	9.97
4	Prolonged illness	1272	13.29
5	Family Problems	1788	18.68
6	Causes not known	840	8.78
7	Other Causes	1926	20.12
8	Personal problems	1084	11.32
TOTAL	----------	9572	100.00

Looking at the data in table 6 closely one is struck by several facets of the suicide scenario in Kerala. Some of the very noticeable features of the problem are as follows:

- A number of suicide cases - 18.68 per cent - occurring in the state are attributed to 'Family Problems'. Disharmony in husband-wife relations, incompatibility in sexual life, alcoholism of one or other members, violence, dowry related problems, lack of physical facilities in the house, adverse employment conditions, unequal educational levels of partners etc. are some of the more common factors contributing to the problem.
- One fourth (26 %) of suicides in the state Kerala are due to health problems like prolonged physical illness, mental illness and other physical debilities. This is to be seen as one of the serious causes of stress among the people of the state. In fact, this

may be viewed in relation to the 'family problems' mentioned above. Does it mean that the family is progressively losing its capacity to look after the sick, the disabled and the aged who need prolonged care and support? Do prolonged or acute illness and disabilities of the members become a source of stress for the family?

- The data presented in the table show that 15.16 per cent of all suicides in the state have been attributed to bankruptcy, financial problems etc. While conceding the limitation on the reliability of these data, we have to admit that a large number of the self inflicted deaths have been influenced by financial constraints. The consumer culture prevailing in the state and the propensity of the Keralite to live beyond one's means could be contributing to this scenario.
- The table also indicates that the frequency of cases which are more personal in nature like death of a dear person, dowry dispute, divorce, drug abuse /addiction, failure in examinations, love affairs, physical abuse, unemployment, etc. add up to 11.32 per cent of all suicides. It has to be noted with concern that the people of Kerala are finding it increasingly difficult to tide over personal tragedies. Unlike in the past when the family members and friends used to rally round the person on such occasions, today he/she may be left alone to fend for himself/herself.
- A large chunk of the suicide cases has been categorised under the head "other problems" or "causes not known". This categorisation has been resorted to, may be, because the persons who provided the information from the police could not obtain the exact reason or wanted to avoid providing embarrassing information about the diseased.

Strengthening the Family

There is an urgent need to build up services, which will help the family become a reservoir of support to the members. A supportive and caring family should help its members live in a distress-free environment, or reduce the severity of the distress caused by the extraneous factors. Undertaking planned measures can create such a supportive and caring environment. We cannot however, expect this to happen by an accident of nature, stroke of good luck, or gift of god. Some positive measures, which could be adopted, by the husband and wife to build a healthy and vibrant family are as follows:

- Treat each other as equal and be always supportive to each other.
- Share the family chores and ensure that the partner is not forced to carry unbearable burden of household activities.
- Spend as much time as possible in the company of the partner: talk to each other as much as possible. Have nothing to hide from the other.
- Listen to the other and facilitate ventilation of distress as and when needed.
- Treat the friends and relatives of the other with respect and affection. The partner should have the freedom to visit them, spend time with them, give gifts etc. as and when he or she feels it appropriate.
- As far as possible do not take official matters home.
- Treat children with respect and concern. Learn to care for the children.
- Be consistent in showing affection for children, disciplining them, providing for their education, socializing them etc.
- Spend within the means available and be guided by what one requires rather than by what others possess.
- Use television as a medium for entertainment, education and information. In the use of this and other media, the likes and preferences of the other members should be respected.

Supportive Neighbourhood

A supportive neighbourhood can help the family by making up for the limitations of the nuclear family. Positive measures are needed to arrest the present trend of families and individuals becoming ‘islands’ and remaining deaf to the needs of one’s fellow human beings. Following are some positive steps that can be initiated in this context:

- The neighbourhood as a whole may resolve to work towards 0-suicide status in their community.
- Families where the male members are prone to alcoholism, drug abuse etc. may be watched closely and help made available as and when the women and children make distress calls.

- Micro-credit programmes for facilitating easy credit, and providing independence to the vulnerable people, particularly the womenfolk.
- Day care programmes for the disabled, chronically ill persons, aged etc. to help the families living through personal distress and agony.
- Training and deployment of home nurses in the community so that the burden on the womenfolk to look after the sick and disabled gets reduced.
- Organising training programmes on effective listening for teachers, community leaders, political party representatives, social activists etc., in order to build up greater crisis management capability within the community.

Conclusion

The analysis above indicates that the Kerala people are presently going through a period of enormous social change. The impact of the change is felt on the family, the education system, value system, the role of women etc. It looks, that there is more than casual association between this state of affairs and Kerala's mounting rate of suicide, which is about three times the national average. That the rate of suicide among men has been consistently going up while that of women has not shown such an upward trend is to be taken note of. It is further important to learn that the suicide rate peaks in the early adulthood among women, while it reaches the maximum at the late adulthood among men. The rising suicide trends among children and the older persons cannot be lost sight of. Equally interesting is the fact that the districts that have registered higher rates of suicide over the years are the same, and those registering lower rates also remain the same. Malappuram district's consistently low rate deserves special attention.

It has been noted that the vast majority of the self-induced deaths can be prevented by timely interventions by the members of the family, neighbourhood, etc. There is an urgent need to initiate effective steps to support the family and prepare the neighbourhood community combat ready to fight against the rising suicide proneness among the people of Kerala.

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