

## **Suicide trends in Kerala: A sociological understanding**

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### **ABSTRACT**

Suicide is considered as the major cause of mortality. It is also a terrible and serious preventable public health problem all over the world (WHO Report, 1999). *Suicide*, Emile Durkheim's (one of the major classical sociologists) third major work, is of great importance because it is his first serious effort to establish empiricism and statistical tools in sociology. An empiricism that would provide a sociological explanation for a phenomenon traditionally regarded as exclusively psychological and individualistic in nature. Durkheim proposed this definition of suicide: "the term suicide is applied to all cases of death resulting directly or indirectly from a positive or negative act of the victim himself, which he knows will produce this result" (1982, p. 110 [excerpt from *Suicide*]). This proposed work mainly looking into the suicide trends in Kerala society. Family suicide (suicide committed by whole family members) appears to be a new observable fact in Kerala. Here the author looking into the concept of 'integration' and 'norms' and its relation with suicide trends in Kerala.

**Key Words :** Suicide, Kerala society, Family, Marriage

### **INTRODUCTION**

The state of Kerala in the southern part of India has certain distinguishing features in times of socio- economic and political characteristics compared to other states in the country. The process of development witnessed in the state is by now well known as 'Kerala model of development'. The state has been able to attain high levels of social sector development in- literacy, healthcare etc. even at a relatively low level of per capita income. Consequently, the quality of life indices- based on life expectancy, educational attainment etc. for the state has been high, mostly on par with the middle income countries. 'Many faces of Gender Inequality' an essay by Amartya Sen (2001) depicts the Kerala model once again. Kerala provides a sharp contest with many other parts of the country in having little or no gender bias in mortality. Indeed, not only is the life expectancy of Kerala women at birth above 76 (compared with 70 for men), the female- male ratio of Kerala population is 1.084 according to the 2011 census, <sup>1</sup> possibility somewhat raised by Kerala migration for work by men. Since Kerala has a very high level of literacy and also fertility rate has fallen very fast. All these observations link with each other very well in a harmonious casual story. However, there is further need for casual discrimination in interpreting Kerala's experience. There are other

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1. Census Report, 2011

special features of Kerala which also be relevant, such as female ownership of property for an influential part of the Hindu population (the Nairs)<sup>2</sup> openness to and interactions with outside the world, with the presence of Christians –about a fifth of the population- who has been much longer in Kerala- since around the 4th century.<sup>3</sup>

But the other side of the story has been performance of the state in the real, productive sectors of the economy, low productivity levels coupled with stagnation in the agricultural and industrial sectors, high levels of unemployment etc. As per the records available with the government, 12, 988 persons committed suicide since May 2016 due to various reasons. Of this, 2,946 were women and 401 children. As many as 822 persons committed suicide due to financial reasons, 4,178 due to family problems, 28 because of mounting debts and 2,325 due to health problems. (Indian Express, 9<sup>th</sup> May, 2018) It is important to remember that the paradoxical impact of social programmes and socio-economic development should be taken in the context of the fact that Kerala has the lowest overall death rate in India. (Retheesh Babu G, 2010). The problem of suicide is discussed in the context of Kerala's better demographic and health status compared to other Indian states. This problem has to be analyzed within the frame of reference of the broad and extensive socioeconomic status information concerning the victims and their settings. It is not adequate to intervene to change an individual's suicidal behavior when the issue is related to the problems of the society as a whole. Family problems are cited as the major cause of suicide, followed by ill health and economic reasons. <sup>4</sup>

## METHODOLOGY

This paper mainly works on secondary data, mainly from leading newspapers, published works from various journals, un-published dissertations etc. The major objective for this paper is how the Durkheim's concept of 'integration' works in Kerala suicide trends.

### **Suicide – Sociological Understanding :**

*Suicide*, Emile Durkheim's third major work, is of great importance because it is his first serious effort to establish empiricism in sociology, an empiricism that would provide a sociological explanation for a phenomenon traditionally regarded as exclusively psychological and individualistic. Durkheim proposed this definition of suicide: "the term suicide is applied to all cases of death resulting directly or indirectly from a positive or negative act of the victim himself, which he knows will produce this result" (1982, p. 110 excerpt from *Suicide*). Durkheim used this definition to separate true suicides from accidental deaths. He then collected several European nations' suicide rate statistics, which proved to be relatively constant among those nations and among smaller demographics within those nations. Thus, a collective tendency towards suicide was discovered.

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2. Menon, "Male Authority and Female Autonomy: A Study of the Matrilineal Nayars of Kerala South India"
  3. Zacharia, KC. The Syrian Christians of Kerala: Demographic and Socio-Economic Transition in the Twentieth Century. (New Delhi: Orient Longman Private Limited, 2006), 5-9
  4. Retheesh Babu G, Suicide: a disturbing factor in the 'development model' of Kerala, India, *Journal of Public Health*, **18**, 5, (483), (2010).

**Emile Durkheim’s classifications on suicide :**

Durkheim’s book “Suicide”<sup>5</sup> is an analysis of a phenomenon regarded as pathological, intended to throw light on the evil which threatens modern industrial societies, that is, “anomie.” Suicide is an indication of disorganization of both individual and society. Increasing number of suicides clearly indicates something wrong somewhere in the social system of the concerned society. Durkheim has studied this problem at some length. Durkheim wanted to know why people commit suicide, and he chooses to think that explanations focusing on the psychology of the individual were inadequate. Experiments on suicide were obviously out of question. Case studies of the past suicides would be of little use, because they do not provide reliable generalizations, about all suicides. Survey methods were hardly appropriate, because one cannot survey dead people. But statistics on suicide were readily available, and Durkheim chose to analyze them.

Durkheim repudiated most of the accepted theories of suicide.

(1) His monographic study demonstrated that heredity, for example, is not a sufficient explanation of suicide.

(2) Climatic and geographic factors are equally insufficient as explanatory factors.

(3) Likewise, waves of imitation are inadequate explanations.

(4) He also established the fact that suicide is not necessarily caused by the psychological factors.

Having dismissed explanations of extra-social factors, Durkheim proceeds to analyze the types of suicide. He takes into account four types of suicide:

(a) Egoistic Suicide which results from the lack of the integration of the individual into his social group.

(b) Altruistic Suicide is a kind of suicide which results from the over-integration of the individual into his social group.

(c) Anomie Suicide results from the state of normlessness or degeneration found in society.

(d) Fatalistic suicide is due to overregulation in society. Under the overregulation of a society, when a servant or slave commits suicide, when a barren woman commits suicide, it is the example of fatalistic suicide

Because of these reasons, L.A. Coser (1979) stated, Durkheim’s study of “suicide” could be cited as a monumental land work study in which conceptual theory and empirical research are brought together in an imposing manner.”

**Suicide Trends in Kerala society :**

Kerala shows serious draw backs with respect to mental health status, though achieved targets for health for all by 2000 A.D. High suicide rate is one indicator. The annual suicide rate was 21.6/100,000 population.<sup>6</sup>

In one of the few studies on suicide in Kerala, James Vadckumchery,<sup>7</sup> Criminologist at Police Training College in Thiruvananthapuram, interviewed 39 survivors of unsuccessful suicide attempts, and found that the most common social factors including suicide were:

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5. Emile Durkheim, *Suicide: A study in Sociology*, Free Press, New York, 1897

6. Chapter:2 “Suicides in India ”Govt: of India, National Crime Records Bureau, 2015, P:15, Retrieved 14 April 2017.

7. James Vadakumcherry, “Unnatural Deaths: A study about the Census of Abnormal increase in suicide Death, National Police Academy Journal, 1994.

1. Unable conditions at home including intoxication, quarrels, immortality, family conflicts and tensions, lack of paternal love, deviant family relations, poor quality of parent-child, sibling-sibling, husband-wife relationship, too much disciplining, very harsh treatment, authoritarian attitude.
2. Visual media, digital media specially social networking sites, TV serials and pulp fictions that glorify suicide

The latter factor is evidence that indicates the high level of visual media presence( especially the cable T.V) in Kerala, although one could agree that the content or effect of the visual media in Kerala might be a factor. Interestingly, poverty was rarely a factor and unemployment was not a factor in a single case in this study. However, unemployment may turn out to be an important influence. Vadackumchery also found that a much greater number of suicide attempts from nuclear families (79 %) rather than joint families (21%).Accompanying ideologies of secularism modernization and development may be influencing the high rate of suicide. Many such as the classical sociologist Max Weber, have asserted that the modernist rationalist world view demystifies life, causes it to lose some of its magic, and replaces it with a cold, pragmatic view of the world.

While issues of socio-economic development in Kerala gather much attention trends in the reverse direction (eg: rising suicide rates) are rarely the focus of scientific attention (Halliburton 1998).Suicide rates in Kerala is consistently higher than the National figures at least for past two decades(Praveenlal and Manojkumar, 2000). Importance of suicide prevention programmes are appreciated by professional community in Kerala (Praveenlal *et al.*, 1998.) Though scanty, a few reports are available on the attempted suicides (Praveenlal 1999) while studies on completed suicides are rare during 1998 and 1999 there were 25 to 20 incidents in the whole state of Kerala

According to Dr Praveenlal's research during the period of the year 2000, 31 incidents happened in the study area which comprised only 3 districts out of a total of 14 districts of Kerala.<sup>8</sup> The rise in the number of incidents appears alarming. Poisoning was the most common mode of attempt. Lack of any policy for pesticides, easy availability and no violence involved could be the reason for this preference. Ease in mixing with tasty eatables or drinks make it each to administer to children. Drawing followed in the order of frequency though for believed. Only very few resorted to burns, hanging and wrist slashing. Though it may appear very difficulty, a mother had hanged her child before she herself commits suicide by same method. Gender differences are evident as the highest ratio in favour of women was for burns, followed by drowning and poisoning. Hanging had a Male -female ratio in the reverse direction. Dr Praveenlal couldn't be drawn a firm conclusions from this observation as the selection of the mode of attempt would have been the decision of instigator rather than the victims of suicide. In about half of the instances, the diseased had left suicide notes. This had made identification of causes easy. But in other half suicide notes were not left, the reasons leading to the suicide were at least to be assumed from the circumstantial evidences and perceptions of key informants.

According to this research, the major findings are: "Only in 16.1.% of instances there were evidences for the presence of mental illness in at least one who was involved. This appears important because mental illness is unable to explain the phenomena of family suicide. Similar is the status of physical illness. It is the absence (77.6%) of it which was prominent. Financial crisis formed the most frequently reported cause (35.5%). This was followed by Family problems (25.86), Mental illness and physical illness combined formed the cause in 25.8% of instances. In two instances, it

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8. Ibid

was objection to marriage. The conditions with highest frequency form a pointer towards the possible non biological causation for the occurrence of the phenomena of family suicide. Lack of presence of mental illness in the study instances supports this finding. The financial crisis could arise from economic factors existing in the society. Financial mismanagement at the individual level also could be a reason. Family problems in Kerala families are even otherwise evident, from the rising figures of divorces in Kerala. Strain on the Kerala women who have to take up the triple role of working women, homemaker and cover of children could be a factor behind it. Kerala women gaining shoulder to shoulder status with men in literacy could be giving confidence for women to rebellion instead of succumbing.”<sup>9</sup>

The psychologist Louissass (1992) claims that modernism promotes hyper-reflexivity and it leads to psychological disturbances because of the excessive internal reflection. Secularism is led to the concept of modernization, a western –derived view of economic and technological advancement that has moral overtones. This is, at least partially, the world view that is officially advocated by the communist parties that have been the dominant powers over Kerala’s history as a state. It is also suggest that these ideologies do not (yet?) contain notions of self and soul that are helpful for giving one personal direction and strength. There are concepts of maintenance and care of the self in modernist therapies of psychology and psychiatry, and though they are not developed in popular discourse in Kerala, there is evidence that they are becoming so, for eg: through popular magazines, read even in small villages, which feature-columns, and articles by psychologists and psychiatrists.

And another specialty of Kerala suicide, suicide is more common among forward caste Hindus, when compared to Christians, Muslims and backward caste Hindus.<sup>10</sup> During the last ten years, lowest suicide rate was reported from Malappuram (13.1 in 2004).<sup>11</sup> Dr KP Jayaprakashan, Associate Professor at the Trivandrum Medical College and secretary of the mental health authority, said, “We have sent in a request to the police to give the details of district-wise suicide. We will analyse this data, look into the reasons, the age profile, and regional factors, based on which we will come up with an effective preventive strategy.”<sup>12</sup> He added, “In the state, Thirvanathapuram has the highest number of suicide cases while Malappuram has the least”.<sup>13</sup> Islam religion clearly forbids suicide, encouraging submission to God’s will in suffering and sickness. As a consequence Muslim patients do not readily talk about suicide. Often one finds in clinical practice, depressed Muslim patients, who divulge their suicidal ideas, quickly go on to state that they would not carry out their act because it is against their religion. It takes that much more for a Muslim to cross the bridge and therefore if a Muslim patient mentions suicidal plans he should be taken seriously.

So Emile Durkheim’s view regarding suicide (collective consciousness and rate of suicide) has some relevance in this context. But contrary to this, research conducted by Murphy Halliburton<sup>14</sup>

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9. Dr. K Praveenlal (2000)

10. The Hindu, April 10, 1997, “caste Hindus more prone to Suicide”

11. P.N Suresh Kumar (Ed.) Suicide Prevention: Manual for Primary care Givers, First Edition, IMA Academy of medical specialities, Kerala state Chapter, February, 2006

12. Neethu Raghukumarm CNN-NEWS 18, May 9, 2018

13. Ibid

14. Murphy Halliburton Suicide, EPW, September 5-12, 1998

depicts another incidence. That is one case of a suicide attempted that person is now utilizing a religious therapy is interesting. This person attempted suicide at a time when he was undergoing allopathic psychiatric treatment for alcoholism and was a devout communist atheist. He claims that he has recovered from his problems due to a newly discovered spirituality and he recalls that a difficult aspect of this recovery was the struggle between his emerging religious views and his devotion to communism. He explains that he has since found a way for both views to coexist, and now feels that he has recovered from his problem through devotion to Devi at a Hindu temple known for healing mentally or spirit affected people. (Halliburton, 1998)

Most patients have no problem moving from one therapy to another-whether religious or secular. This is a cultural characteristic among people suffering illness in India that has been previously observed, an ability to see multiple causes for the same problem and change therapies easily (Caestaics and Kapur, 1976). From Halliburton's sample it is only a few educated and adamantly secularist modernist patients that have a difficult time changing treatment, and they account to most suicide attempt cases.

#### **The institution of Family and Marriage in the context of Suicide :**

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. As many as 17 family suicides were reported in the State in the year 2004 claiming the life of 53 individuals. (Suresh Kumar, 2006). According to Dr. Sureshkumar's study Trivandrum, Kollam and Kasargodu districts had 3 family suicides each in the last year. 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 act would gain completion only if children also join in it. 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.<sup>15</sup>

The average Malayali is famously private but might this unwillingness to let it all hang out be the reason for Kerala's frightening statistical success at family suicide? An abnormally high number of families commit suicide, together, in the state. 'Family suicide'<sup>16</sup> is defined as the dominant person in the family killing the others before doing away with themselves. Sometimes, it features a suicide pact among family members. A study by the Kerala State Mental Health Authority (KSMHA) says that 39 of every 100 family suicides reported across India take place in God's own country. The study has just been endorsed by Kerala's Economic Review 2010, which was tabled in the assembly. In 2009, there were 13 family suicides in Kerala, which totaled 38 deaths. While the general suicide rate has been decreasing gradually compared to other states, the suicide rate among youngsters and family suicides are on the higher side in Kerala. Of the 12, 988 persons who committed suicide since May 2016, 2946 were women and 401 children.<sup>17</sup>

What is reason behind these? Most Malayalis blame "family trouble". They are somewhat in

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15. P.N Suresh Kumar (Ed.) Suicide Prevention: Manual for Primary care Givers, First Edition, IMA Academy of medical specialiteis, Kerala state Chapter, February, 2006

16. G. Ananthkrishnan, G, Times of India, February 13, 2011

17. Deccan Chronicle, March 6, 2018

tune with the rest of the nation. The national average of suicide caused by “family trouble” is 23.7%; while in Kerala it was 40.2%. Rajesh Pillai, director of the Kochi based NGO Maithri, which offers emotional support to the suicide-prone, corroborates the findings. “The calls that we receive suggest most suicides are triggered by relationship troubles,” he says. At least some of this is brought on by the typical Malayali’s unwillingness to talk about his problems and that’s on account of his ego, Pillai adds. Kerala’s suicide chart also illustrates the theory that money cannot buy happy with Malapuram, which is at the lower end of the human development index, recording the fewest suicide cases. Another important finding by KSMHA is that “78% of suicide victims were married, unlike in the West where suicide rates are higher among unmarried and divorced peoples”

According to Emile Durkheim’s study on Suicide<sup>18</sup> married couples have fewer tendencies to commit the suicide, because of the high integration with the family bondage. There is strong notion that marriage tends to protect individuals from suicide. Durkheim noted that married people over 20 of both sexes-whose ‘social integration’ is relatively higher in nature-were less likely to commit suicide Mayer, Peter and Ziaian, Tahereh. (2002)<sup>19</sup> Durkheim used this definition to separate true suicides from accidental deaths. He then collected several European nations’ suicide rate statistics, which proved to be relatively constant among those nations and among smaller demographics within those nations.

Contradictory to Durkheim theory in the case of Kerala, marriage itself acts as a stress giving mechanism instead of acting as an institution of protection. The data on suicide from SCRB (2008) observed that 78% of the respondents were married 18% were unmarried and 4 % were widowed. It shows that due to integration of family members especially towards children completed suicide less among female than male. “It is noted that in Kerala marriage is not an institution of protection against the pressures of everyday life. The other major danger is that marriage itself is becoming an instrument of distress. It is expected that the institution of marriage provide adequate support and care to the partners and the children. The hostile environment in the family drives the member to distress. Alcoholic husbands make the situation poorer. The marriage can sour where the couple cannot consider each other as equal and consequently the burden of running the family gets thrust on the girl. The selfishness and lack of understanding displayed by either partner can often cause irreparable damage.”

I propose that in addition to all the studies of planning strategy, labour relations, land reform and related issues, the problem of suicide in Kerala continue to be studied to get a more holistic view of the complexities of development. Further research into this area should try to determine more thoroughly a relation between suicide, level of education and unemployment. Other avenues for further research include an investigation into why older Malayalies appear to commit suicide more often and the connection between living in nuclear (rather than Joint) families and high incidence of family suicide, and the religion and suicide rate (high rate among upper caste Hindus). The further researches in these areas may be able to connect the socio-economic developments, migration, ideologies of modernization etc in relation with Kerala suicide trends.

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