WAYANAD SUICIDES

A Psycho-Social Autopsy

Caritas India
and
Kerala Social Service Forum

KERALA SOCIAL SERVICE FORUM
Amos Centre,Adichira.P.O.
Thellakom,Kottayam dist.
Kerala

Study Team:

Dr. Francis Xavier,
Professor & Head, CBF
Kerala Agricultural University
Mannuthy, Thrissur, Kerala.
Phone: 09447131598, francier@sancharnet.in

Adv. George Pulikuthiyil
Executive Director, Jananeethi
P.O. Box No. 8, Mannuthy Post
Thrissur - 680651, Kerala, India.
Phone: 09447027338 george@jananeethi.org; geopuli@gmail.com

Adv. Stephen Mathew
Director, Neethivedhi
Kalpatta North, Wayanad, Kerala.
Phone: 09447640378: neethivedhi_wayanad@yahoo.co.in

Mr. E.J. Jose,
Programme Manager, KSSF
Kapatta North, Wayanad, Kerala.
Phone: 09446841910: sfcwayanad@gmail.com

Mini Mathew
Neethi vedhi, Kalpatta North, Wayanad, Kerala.
Phone: 09447640378;Mob 9495694045;

Statistical consultants:

Dr. (Prof.) V.K. Gopinathan Unnithan
Former Head, Department of Statistics
Kerala Agricultural University
Mannuthy, Thrissur, Kerala.
Phone: 09744110841: vkgopinathanunnithan@yahoo.com

Ms. Biji Thomas M.Sc.
Lecturer, Dept. of Statistics
Vimala College, Thrissur, Kerala.
Phone: 0487 2282508: biji_86_thomas@yahoo.com

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Executive Summary:

The study, herein, relies on a right based and socially vibrant 'Befriending technique' uniquely designed for the Socio-cultural web and was used to gather basic data regarding the causative factors of the escalating number of suicides among the farming community in the District of Wayanad in Kerala State. It may be the first of its kind in the State, as a psycho-social and pro-active program for distress management, designed for the local needs. The survey was confined to 1690 families where suicide was reported in a period from 1st January 2000 onwards. The 1690 families were identified through information collected from the Crime Records Bureau of Kerala Police. Some of the stunning and poignant observations and findings of the study are briefly presented below:

1. The major reasons attributed to suicides in Wayanad according to the data gathered from the afflicted families are debts, depression, alcohol dependence, chronic illness, family conflicts, marital disharmony, gender bias, low economic status and stress prevailing within families. Agricultural crisis, in contravention to the popular notion and belief, did not surface as a major reason for the escalating number of suicides in the District. Debt has emerged as the principal reason and it could be accrued due to crop failures or cost of agricultural activities. However, the fact remains that the 1690 affected families surveyed and their surviving members did not point out agricultural crisis as the single major reason for suicides despite the straight and direct question to the issue in the schedule.

2. Out of the total 1690 victim families surveyed, 398 families (24.4%) did not have any out standing debts**.** The debt amount in majority of the affected families varied from Rs 10000 to 40000/-only. Among the 1690, 314 families had only less than Rs 50,000/- as

outstanding debts and in the case of 321 families the debt amount accrued to more than Rs 50,000/-

3. Unhealthy and reckless competitions among people, consumeristic hubris, greed and avarice, indiscreet alcoholic addiction, outrageous and wasteful expenditure on marriages and life-style etc. have galvanized the communities entailing the people in accumulated debts.

4. Sociological studies and research reports in the State of Kerala and on the National level point out that statistics of suicides among females remained stable over many years, the national and state scenario of male suicides have recorded steep increase. This has been proved true in the case of Wayanad also. It may be noted that some of the organized movements addressing gender issues, which have gained momentum over the last few years, have been helpful to women to ventilate their feelings and emotions. Women today have more opportunities to share their stress with their peer groups. *Kudumbasree*, Self Help Groups, ICDS net work, Women Study Cells and the like have provided women ample opportunities for meeting their counterparts engaged in diverse activities.

5. In contravention to the conventional perceptions that there are no suicides among the indigenous/tribal communities, the study marked high incidence of suicides among the tribal population, particularly among *Paniyas.*

6. There is lesser number of suicides among the Muslim community. The sense of brother hood, strong family values, community consciousness etc are pointed out as major supportive systems in times of crisis among the community members.

7. There are striking differences in reasons attributed for the suicides suggested by the surveyed community of survivors of the human tragedy. Among the *adivasi* communities, the *Paniyas* are the most negatively influenced community by the so called development indices. Consequently drinking habit of alcohol among the *Paniyas* has been suggested the major reason for suicide. Drinking habit was also a big problem among the two strong communities, the *Ezhavas/Thiyyas* and the Roman Catholics. Debt could always be

associated with greed, despair and mental disorder. These issues are pointed out as principal reasons for suicide among the elite societies, i.e. the *Ezhavas/Thiyyas*, Roman Catholics and the *Nairs*.

8. The dichotomy between the tradition and modernity was worst reflected among the tribal communities. Those having landed properties performed better as per the development indices, whereas the traditional societies that are landless labourers or total dependants on forest produce had poor show on the development indices. The more they lost their intra-community support systems, the higher was the number of suicides among them. This has been true in the case of *Paniyas* of Wayanad for more than a decade. Cutting across ethnic boundaries, all *adivasi* communities in Wayanad have got detribalized considerably and consequently they have lost their identity and community feeling. Perhaps *adivasis* are the one society that needs urgent interventions by befriending staff/volunteers of the Campaign.

9. Where people/communities are better educated, rich & affluent, politically strong, communally organized and socially secure – there are larger and deeper vices like consumerism, greed, social extravaganza, alcoholism, mental disorders, marital discords, family feud, incurable diseases etc. leading to accumulated debts, resulting in increased number of suicides. Dogmas, centralized power structures, ideological re-alignments, re-visits of fundamentalist practices, incarnation of new god-men/women etc are no solution to the social catastrophe of suicides.

10. The incidence of serious ailments like cancer, cardiac problems etc were found more among 30-40 age groups. According to the data gathered in the survey, people of 30-70 age groups were found to be more prone to diseases. Cancer was more among 30-40 groups, whereas kidney related diseases were more among 50-60 groups and heart complaint was found more among 30-40 groups. 40-70 age groups were found highly vulnerable for asthma. There were 24 mental disorders in the surveyed families.

11. Of 1690 families surveyed, almost 1440 of them live in sheer despair. 1001 families openly admitted the fact while 439 of them did not wish to express it but their silence was

quite indicative. The urgency and importance of addressing their emotions and feelings through befriending strategies are obvious in the given circumstances.

12. It was interesting to note that out of 747 daily workers' families surveyed where suicide was reported, 235 families had no debt at all. On the other hand 127 of the 168 employed families had debts. While large number of labourers had liabilities to the tune of less than Rs 10000/-, only 39 farmers had outstanding payment of debts amounting to Rs 50000/- and/or more.

13. There was no way of repayment of the loans. The banks and financial institutions did not check the repayment capabilities of the applicants. The farmers who availed loans had stated that they had hoped to repay the loans from the savings from agricultural income while the labourers also said that they would pay back the loan amounts with interests from the savings of their daily wages. Any one with common sense should know that the chances of repayment were unlikely.

14. People who availed loans from banks or authorized financial institutions or from private sources including individual loan sharks never had the practice of keeping records with respect to the money drawn, and the rates of interest agreed upon. Fear and dreadful feelings did not allow the surviving members to speak on the interest rates and other conditions attached to loans.

15. The most distressing and shocking fact that got surfaced in the survey was that in the case of 66% of the surveyed families, the surviving members of the households could not pinpoint or dig out a reason / sudden provocation for the alleged loan. Only 17% of the loans taken were for agricultural purposes as per disclosure by family members, though there may be divided opinions on the actual nature of expenditure of the loan amounts. 6% of the debts was on account of constructions, 3% for treatment of chronic ailments, 2% each for marriages and launching a business, and 1% exclusively on alcohol.

16. Agriculture has turned into a negative economy largely due to six main factors: (i) crop failure, (ii) rising costs of cultivation, (iii) plummeting prices of farm commodities,

(iv) climatic change, (v) lack of credit availability for small farmers and (vi) absence of adequate social support infrastructure at the level of the village and district.

17. Wayanad, being a zero industrial zone, totally depended on agriculture as the single source of income for physical sustenance and social progression. Though the study does not point to crop failure as the immediate cause of suicides, the agricultural crisis that includes successive crop failures and other agri-related maladies pushed the farmers and farm labourers into formidable distress and sufferings.

18. Two things were common among the victims of suicide: (i) a feeling of hopeless ness in being unable to resolve problems and dilemmas of personal life and in the face of an inability to find funds for various activities or to repay loans, (ii) absence of any person, group or institution to whom to turn to in order to seek reliable advice: whether for agricultural operations, or for seeking funds or for handling private or personal issues.

19. Most of the victims of this epidemic were men, mostly in the age group of 30 to 50, married and educated, with more social responsibilities in the form of unmarried daughters, sisters etc.

20. The Government, Panchayati Raj Institutions, Religions, Community Organizations, Civil Society Groups, NGOs, Law Enforcement Agencies, Service Centres, Political parties, Academic & Research Institutions etc failed miserably to adequately address the distress and anguishes of the people. Instead, often they took the role of perpetrators of pain and anxiety adding fuel to otherwise explosive and alarming situations.

21. Decadence of moral values and traditional family support system were causative factors for the social ostracism. Families wherein suicide had taken place had little community support. In many cases, the surviving members of the families said that they were totally unaware of the causes of tensions that finally culminated in the tragic end of their beloved. They were not discussed about the loans nor of the need or urgency of such loans. Further, the family members were left in the dark with respect to the number of persons to be paid off, or the amounts of outstanding debts.

22. People, irrespective of their calling or education or social status, have no habit of financial accounting, nor any record maintained. 405 surveyed families admitted that they had no piece of evidence / documents to prove their liability or to substantiate their claims. Only 71 families responded positively to questions concerning to records maintained with respect to money transactions while a brutal majority (1214) of the surveyed families had nothing to comment on records maintained.

23. Banks and cooperative societies charged an interest rate that varied from 10 to 20 %. NGOs or welfare societies also followed the said pattern. However, there were private sources, both individuals and institutions that charged arbitrarily and were grossly exploitative using unfair trade practices. The illegality and unethicality of these financial dealings were quite evident in the conspicuous evasion of responses by the surveyed families to questions related to interest rates.

24. Frequent suicidal thoughts and tendency for making attempts were vividly present in the surviving members of the families surveyed. 289 families had survivors who are suicidal. 481 households did not respond to this question and they refused to ventilate their feelings. 920 families never had any disturbed thoughts of suicide as these families had other wise good social and family support systems and creative expressions in every day life.

25. Majority of the diseased and the surviving members of their families did not foster good social relationship. There was nothing to establish that they really had any reliable friend/companion. 1191 of the 1690 surveyed households did not want to talk on friendship, if at all they had any. It means that they did not have any association with individuals/groups and/or that they never counted them as dependable friends. 49 of them preferred to listen to radio/television than sharing time and thoughts with humans. Only 431 families reported that they did foster friendship and valued dynamics of social support.

26. The huge responsibilities or family burdens are shifted to the shoulder of the spouse of the household or children who are not yet earning members of the family. There are

520/1690 cases in the present survey where spouses were forcibly drawn into insurmountable tasks with huge social and economic implications. In 407/1690 instances wherein children in their young age were compelled to take up harder tasks that are far beyond their tender age or intellectual comprehension. In as many as 257/1690 cases the onus was shifted to ailing parents who are bent with old age and chronic illness. In the case of 328 households surveyed by this study, the surviving members of the families were still in a state of shock and dismay that they were unable to point out a member who could shoulder the responsibilities in the wake of a suicide by the bread-winner of the family.

27. 1512 of the 1690 surveyed families have no specific answer on how to cope with the changed situations. They are possessed with kind of shame, guilt and social stigma; confused and confounded by thoughts of impending social exclusion and moral incrimination. It became very clear that majority of the survivors needed immediate help from the society. 49 families reported that they had recourse to television or radio to fill their leisure time while 90 families turned to non-agricultural activities to keep themselves engaged and to ward off pity and mockery. Nevertheless, 29 of the total 1690 surveyed continued in agricultural activities despite the many set-backs.

28. Unfortunately the society is far from adequately equipped to offer humanitarian care and support to those who live under stress and in anguish. The media, the law enforcing authorities and an unfriendly section of the society are sadistically robbing their right to grieve in privacy and cause preventing a process by which they can come into terms with the reality.

29. Presence of extensive plantations, banana and ginger cultivations and the like were causative factors for the inordinate use of pesticides, fertilizers, chemicals and such other highly toxic and dangerous substances that are detrimental to the environment and the physical & psychological integrity of humans. Prevalence of cancer, infertility, dermatological problems and gynec disorders are rampant in certain pockets of Wayanad and that needs to be investigated meticulously.

30. Deaths due to suicide are underreported to avoid socio-cultural stigma, escape police enquiries and legal harassment, and benefit from the insurance sector. They are also misclassified as accidents. Hence these official numbers are gross underestimates. Further, the information related to attempted suicides has not been compiled by any single agency.

31. Even in societies witnessing high rates of suicide, it is not regarded as a public health problem but as an individual issue. Though the media gives widespread publicity to suicides, a public debate never seems to take place to find solutions to the problem.

32. Compartmentalization of sectors without interdisciplinary participation and coordination affects the efforts at suicide prevention. The absence of integrated prevention activities is a major factor for non-recognition of suicides as a public health problem.

CHAPTER I

INTRODUCTION

> *"Our common humanity transcends the oceans and all national boundaries. It binds us together in a common cause against tyranny, to act together in defense of our very humanity. Let it never be asked of any one of us – what did we do when we knew that another was oppressed?"* Nelson Mandela.

The epidemic of suicides: Suicide is "the conscious act of self induced annihilation best understood as a multidimensional malaise, in a needful individual who defines an issue for which the act is perceived as the best solution". Suicide is the tragic and untimely loss of human life, all the more devastating and perplexing because it is a conscious volitional act. Death is a tragedy and suicide is the ultimate tragedy. Suicide is the result of a complex interaction of biological, genetic, psychological, social, cultural and environmental factors. Over one million people commit suicide every year the world over. More people are dying by suicide than in all the armed conflicts around the world. Suicide and attempted suicide carry a huge social and economic cost for the individual, family, friends and society. Hence suicidal behaviour is now considered a major public health problem in all countries. (Vijayakumar, 2003)[1]

Suicide is a complex phenomenon that has attracted the attention of philosophers, theologians, physicians, sociologists, artists and rulers over the centuries. The school of thought holding the view that suicide is triggered or occurs from a disruption of the ties that should exist between an individual and his/ her society, implies that suicide must be understood as a social problem than a personal or psychological issue. All suicides and unnatural deaths should be viewed and critically analyzed in line with the context of that particular society. The sociology of death and suicide is largely concerned with the examination and exploration of the phenomena of suicide within a specific social context. A society that is cohesive and supportive, with socially and psychologically supportive

[1] Vijayakumar L. (2003) Suicide Prevention – Meeting the challenges together – Orient Laugman, Chennai. PP: 239

networks to deal with personal and social issues, is presumed to have a very low suicide rate. (Rhodes, *et al*, 2006)[2]

Suicide is now being recognized as a major public health problem in the complex scenario of development and lifestyle changes. In the socio-culturally diverse communities of India, suicide is a very important issue cutting across diverse disciplines and sectors such as health, religion, spirituality, law and welfare. Suicide evokes mixed reactions: varying from anger, distress, ridicule, anxiety, tension, fear and sadness. Often, one wonders: "Why did it happen?"; "Could this have been prevented?"; "Was there an alternate solution to the problem?" etc. Suicide occurs in a needful individual. The need may be material, emotional, social or a combination of these. The individual perceives suicide as the best or only solution. In the midst of crisis it is as if there is a constriction of his cognition so that he cannot consider other alternatives and his choice rapidly narrows down to suicide. Suicide is best understood as a multi-dimensional malaise. The individual, his ways of perceiving and thinking and his personality traits all form a dimension which is significant in every suicide. (Jeromi, 2007)[3]

It is observed that men and women present different reasons and different circumstances as the basis for their suicidal behaviour. Among men unemployment, severe financial difficulties, serious, chronic and disabling diseases, excessive alcoholic addiction, material deprivation in the family etc were the factors which are reported. Among women conflicts in the family, problems in the marital life, cruelty and carelessness of the husband, harassment by the family members/in-laws, difficulties related to rearing children were the factors mostly reported. On the whole, mild and moderate difficulties, lack of competence in handling them and the emotional difficulties and interpersonal problems arising from it are responsible for the suicidal attempts by men and women. By and large, it is the incompetence and the lack of confidence in handling these difficulties and the feeling of helplessness emerging from it that are setting the stage for the suicidal behaviour.

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[2] Rhodes, A.D., Bethell, J., & Bondy, S.J. (2006**). Suicidality**, Depression and Mental Health Services use in Canada. **Canadian Journal of Psychiatry**. 51 (1): 35-41

[3] Jeromi P.D. (2007) Farmer indebtedness and suicide – Impact of Agricultural Trade Liberalisation in Kerala. Economic and Political Weekly PP: 3141-3242

Though much attention is focused on the cultural, social and economic aspects of suicides, changes in the brain also contribute in several ways. Adverse socioeconomic conditions create biochemical imbalances by themselves or some psychiatric conditions in turn produce these imbalances, thereby precipitating suicidal behavior. Some of the known mental health problems such as depression, alcoholism and other substance abuse problems, schizophrenia, and affective disorders, cause biochemical imbalances by themselves. It is believed by some that suicidal behaviour runs as a distinct feature and requires triggering by disorders of adverse psychosocial factors. The biochemical basis of suicide endorses the fact that the decline of certain neurotransmitters in the brain is a major reason. On-going research worldwide in this direction is likely to throw more light on the understanding of suicides.

In the present societical scenario it is very difficult to assess if someone is suicidal or depressed, as people in crisis have unique feelings and react differently and unpredictably. The social support system has vanished from society. The rampant corruption in public offices, hampered environment, agrarian crisis, pesticide and chemical residues, changed food habits and life styles, chronic ailments, the formidable market forces, climatic change, erratic perceptions of development, wide-spread consumeristic hubris, erosion of ethical values and social accountability in political spheres, religious chauvinism and intolerance, unsaturated and unbridled greed of people etc were often discussed as the cause for the escalating stress and anguish among the people.

The role of mental disorders like depression, psychoses and personality disorders is not negligible. Among psychiatric disorders depressive illness is responsible for the largest number of suicides and attempted suicides. The underlying depressive disease is very often not recognized and hence the high probability of being treated on a mistaken diagnosis. (Kumar, 1995).[4] Depression is one of the commonest conditions leading to suicide. The risk of suicide among persons who are depressed varies from 40-60%. Depression occurring alone or as a co-morbid event of other illnesses or interaction in a socially difficult situation is a known and established risk factor for suicide. Alcoholism is known distinctly associated

[4] Kumar, K.A. (1995) Suicide in Kerala from a mental health perspective. In: Suicide in Perspective Ed. G. Joseph and George P.O.. CHCRE – HAFA Publication. PP: 127

with suicides, especially when drinking starts at an early age. Alcoholism, depression and suicide are known to result in a vicious circle. Abuse of alcohol among men is often linked to suicide among spouses. (UN Report on Suicide Prevention) [5]

Suicides under a fragile social context become a psychological issue too. Suicide, as the most extreme expression of grief and anxiety and individual turmoil, is also an expression of despair and a cry for help. Suicide is perhaps the most tragic way of ending one's life. The majority of people who consider suicides as ambivalent (Motto, 1967)[6] always avoid 'simplistic explanations' for suicides. Suicide is never the result of a single factor or event, although a catalyst may seem obvious. Accounts which try to explain a suicide on the basis of financial crisis, debt, dashed romantic feelings or a single dramatic incident should be challenged (Philips, 2002)[7] . State-of-the-art research the world over indicates that the prevention of suicide involves a whole series of activities, ranging from the provision of the best possible socio cultural conditions for bringing up children and youth; effective treatment of mental disorders, and to the environmental control of risk factors. Appropriate dissemination of information and awareness-raising are essential elements in the success of suicide prevention venture.

There are many factors which can indicate suicide risk in an area. Scientific validation and analysis of the present psycho social problems should be the first step. A friend, neighbor, family member, a teacher, a spiritual guide, a doctor etc. were relied on in such contexts in the past. The data generated from a malady affected area was deemed to be the best indication to programme methods to alleviate this problem. (Goldsmith, 2002)[8] The agony components in this context are different from grief associated with other types of loss by death. One gets an unpleasant feeling of being labeled or branded in a negative way. (John, 2003)[9] One is forced into a situation where the privacy to deal with grief is also denied. Deaths due to suicide are underreported to avoid socio-cultural stigma, escape police enquiries and legal harassment, and benefit from the insurance sector. They are also

[5] UN Report on Suicide Prevention (2001). Suicide Prevention – Emerging from Darkness. WHO.

[6] Motto J.(1967) Suicide and suggestibility**.** ***American journal of Psychiatry***, 124: 252-256.

[7] Philips D.P., Lesnya K, Paight D.J.(2002) Suicide and Media. In: Maris RW, Berman AL, Maltsberger JT, eds. ***Assessment and Prediction of Suicide***. New York, Guilford, : 499-519

[8] Goldsmith S.K, Pellmar T.C, Kleinman A.M, Bunney W.E(2002) ed:. **Reducing Suicide**: a national imperative. Washington (DC): National Academy Press; 2002. 2 Krug E.G, Dahlberg L.L, Mercy J.A, Zwi A, Lozano R.

[9] John ,C.J (2003) **The Postmortem of the living**, Medical Trust Hospital, Kochi-682 016, Maithri web page.

misclassified as accidents. Hence these official numbers are gross underestimates. Further, the information related to attempted suicides is not compiled by any single agency. Some of the general observations with regard to inadequacy of reliable data on suicides are given below:

There is insufficient realization about the human and societal impact of this problem, and systematic and coordinated efforts are lacking.

The idea of "self-blame" or "victim blame" has been a known factor without realizing that social-biological-environmental factors play a major interactive role in the act of suicide.

Even in societies witnessing high rates of suicide, it is not regarded as a public health problem but as an individual issue. Though the media gives widespread publicity to suicides, a public debate never seems to take place to find solutions to the problem.

Legal complications and police investigation make families completely conceal the act. False information and declarations are given for official purposes with real issues never surfacing.

Lack of reliable information at local/regional/national levels significantly undermines the problem. In the case of suicides, considerable underreporting and misclassification occurs in data gathering. Hospital information systems do not include suicides and these are often listed under "injuries and accidents" or occasionally under "mental health problems".

The lack of health care and emergency care in rural areas like Wayanad district is a major contributing factor. This is particularly important for people with depression, alcohol abuse, schizophrenia and acute or chronic terminal disorders such as HIV/AIDS and cancer.

Compartmentalization of sectors without interdisciplinary participation and coordination, affects the efforts of suicide prevention. The absence of integrated prevention activities is a major factor for non-recognition of suicides as a public health problem.

Suicide survivors have been shown to exhibit elements of grieving, which are less likely to be present for the non-suicide bereaved. Suicide survivors report more frequent feelings of responsibility for the death than did those who have lost someone from natural causes.

Suicide survivors report experiencing feelings of rejection and abandonment more frequently. Feelings of stigmatization, of shame and embarrassment also set them apart from those who grieve non-suicidal death. The survivor is also more likely to spend a greater proportion of time pondering on the motives of the person who killed himself or herself, with the question of 'why' being continually present. Those bereaved by suicide often find it very difficult to admit that the death of their loved one was by suicide and people often feel uncomfortable talking about the suicide with them. Suicide bereaved, therefore, have less opportunity to talk about their grief than other bereaved.(Vijayakumar,L. 2003)

The World Health Organization (WHO, 2002)[10] puts forth the following basic elements in Primary Health Care Strategy to combat suicides:
Organization of global, regional and national multi-sectoral activities to increase awareness about suicidal behaviors and their effective prevention.
Strengthening of countries' capability to develop and evaluate national policies and plans for suicide prevention.
Activities, adapted to countries' particular needs, will be developed:
Support and treatment of populations at risk (e.g. people with depression, elderly, youth, vulnerable groups);
Reduction of availability of and access to means of suicide.
Support/strengthening of networks of survivors of suicide. (WHO)

Suicide is influenced by ecological and environmental characteristics, the social fabric, individual predispositions and current circumstances. The causes for suicide are multi-factorial, interlinked, cumulative, often repetitive and progressive over a period of time, pushing an individual through stages of helplessness, hopelessness and worthlessness. The impact of these factors often stands on the pedestal of values, traditions and support systems for the individual.

Suicide is not a solution to any problem. Many persons consider suicide as an option. The word option by definition indicates that there are choices. If one considers suicide as a

[10] **World report on violence and health** (2002), Geneva: World Health Organization

choice, it takes away the options and life even before a solution can be found and put in practice. With death, the problem, the pain, the trauma is merely transferred to those who survive.

Mounting suicides and crisis in agricultural sector: The Indian peasantry, the largest surviving body of small farmers in the world, is currently facing an epidemic of suicide. For thousands of years farmers have depended on the earth to sustain their families. Now, in the twenty-first century, their livelihood, prosperity, and the well-being of their families for generations to come are being threatened by globalization and the shift in the linkage of agriculture from the earth to a few profit-driven multinational corporations.

In 1997 India experienced its first bout of farmers' suicides and since then over 1,50,000 farmers have taken their own lives. The crisis has stemmed from a number of hardships which have led to the irreversible indebtedness of small and marginal farmers from even the most historically productive regions of the country. Some 850 million Indians depend on agriculture for a living. Most are small-scale farmers, with between one and three acres to cultivate. Many are dry-farmers, with no access to irrigation. Most are illiterate, with few skills to offer - if there were jobs available off the farm. (Kamdar, 2007) [11]

Suicides are only the tip of the iceberg of the stresses of rural life in India. While the suicides are sickening and shocking, they are not, per se, the crisis. They are symptoms of the overall crisis in rural India. (Sainath, 2007)[12]. A common phenomenon in any instance of suicide is that the victims do not share their problems. For farmers, for instance, farm is their life. They live and work on their farm, 365 days in a year without a single holiday. A majority of the farmers live in survival mode. They are starving and do not know where their next meal will come from.

An astonishing 40 percent of the world's poor live in India, including one-third of the world's malnourished children. A report to the United Nations General Assembly last September entitled 'The Extent of Chronic Hunger and Malnutrition in India' asserted that hunger and malnutrition are bigger problems in India now than during the 1990s. As

[11] Kamdar (2007) "India's Agrarian Crisis: An Urgent opportunity".
[12] Sainath P. (2007) The moral economy of the elite rural distress and challenges before journalism. Agrarian Crisis in Wayanad. Report on Suicide – Page 8-46.

India's economy has taken off, the gap between those who have enough to eat and those who don't have widened. And while India claims self-sufficiency in food grains, and even exports grain, it has failed to make food available to all its citizens who need it. This year, for the first time in decades, India was forced to import food grains in order to meet its targets for basic food reserves.

Chapter II

Wayanad District Profile

"*I want nothing to do with any religion concerned with keeping the masses satisfied to live in hunger, filth and ignorance. I want nothing to do with any order, religious or otherwise, which does not teach people that they are capable of becoming happier and more civilized, on this earth, capable of becoming true man, master of his fate and captain of his soul. To attain this I would put priests to work also, and turn the temples into schools*" – **Jawaharlal Nehru**

Wayanad, one of the loveliest hill stations of Kerala with 25 Panchayats and one Municipality is nestled amidst the blue green misty mountains of the Western Ghats. This green paradise, lies at a height of 700-2100 m. above sea level, on the north-eastern part of the State. The total geographical area is 2,131 sq. km and population of Wayanad is 7, 80,619. The male and female population is 3, 91,273 and 3, 89,346 respectively. The female-male sex ratio is 995 women per 1000 males. The density of population was 260 per sq km in 1981, 315 per sq.km. in 1991 census with an increase of 21 per cent and according to 2001 census the density of population reached 369 per sq. km. Strictly speaking, there is no urban population in Wayanad. However, life in Sulthan Bathery, Mananthavady and Kalpetta is in the process of gaining urban status.

Wayanad is basically agrarian, with plantation economy playing a major role. Of the total 2131 Sq. km of land 78787 hec. is forest, forming 37% of the total area.1142 Sq. km of the total area is used for agriculture which forms 54% of the total land area of the district. Census of India 2001 reveals that 47.3 % of the total work force of the district is involved with agriculture while the figure for State of Kerala is 22.8%. 30.5% of the total labour force of the district is agricultural laborers. The figure for Kerala is 15.8%. The district is

characterized by perennial plantation crops and spices with coffee, forming the main agriculture crop. Coffee is cultivated in 66973 hectares. Coffee in the district shares 33.65% of the total cropped area in the district and it covers 80% of the total coffee plantations in the State of Kerala. Other Major crops are Pepper (40839 ha), Coconut (10947 ha), Rubber (6451 ha), Areca nut (7201 ha), Cardamom (4107 ha), and Ginger (3450 ha). Pepper is grown along with coffee in the north eastern parts of the district, especially in Pulpally and Mullankolly.

Till not very long ago, Wayanad had plenty of water. But today the entire region is facing drought due to unchecked deforestation and large-scale conversion of paddy fields into plantations. In 1982, there were 30,000 hectares of paddy fields in Wayanad. It has shrunk by more than 76 per cent to 7,000 hectares in 1999. Paddy, once the major crop of the District, is now cultivated in 12988 ha only and that too for a single harvest. Much of the paddy field of the district is being converted for banana cultivation. Ginger cultivation in Wayanad has also substantially increased in recent years and paddy fields are increasingly being converted for ginger/vegetable cultivation. Many traditional rice varieties have also disappeared. According to 2001 census in Wayanad 47.3% of its working population is involved with agriculture or related activities. The average size of land holding is 0.68 ha. A variety of crops including annuals and perennials are grown in these small holdings. The crops include coconut, betel nut, pepper, vegetables, tuber crops, drumstick, papaya, etc. and fruit trees like mango and jack.

During the last 10 years, Wayanad has earned the country foreign exchange worth Rs 4192.48 crore through the export of coffee alone; an average of Rs 381 crore per year. The foreign exchange earnings through pepper, tea, cardamom, etc. were in addition to this. It is to be highlighted here that as a district that produces mainly cash crops and earns a good share of foreign exchange to the national exchequer, the State and Central Governments have a special responsibility to protect the agro ecosystem and economy of Wayanad. Sad to say, neither the Union Government nor the State Government has done justice to the people of Wayanad.

The agriculture data relating to the district reveals that, per hectare credit to agriculture is very high for the district with Rs. 4311 while it is only Rs.2794 for Kerala and 1046 for

India. Per capita bank credit for agriculture is Rs. 933/-, which is almost four times higher than in the State of Kerala and five times higher than that of in India. The district has two climatic zones, the dry zone lying on the east and the wet zone lying on the western parts of the district. Introduction of new crops on massive scale has significantly reduced the ground water level and certain parts of the district faces draught.

It is interesting to note while the 42 rivers in Kerala flow from east to west, the four rivulets in Wayanad flow from west to the east. Kabani among them is an important tributary of Cauvery. The Panamaram rivulet, originating from Lakkidi and the Mananthavady rivulet originating from Thondarmudi peak, meet six kilometers north of Panamaram town and after the confluence, the river is known as Kabani. Almost the entire district is drained by Kabani and its three tributaries. The other important rivers are Chaliyar and Mahe. Mahe River originates from the western slopes of the dense forests of Mananthavady. The Chaliyar River originates from the Elambileri hills (1839m) of Sultan Bathery Taluk and flows through Ernad and Kozhikode to the Arabian Sea. Even with all these water sources Wayanad is under great eco-stress. Human as well as natural stress is reflected everywhere. Forest degradation and aggressive cropping pattern has put pressure on the ecosystem.

The district has a mixed population of Hindus, Christians and Muslims. As per 1991 census, of the total population of the District, 50% is Hindu, 26% is Muslim and 23% is Christian. Other religious groups include a small Jain community, which has a long history in Wayanad, forming 1% of the total population. Barring a few, Malayalam is used as the common language in the District. It is understood and spoken by non-Malayali communities that include Tamils, Kannadigas and a section of *Adivasi* communities. *Adivasi* communities, numbering 136062 (17.43% of the total population of Wayanad) do not form a homogenous entity. Major communities found in the district are *Paniyan* (44.77%), *Mullu Kuruman* (17.51%), *Kurichian* (17.38%), *Kattunaickan* (9.93%), *Adiyan* (7.10%) and *Urali Kuruman* (2.69%). They can broadly be categorized into three avocations *viz*., agricultural laborers, marginal farmers and forest dependants. (Census Report of India, 2001).

The aborigines of Wayanad have a great political tradition. This area was originally reined by the *Rajahs* of the *Veda* tribe. Later, political authority came to the *Pazhassi Rajahs* of Kottayam royal dynasty. The *Kurichias* of Wayanad have a great martial tradition. They constituted the army of Pazhassi Veera Kerala Varma Rajah who engaged the British forces in several battles. With the fall and death of Kerala Varma Pazhassi Rajah of Kottayam, Wayanad fell into the hands of British, and with it began a new turn in the history of this area. The Britishers opened up the plateau for cultivation of tea and other cash crops

The Government of Kerala has identified Wayanad as a Tourism District and tourism is an emerging sector in Wayanad. The scenic beauty, exotic landscape and rich heritage sites of Wayanad offer several opportunities for tourism expansion in the district. The important tourist centers are Pookode Lake (Vythiri), Kuruva Island (Mananthavady) Thirunelly Temple (Mananthavady) Edakkal Cave (Ambalavayal), Pazhassi Tomb (Mananthavady), Wild life sanctuaries at Muthanga and Begur, Waterfalls at Sujipara, Kanthanpara and Meenmutty. The two prominent trekking centers in this district are Chembra Peak and Pakshipathalam.

Wayanad is one of the few districts in the country endowed with adequate natural vegetation. About 55% of the land is used for cultivation and the forest occupies 37% and the rest is used for other purposes. From the last decade the economy is suffering from severe devastation and the people in this district faces various problems. The total destruction of the agriculture sector crushed the economic background of almost all families. The difficulties in meeting daily needs of wown as well as the dependents became enormous challenges to the family heads as they nove through huge financial debts. The major set backs suffered by the farmers include: declining prices of agricultural produce, increased use of chemical pesticides and fertilizers, ineffective market intervention by the Government, shift from food crops to cash crops, successive crop failures, unscientific agriculture practices, high production cost and low income and lack of proper irrigation facilities.

Table 1. Wayanad district profile

District name	Wayanad
Area (in sq. km.)	2,131
Population	7,80,619
Males	3,91,273
Females	3,89,346
Sex ratio : Females/1000	995
Density of Population	369
Per Capita Income (in Rs)	34,123
Literacy rate	85.25%; (Male 89.77%; Female 80.72%)
Coastal line in km.	Nil
Water bodied area in ha.	936
Forest area in ha.	78787

Table 2. Decadal population growth trend – Wayanad

Census period	Growth Rate%
1941-51	59.15
1951-61	62.5
1961-71	50.40
1971-81	33.70
1981-91	21.30
1991-2001	17.05

Source: Census Reports: Govt of Kerala

Table 3: Population distribution of Wayanad

Persons	Total	Males	Females
Rural	**751007**	**376424**	**374583**
Urban	**29612**	**14849**	**14763**
Total	**780619**	**391273**	**389346**

Source: NIC Wayand –Census 2001

Table 4: Schedule caste population details —Wayanad

	Total	Males	Females
Rural	31101	15595	15506
Urban	2263	1143	1120
Total	33364	16738	**16626**

Source: Census — 2001 Data Provided By: NIC, Wayanad

Table 5: Schedule tribe population details —Wayanad

	Total	Males	Females
Rural	**132934**	**65916**	**67018**
Urban	**3128**	**1478**	**1650**
Total	**136062**	**67394**	**68668**

Source: Census — 2001 Data Provided By: NIC, Wayanad

Table 6: Major agricultural crops –area and production with livestock details

Major Agricultural Products		
Products	Area under cultivation (ha.)	Production in tonne
Rice	12988	31326
Pepper	40839	12064
Ginger	3450	15164(cured)
Cardamom	4107	317
Cashew nut	1455	1283
Tapioca	1915	65180
Coconut	10947	51
Arecanut	7201	3237
Tea	6049	10983
Coffee	66973	52697
Rubber	6451	4753

Live stock Population (2000 Census)				
Cattle	Buffaloes	Goats	Sheep	Pigs
106393	5847	38188	110	3254

(Ref : Agriculture Statistics-2003)

Table 7: Livelihood Sustenance Status – Wayanad

	Status	Persons	Males	Females
Workers	Total	308613	218395	90218
	Rural	296535	209910	86625
	Urban	12078	8485	3593
Non-Workers	Total	472006	172878	299128
	Rural	454472	166514	287958
	Urban	17534	6364	11170
Cultivators	Total	51751	42497	9254
	Rural	51523	42309	9214
	Urban	228	188	40
Agricultural Labourers	Total	94139	60588	33551
	Rural	93267	60036	33231
	Urban	872	552	320
Household Industry workers	Total	3600	2345	1255
	Rural	3409	2231	1178
	Urban	191	114	77
Other Workers	Total	159123	112965	46158
	Rural	148336	105334	43002
	Urban	10787	7631	3156
Ref: Census — 2001: NIC, Wayanad				

Table 8. Literacy status-Number of literates in Wayanad

	Persons	Males	Females
Rural	**554223**	**291732**	**262491**
Urban	**22512**	**11847**	**10665**
Total	**576735**	**303579**	**273156**

Source: Census - 2001: NIC, Wayanad

Chapter III

Save Farmers Campaign

"Nothing truly valuable arises from ambition or from mere sense of duty;
It stems rather from love and devotion towards men" **– Albert Einstein.**

2006 witnessed the highest number of suicides among the farming community in Wayanad. Almost every day the news of 'farmer's suicide' occupied head lines and columns with photographs of the diseased. Sometimes reporters or news makers created surreptitious stories according to their wild imagination. In other words it appeared that the media was waiting for another story of suicide after celebrating one. There were instances of reporting accident deaths as suicides, may be in consideration of the *ex gratia* monetary support given to the victim's families by the Government.

It was in this context Dr.Francis Xavier, Professor and Head, College of Veterinary & Animal Sciences, Pookode, & Board Member of *Jananeethi*, Thrissur and Advocate (Fr.) Stephan Mathew, Director of *Neethivedi*, Kalpetta jointly initiated a media workshop on the 1st of September 2006 at Kalpetta for working journalists and media persons on how to report suicides. Guidelines of WHO and *Befrienders International* and the many innovative expert and strategic exercises successfully experimented by clinicians and therapists globally were used in the workshop. Representing *Jananeethi*, Dr.Francis Xavier and Advocate George Pulikuthiyil, and Shri. Neelan Premji, the News Editor of *Amrita News* were the resource persons for the workshop that was inaugurated by the District Collector. The outcome of the workshop was immediate and quite visible; it was instrumental for the emergence of a new style of reporting focusing on the social concern and human predicament.

The epidemic of suicide continued awfully. The Government schemes and programmes did not seem to check the horrendous situation. Dr.Francis Xavier took up the issue with

Fr.Stephen Mathew as a gross human rights violation. According to them, the Catholic Church, otherwise doing lot of charity works, should step into for the deliverance of poor farming communities who were at the verge of life and death. Fr. Stephan brought it to the attention of Fr. Varghese Kattuparambil, the then director of KSSF who readily responded to the issue with great concern.

Meanwhile, the mounting farmers' suicides in different parts of India, in Maharashtra, Andhra Pradesh and Karnataka other than Kerala, was a matter of great concern at Caritas India that had already initiated many discussions and deliberations on the issue. Caritas India had declared many schemes and projects with immediate effect to be launched among the distressed masses of farmers. Fr. Varghese Mattamana, the Executive Director of Caritas India who incidentally hails from Wayanad was briefed the alarming situations in Wayanad by Fr.Kattuparambil and at the end of the discussions the proposal to launch *SAVE FARMERS CAMPAIGN* was approved to be executed by eight NGOs of Wayanad under the aegis of KSSF with financial support of Caritas India.

It is very important to note that one of the major components of the proposal was to train and equip an army of volunteers in every Ward of the 25 Panchayats and Kalpetta Municipality of Wayanad District. The befriending programme, targeted on individuals and families in distress, was an integrated psycho-legal therapeutic exercise founded on fundamental principles of human rights and psycho-social integrity of the person, and community participation and collective responsibility of the civil society. It was designed and streamlined as per the needs and ethos of the people of Wayanad. The specific contribution of the Campaign for a permanent solution of the farmers' distress lies not simply in waving loans/debts or one time monetary support to people in crisis, but in enabling themselves to resolve crisis by re-inventing agriculture with community support and in compliance with Panchayati Raj Institutions and further in resonance with the true dictates of human dignity and freedom with out fear.

The eight NGOs involved in the execution of *SAVE FARMERS CAMPAIGN* were carefully selected based on their active presence in Wayanad. They are the following: Wayanad Social Service Society (WSSS), STARS, SREYAS, Women's Welfare Association

(WWA), Malabar Social Service Society (MASS), VOICE, JEEVANA and NEETHIVEDI. Mr.Jose Elanjimattam was appointed as the Programme Manager of the Campaign and a regional office of the KSSF was opened at Kalpetta exclusively for the facilitation of the Campaign.

Early Stage:

The Campaign had proposed several programmes including rehabilitation of victims/their families that were entrusted with respective NGOs for implementation. Each NGO was supposed to recruit and nominate to the Campaign one Befriending Co-coordinator who should have professional qualification with at least a postgraduate degree in Social Work plus adequate experience. These co-coordinators were expected to look into the befriending needs within the geographical areas assigned to each NGO. This was to be done through facilitators who were yet to be identified in each Panchayat based on their interests and commitments. *Neethivedi* was assigned to the task of the training and skill development of the Co-coordinators and other Campaign staff including the facilitators and volunteers. In consideration of the vast experience and accreditation of *Jananeethi*, Thrissur in the areas of suicide prevention with people's participation, human rights, women's empowerment, gender sensitization, conflict resolution and psycho-legal therapeutic services etc., *Neethivedi* entrusted to them the task of training and equipping the staff and conducting a social survey among the affected/afflicted population.

The Campaign was formally and officially launched on 9th August 2007 at Aiswarya Auditorium, Sultan Bathery in the presence of a large crowd of more than 1300 farmers besides community leaders, voluntary workers, civil society groups and media activists. The meeting was inaugurated by Shri.P.Krishna Prasad MLA and presided by Fr.Varghese Mattamana, Executive Director of Caritas India. A galaxy of distinguished community leaders, agricultural experts, social thinkers, organizational representatives and media persons were among the speakers on the dais. To ventilate the magnitude and amplitudes of the problem of mounting suicides in Wayanad and the agricultural crises, a seminar was organized on the newly introduced Bill in the State Assembly "The Agricultural Debt Relief Bill" on the same day. Shri.Sathyan Mokery, Member of the State Legislative Assembly and of the Agricultural Debt Relief Committee presented the theme for further

deliberation. Fr.Varghese Kattuparambil, Director of KSSF and Advocate (Fr.) Thomas Joseph Therakam responded to the paper from farmer's point of view.

This was followed by series of workshops and training sessions separately for the co-coordinators and facilitators starting from 30th August 2007. Further, sensitization and orientation sessions for selected representatives from every ward of 25 panchayats and Kalpetta Municipality were also conducted at various places. Resource persons for all the training sessions were one and the same who consistently abided to a well knit syllabus, cautiously designed and meticulously gauged for the purpose. They were Dr.Abey George and Dr. J.B..Rajan, senior faculty members of Kerala Institute of Local Administration (*KILA)*, Thrissur; Dr.Francis Xavier, Professor and Head, College of Veterinary and Animal Sciences, Pookode and Advocate George Pulikuthiyil, Executive Director, *Jananeethi & Jananeethi Institute*, Thrissur.

The participants of the training sessions were a cross section of the people of Wayanad. There were six befriending co-coordinators screened, selected and paid by the KSSF for initiating and documenting the befriending activities in respective regions to which they are assigned. There were one facilitator for each of the 25 panchayats and Kalpetta Municipality who primarily belonged either of the eight NGOs and their salary was routed through concerned NGOs, but of course from the project funds. Thus twenty six facilitators and six befriending co-coordinators came under the Campaign as full time project staff. The facilitators further went around the Wards of each panchayat and identified persons with social commitment and dynamism who could be considered as volunteers in respective Wards for further penetration and to permeate the message into the inner realms of the community. Thus there were 525 energetic, enthusiastic and motivated men and women who were conversant to spell out the possible causes and consequences of the disturbing trends in society focusing on the escalating number of suicides in the farming community. Training meant to all of them.

Thematically there were three components, inter-related and inter-dependant indeed, in the training. Dr.Abey George and Dr.J.B.Rajan analyzed the socio, economic, cultural and ecological status quo helping the participants to probe into their own experiences and that

of other people living around. They exorbitantly relied on provisions of the Panchayati Raj Institutions and the Panchayati Raj Act to rectify the wrongs or maladies that have become malignant in society. At the end of the day, they could impress the participants what were the underlying causes for the repeated/recurring crop failures, climate change, pests and insects, droughts and floods, and how to make use of various provisions of *grama sabha*, and other democratic infra-structures including the NREGs for a permanent solution to the problems encountered by the people. Our greed attacks Nature, environment and ecology, and wounded Nature backlashes on human future – our children are going to be the immediate victims of our wrongs.

Advocate George Pulikuthiyil presented that every instance of suicide or attempt of suicide was a case of human rights violation. All human beings are endowed with the fundamental and human rights to live with freedom, equity, dignity and without fear. These virtues are the foundations of universal well-being and civilisational advance of every human being. When we deny them, we diminish human status to that of a brute. People are the most important and valuable resources of any nation. Remember, we in 2008 celebrate the 60th anniversary of Universal Declaration of Human Rights that bestows every one the right to work, to just and favourable conditions of work and to protection for him/her and their family an existence worthy of human dignity. Every one has the right to standard of living adequate for the health and well being of himself and his family, including food, clothing, housing, education, medical care and other basic amenities. Hence it is the Constitutional mandate of every democratic government to ensure decent life, free from corruption and threat to life.

Every attempt of suicide is a cry for help. Dr.Francis Xavier, with his profound experience of being a volunteer of *Maithri* at *Jananeethi,* a psycho-social therapeutic approach to combat suicide with people's participation, triggered the emotional need of every human being to share and care as effective means to alleviate anguish and pain. He introduced with well-documented and scientifically proven methods how to become a good listener of persons living with stress and in traumatic situations. Each participant was personally trained how to help ventilate feelings and emotions of a person living with suicide idea. A six hour long marathon exercise with role plays, group works, slide shows and brain

storming sessions had great impacts among the participants. The underlying principle to put it in a line: 'when-ever, where-ever you meet a stranger, there you leave a friend'. Nothing should be more alien to a befriender than being judgmental, self complacency, self righteousness, 'am ok, you are not ok' approach and above all to be dishonest.

Methodology:

There have always been different opinions with regard to the causes of suicides, the number of suicides and the link between agricultural crisis and suicides. No two studies bring forth similar results. There is nothing strange to this phenomenon. It depends on the strategies employed and the tools used in collecting data regarding suicides. In normal parlance, the data available with the Government often under estimates the number of suicides. While the data collected by the voluntary agencies or media houses are likely to be over exaggerative.

Therefore, the study herein adopted a multiple edge method. Our facilitators and coordinators visited local police stations and collected total number of suicides within their jurisdiction, and took care to separate suicides from other forms of unnatural deaths. They went with this list of suicides to respective places and verified the fact of suicides with concerned village/panchayat offices. This was again ascertained with the help of local *Anganvadi* workers or *Kudumbashree* units. Thus the total number of suicides in Wayanad between 1st January 2000 and 31st March 2008 was 1692 as per data received. However, we could not locate two cases in the given time limit. Hence this study was confined to 1690 families where suicide *per se* was reported during the period under study.

Verbal Autopsy:

The families, for obvious reasons, were not prepared to divulge full details of the circumstances that led to the suicides, or we thought it would not be proper as these families were exhausted responding to very many agencies/authorities for various reasons. Further more, in several cases the surviving family members had no idea of the causes of suicides. Only after the tragic death of their beloved they were told that huge debt or loan was drawn by the diseased. In such cases, the family members won't be able to help to fill up a questionnaire in respect of a suicide. Hence, we adopted a new approach. Our

facilitators or coordinators visited the families on several occasions for befriending the survivors/affected family members. During the process they elicited the information as required in this study. The schedule was prepared by the befriending staff after he/she had completed several rounds of visit to a family and had spent several hours in patient listening and extending emotional support. The mandate given to the befriending staff was to address the feelings of the victims/survivors. Apparently the victims/survivors were not given any hope of a financial support or what so ever. Therefore, we believe, the information shared with the befriending member was true, reliable and without exaggeration.

Again, the computation, data analysis, interpretation and report writing was done in *Jananeethi* office with the help of scholars, technical experts and consultants in relevant subjects. This was intended for the report to be meticulously impartial and true to the data generated from the study. In short there is no shadow of local interests, nor any bias consequent to pre notions or prejudices.

CHAPTER 1V

Results and Discussion:

1. Suicides in respective Panchayats and Kalpetta Municipality:

All suicides are sickening and shocking, though, there have been severe controversies with respect to the causative factors of suicides in Wayanad. There were criticisms on the alleged politics of media reporting, on the whole issue of suicides in the district. Often the statistics given by the media and respective Government departments and the civil society including the local self government were confusing, if not contradictory. There have been various studies on the mounting suicides in the district of Wayanad, by Government agencies as well as voluntary groups. For many years in the past, Kerala despite its many claims on the development indices, kept high percentage of suicides even to the extent of three times of the national average (Fig. 1). However, from the year 1999 there has been considerable decrease as per records (Fig. 2) in the suicide mapping of Kerala. Nevertheless, this has not been the case in Wayanad. Surprisingly, there was consistent increase in suicides in the district since 1999 as per the study by the Campaign staff (Fig. 3). This requires closer and critical examination. Wayanad, like any other district, has demonstrated qualitative changes in almost all areas like infrastructure, health care, education, employment generation, political awakening and participatory democracy. But it appears that the people live in more stressful situations and consequently there are more suicides, more health epidemics, more crisis in agricultural sector; leaving the people in accumulated debts and liabilities. In other words the over all development in different areas does not reflect on the quintessence of life of the people.

Fig.1: Suicide rate (per lakh) in India 1980-2002

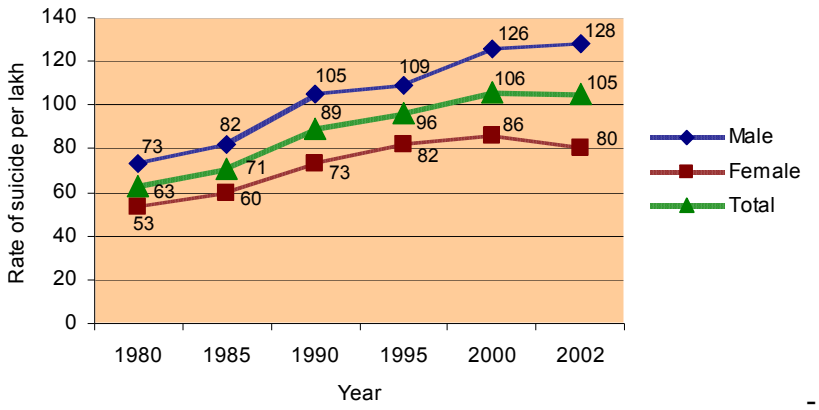
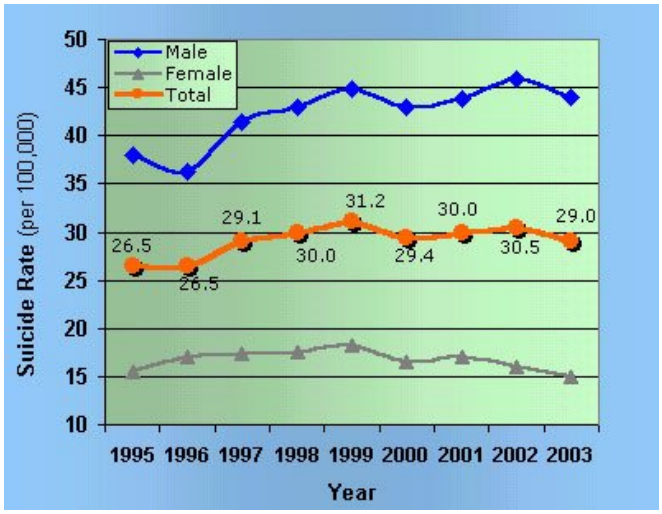


Fig. 2: Suicide rate in Kerala — Trend from 1995



Number of suicides were very high in six panchayats during the period under study. As per the data collected *Thavinjal* panchayat recorded 139 cases of suicides, followed by *Ambalavayal*(137), *Panamaram*(119), *Mananthavady*(105), *Poothadi*(104) and *Pulpally* (101). *Vengapally* panchayat recorded 11 and *Pozhuthana* 19 while *Kalpatta* Municipality had 38 episodes. The number of suicides in each Panchayat and the Municipality against the population density of respective panchayat are well spelled out in Table 9. In terms of development indices, there was a substantial degree of variation in data within the community depending on their avocations. For instance, the traditionally land holding communities were better placed with higher degrees of development indices while their counter parts who are habitually labourers or dependants on forest produce form the poorest and the most vulnerable sections in Wayanad District. It's a matter of common sense to understand a reasonable increase of suicides depending on the size in the population and geographical extent of the concerned panchayat. All the same there are other significant indications in relatively fast developing towns like Mananthavady, Meenangady, Pulpally and Ambalavayal, the over all rate of suicides were pretty high. Fig 4 shows the suicide rate in these growing towns. It is also pertinent to note that the per capita income of these growing townships were much higher than that of the rest of panchayats.

Another striking revelation from the survey results was when correlated with the total population of the following six panchayats, the percentage of suicides with their population size was evidently high. For example:- *Ambalavayal* 0.41, *Thavinjal* 0.36, *Pulpally* 0.29, *Panamaram* 0.27, *Poothady* 0.26, and *Mananthavady* 0.23. Among the twenty five panchyats of Wayanad, *Vengapally* recorded the lowest number of suicides and it was the most sparsely populated panchayat in the district. *Vengapally* has a population of 11072 persons followed by *Thariode* with a strength of 11843. Among the six panchayats with higher suicide rate (Fig.5), there observed no discernable relationship between the number of suicide and total population. Emerging town culture, a noticeable social change, may be the only factor pointing to an increase in suicide in the above panchayats. There were reports that high suicide rate in Kerala had to be considered in conjunction with this complex background of social change. Kumar[13] (1995) critically reviewed the rapid social changes in the State and reported that the swift growth of consumerism and the development of a ruthlessly competitive life style have contributed to a congenial milieu where people were more prone to suicide. Moral values and traditional support systems that regulated and sustained individuals in earlier generations were gradually being weakened. In a recent study at Vellore, Tamil Nadu, Anuradha Bose[14] (2004) of Christian Medical College Vellore observed that those poor countries that are developing rapidly suffer higher suicide rates.

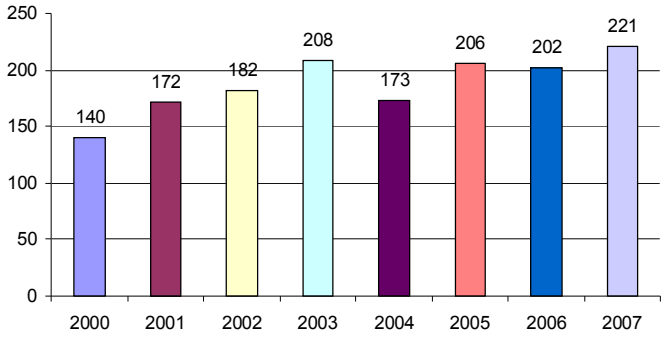
Wayanad showed a different trend in the number of suicide when compared to the National and State scenario (Fig1 and Fig2). Fig 3 shows the number of suicide in Wayanad. The increase in suicide compared to the population was to the tune of 22.50%. It should be specially noted that while the growth in population slows down, the incidence of suicide increased in the State of Kerala. In the international suicide reports it was shown that during the last 45 years suicide rates have increased by 60% worldwide. Suicide was now among the three leading causes of death among those aged 15-44 years (both sexes); these figures do not include suicide attempts up to 20 times more frequent than completed suicide. Suicide worldwide is estimated to represent 1.8% of the total global burden of

[13] Kumar KA (1995). ***Suicide in Kerala from a Mental Health Perspective,*** In: G. Joseph and P. George (Eds.), Suicide in Perspective with Special Reference to Kerala. CHCRE-HAFA Publication,

[14] Anuradha Bose(2004) *The Lancet* vol 363, p 1117 in www.dx.doi.org/10.1016

disease, and 2.4% in countries with market and former socialist economies. (Beautrais,2003)[15] The highest suicide rate in the world has been reported among young women in South India by a new study by Anuradha Bose (2004). The research was of major importance, according to the World Health Organization, as it brought to light Asia's suicide problem. To collect their data, the team at Vellore observed a population of 108,000 people from 1992 to 2000, including about 20,000 children between 10 to 19. In the mean time WHO felt that other Indian investigations on suicide, using police reports of suicide, seriously underestimated suicide rates. In Vellore they used a surveillance technique called "verbal autopsy".

Fig. 3: Year wise account of suicides in Wayanad



Similar verbal autopsy of the victims' family members and close relatives was adopted in the present study as a strategic approach to the bereaved in order to help them ventilate their feelings. Save Farmers Campaign was intended not for an academic study or social survey, but it was part of empowering the people resolve their own problems. Hence the whole approach in the process was addressing the feelings and emotions of the victims/survivors rather than looking into the arithmetic of human catastrophes. Present national statistics are startling. Southern India is the country's information technology hub. The southern region is competing with northern India to become the country's economic power house. But South India has another distinction, one that it would rather not have: the region accounts for the world's largest number of suicide by young people, according to The Lancet[3], the respected British medical journal.

[15] Beautrais A.L..(2003) Suicide Post- vention , A literature review and synthesis of evidence

Table 9: Panchayat wise account of suicides against respective population.

Panchayaths	Suicide	Population
Thavinjal	139	38654
Ambalavayal	137	34345
Panamaram	119	42922
Mananthavady	105	45477
Poothadi	104	39687
Pulpally	101	34293
Meenangadi	85	32067
Mullenkolli	83	29519
Nenmeni	73	44096
Muttil	67	31227
Thondernadu	67	22455
Noolpuzha	65	26184
Moopainadu	64	24033
Sul. Bathery	64	42059
Thirunelli	59	27450
Padinjarathara	54	24823
Vellamunda	50	36415
Kottathara	41	16636
Meppadi	36	39849
Kaniambetta	33	29516
Edavaka	29	31168
Vythiri	24	17820
Thariyode	23	11843
Pozhuthana	19	17397
Kalpetta	38	29692
Vengapally	11	11072
Total	**1690**	**780619**

Fig. 4: Panchayat wise percentage of total suicides

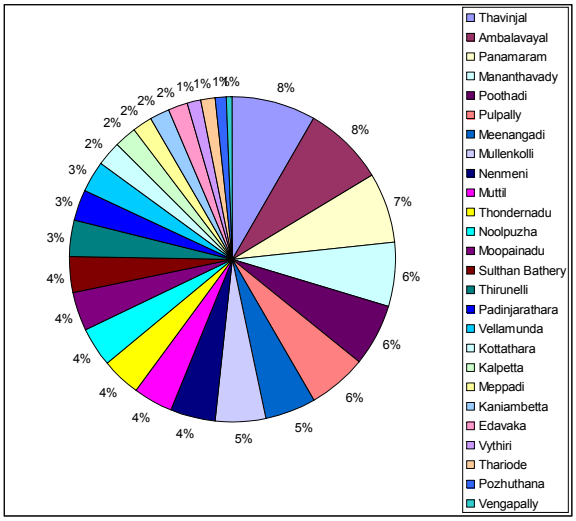
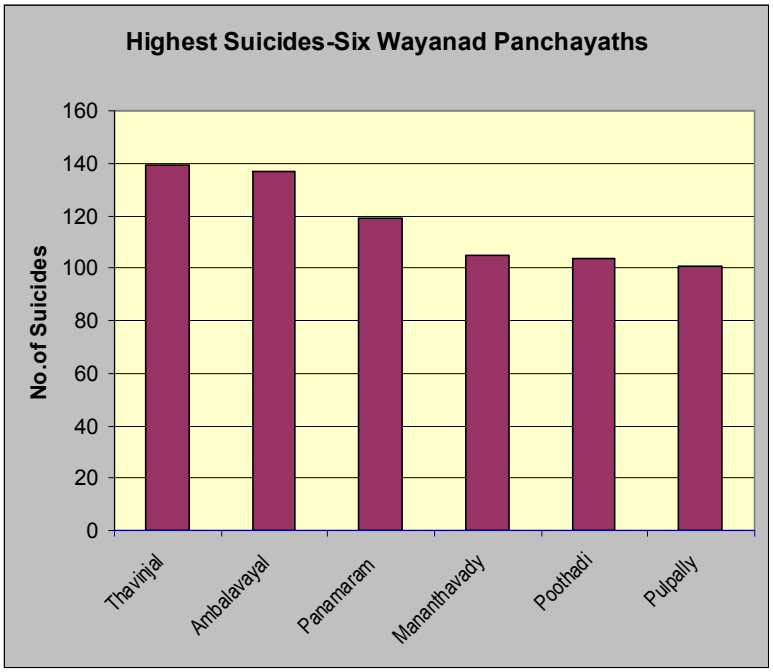


Fig. 5: Top Six panchayats with respect to number of suicides



The year wise suicide reports from the 25 panchayats the one Kalpetta municipality is given in Table 24. The year 2007 witnessed the highest number of suicides as per available data. Year 2003 also witnessed large number (207 suicides) followed by 2005 with 204 instances of suicides.

Table 10: Year wise and panchayat wise number of suicides

	<2000	2000	2001	2002	2003	2004	2005	2006	2007	2008	NR	Total
Ambalavayal	0	11	12	15	21	17	9	21	15	13	3	137
Edavaka	0	1	6	7	5	0	2	4	2	1	1	29
Kalpetta	1	2	1	0	3	2	1	1	2	1	2	16
Kaniambetta	0	0	3	0	5	9	6	3	6	0	1	33
Kottathara	0	5	2	2	6	3	8	7	4	2	2	41
Mananthavady	0	8	13	18	12	12	12	12	12	5	1	105
Meenangadi	0	5	10	5	10	8	16	10	13	7	1	85
Meppadi	0	0	3	1	0	2	8	11	9	0	2	36
Moopainadu	0	6	9	13	4	5	5	5	5	9	3	64
Mullankolli	0	9	12	8	10	13	10	7	10	0	4	83
Muttil	0	7	8	8	14	4	7	9	8	3	0	68
Nenmeni	0	9	5	6	4	5	11	10	12	1	9	72

Noolpuzha	0	5	4	14	5	7	7	6	10	0	7	65
Padinjarathara	1	2	2	5	7	2	5	11	14	5	0	54
Panamaram	0	9	6	11	5	9	16	6	12	3	1	78
Poothadi	3	11	9	8	11	15	12	14	11	4	6	104
Pozhuthana	0	3	1	0	3	2	4	3	1	1	1	19
Pulpally	0	17	14	16	16	12	11	7	7	0	1	101
Sulthan Bathery	0	8	2	6	10	8	8	7	12	1	2	64
Thariode	0	1	4	1	1	0	7	4	4	1	0	23
Thavinjal	2	7	22	12	17	12	14	19	17	11	6	139
Thirunelli	0	1	7	10	7	7	4	8	12	0	3	59
Thondernadu	0	2	6	6	9	5	15	12	5	1	6	67
Vellamunda	1	6	4	5	13	5	5	0	7	2	2	50
Vengappally	0	2	0	0	2	3	0	1	3	0	0	11
Vythiri	0	0	4	4	7	4	1	1	3	1	0	25
Total	**8**	**137**	**169**	**181**	**207**	**171**	**204**	**199**	**216**	**72**	**64**	**1690**

Community wise distribution of suicides in all 25 panchayats and Kalpetta Municipality from 2000 through 2007 are tabled below.

Table 11: Year wise and community wise account of suicide

Community	<2000	2000	2001	2002	2003	2004	2005	2006	2007	2008	NR	Total
Paniya	1	12	9	12	11	19	25	14	24	13	1	141
Kurichia	0	3	4	1	2	4	9	11	9	2	0	45
Kuruma	0	4	5	4	3	5	7	5	3	2	0	38
Naikka	0	0	0	1	0	3	3	2	0	0	4	13
Other Adivasi	0	18	16	13	10	4	14	19	13	3	14	124
Nair	0	4	11	12	11	9	13	14	8	4	0	86
Ezhava/Thiyyar	7	23	35	40	61	50	42	58	49	9	1	375
SC	0	4	3	1	4	3	5	3	2	1	0	26
Other Hindus	0	4	5	2	12	10	8	1	1	5	17	65
OBC	0	1	6	8	3	3	2	3	2	0	3	31
R.C	0	19	28	31	29	21	14	19	33	13	1	208
Latin	0	2	1	2	2	0	3	3	4	1	2	20
Other Christians	0	5	5	10	7	3	2	1	3	0	8	44
Muslim	0	3	2	1	0	1	5	4	4	1	1	22
NR	0	35	39	43	52	36	52	42	61	18	12	390
Total	**8**	**137**	**169**	**181**	**207**	**171**	**204**	**199**	**216**	**72**	**64**	**1690**

2. Community and suicides in Wayanad:

There are certain deeply distressing revelations in the study. One of the most spectacular observations is the enormous number of suicides among the two major communities in Wayanad; they are the Ezhava/Thiyya community and the Roman Catholics(Table 10). As else where in Kerala, they are the most organised, well educated, politically and socially elevated groups in Wayanad, and mostly settlers from the south of Kerala from the 1940s. They by and large have landed property, have invested in land as well as in human resources. Their progression and achievements in socio-economic and cultural fronts have always been splendid. In spite of all these achievements, of the 1690 households surveyed (Table 10) the highest number of community-wise suicides has happened in the Ezhava/Thiyya community which totaled 375 out of 1690 (23%). In *Poothadi* panchayat that has largest presence of resident Ezhava/Thiyya community, there were 76 instances of suicides followed by *Edavaka* (44) and *Noolpuzha* (28). The Roman Catholic community recorded the second largest number of suicides (208) as evident in the study. 12.7% of the totally reported suicides in Wayanad were from Roman Catholics. This raises several questions and fingers at much deeper concerns in society. The inter-community and intra-community dynamics among the catholic groups are much more and are fairly monitored by strong administrative structures and hierarchic orders. However, the study results reveal that none of the afore-said organizational or sectarian regimentations helped the victims in times of abject need or critical situations.

Contrary to the common perceptions that there were no suicides among the tribal population, the study herein has brought out another alarming and disturbing truth of high number of suicides among the tribal communities. There were 363 cases of suicides among the tribals during the period under study. Probably, there were no reported cases of suicides in the past in tribal hamlets. However, along with the many initiatives by the voluntary and public sectors for the improvement and advancement of tribal communities in the socio-economic and cultural avenues, they have lost themselves and have not reached any where. The vulnerability of these marginalized communities may not be capable of holding the ‘cultural shocks’ attached to the globalized, market-controlled changes. The trend in these communities to move into an urban culture (3128) may be another reason worth studying (Table 5).

Among the tribal/indigenous population, the *Paniya* community showed the highest number of suicides (142). *Paniyas* are the single largest tribal community of Wayanad, forming 44.77% of the total tribal population of the District. *Paniya* community in *Ambalavayal* panchayat alone recorded 14 suicides during the period under study followed by *Moopainadu and Pozhuthana with 12 each, and Edavaka (11)*. *Thirunelli* panchayat in Wayanad harbours the highest number of tribal population, ie 11178 followed by *Noolpuzha* (10288), *Thavinjal* (6790), *Vellamunad* (5720) and *Ambalavayal* (4775). The tribal communities including the *Paniyas* have been substantially detribalized over the years and their traditional community structures have vanished/are in debris. The travesty made out of government/NGO sponsored social improvisation among the tribal groups produced only trivial improvements, but often resulted in identity crisis. (IIM,2006)[16]

There were 86 suicide cases reported from the Nair community and another 65 instances from other sections of Hindu society. Again, there were 44 reported suicide cases in various Christian denominations, other than the Roman Catholics. There were only 22 cases recorded as suicides from the Islamic community during the period under report. In all the communities, invariably, suicides were reported mostly from literate population (Table 11).

Table 12: Community wise and Panchayath wise account of the deceased

	Paniya	Kurichia	Kuruma	Naikka	Other Adivasi	Nair	Ezhava	SC	Other Hindus	OBC	R.C	Latin	Other Christians	Muslim	NR	Total
Ambalavayal	14	0	5	3	21	10	36	0	9	2	11	4	2	2	18	**137**
Edavaka	0	1	0	0	0	4	7	1	0	0	14	0	0	0	2	**29**
Kalpetta	3	0	0	0	5	0	4	0	0	1	0	0	1	2	22	**38**
Kaniambetta	5	1	2	0	1	4	8	0	1	0	3	4	0	0	4	**33**
Kottathara	4	7	0	0	16	3	4	0	1	0	4	1	0	0	1	**41**

[16] Indian Institute of Management(2006) **A Situational Study and Feasibility Report for the Comprehensive Development of Adivasi Communities of Wayanad.** Report submitted to Govt. of Kerala .

Mananthavady	0	0	0	0	6	0	16	1	9	0	13	0	7	1	52	**105**
Meenangadi	8	0	3	1	3	3	26	0	4	0	15	0	0	0	22	**85**
Meppadi	1	0	0	0	4	3	6	3	0	0	5	2	0	8	4	**36**
Moopainadu	8	0	0	0	10	8	4	1	1	6	9	2	0	0	15	**64**
Mullankolli	5	0	0	0	4	4	14	0	3	0	16	0	2	0	35	**83**
Muttil	8	1	4	0	5	5	17	0	2	10	10	3	0	0	2	**67**
Nenmeni	6	0	4	0	0	1	28	1	0	1	6	0	2	0	24	**73**
Noolpuzha	12	0	7	4	1	0	13	0	2	0	4	0	2	0	20	**65**
Padinjarathara	5	2	0	0	6	3	14	3	4	3	9	0	0	0	5	**54**
Panamaram	9	4	4	2	6	11	10	1	7	0	12	0	0	2	51	**119**
Poothadi	0	0	4	0	4	5	76	0	0	2	4	0	0	0	9	**104**
Pozhuthana	1	0	0	0	6	4	1	2	0	2	1	0	0	0	2	**19**
Pulpally	9	0	3	1	8	0	8	0	10	0	3	0	13	0	46	**101**
Sulthan Bathery	8	0	2	2	1	2	5	2	0	0	3	0	7	0	32	**64**
Thariode	2	1	0	0	0	0	0	1	0	1	11	0	0	0	7	**23**
Thavinjal	11	15	0	0	6	1	44	4	3	0	27	2	2	7	17	**139**
Thirunelli	1	5	0	0	7	1	14	0	5	0	9	0	3	0	14	**59**
Thondernadu	8	5	0	0	3	5	5	0	1	0	13	0	2	0	25	**67**
Vellamunda	12	3	0	0	0	4	9	0	0	2	4	0	1	0	15	**50**
Vengappally	2	0	0	0	0	4	1	1	0	0	1	0	0	0	2	**11**
Vythiri	0	0	0	0	2	1	5	5	3	1	1	2	0	0	4	**24**
Total	**142**	**45**	**38**	**13**	**125**	**86**	**375**	**26**	**65**	**31**	**208**	**20**	**44**	**22**	**450**	**1690**

Table 13. The educational status of the deceased

Educational status	**Total**
Illiterate	58
Literate	21
Up to Primary	259
Up to S.S.L.C	749
Above S.S.L.C	136
NR	467
Total	**1690**

Fig. 6: Literacy status of the victims

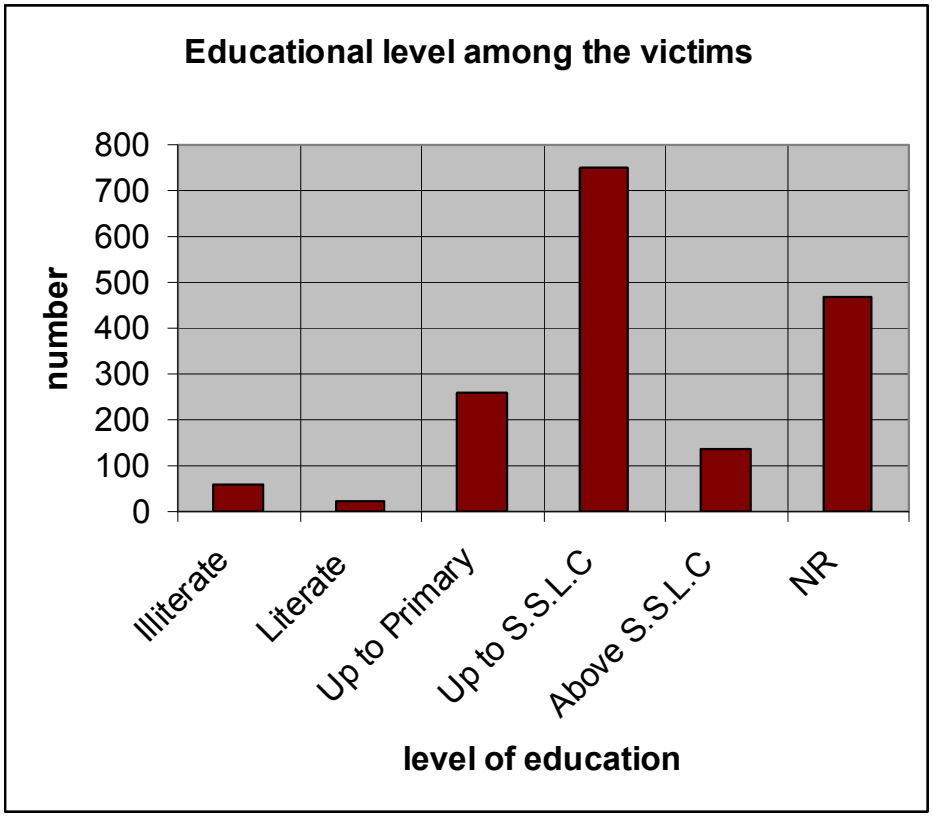


Table 14: Community wise educational status

	Paniyan	Kurichia	Kuruma	Naikka	OtHer Adivasi	Nair	Ezhava/Thiyyar	SC	Ot Her Hindus	OBC	R.C	Latin	Other Christians	Muslim	NR	Total
Illiterate	11	3	7	3	9	0	8	0	1	1	1	0	1	1	12	58
Literate	4	0	2	1	3	0	3	0	0	0	2	0	1	0	5	21
Upto Primary	32	6	4	0	27	12	60	6	19	4	29	5	4	7	44	259
Upto S.S.L.C	22	24	12	2	35	50	250	16	20	18	137	6	14	6	137	749
Above S.S.L.C	6	2	3	0	1	8	29	2	10	3	22	8	3	2	37	136
NR	67	9	11	7	50	16	25	2	15	5	17	1	21	6	215	467
Total	**142**	**44**	**39**	**13**	**125**	**86**	**375**	**26**	**65**	**31**	**208**	**20**	**44**	**22**	**450**	**1690**

3. Occupational status of victims and their families:

Wayanad being a zero industrial area and the brutal majority of its inhabitants being agicultural farmers/labourers, any thing and every thing that pertained to suicides were linked to 'farmer suicide'. Some how it was an accepted norm of media reporting to present every case of suicide as that of a farmer. However, on a closer analysis of the data generated from the study herein, it was found that only 264 out of 1690 reported cases of suicides belonged to the farmers' category. It means only 16% of the totally reported cases of suicides (1690) come under the classification of 'agriculturists'. There were 51751 persons who have taken agriculture as their principal avocation in the district of Wayanad (Table 7). Of the 51751 agriculturists 51523 inhabited in rural zone while 228 only reside in the urban zone. The reported cases of 264 suicides from 51751 agricultural households amount to only 0.5% of the total agrarian population in the district. It is worth to note that 10.3% reported suicides in the district belonged to employed persons (175/1690) who had reasonably secure family backgrounds. However, in the backdrop of Wayanad, even the employed persons were also farmers in restricted sense. Therefore, though it was not fully correct to present suicides as strictly that of farmers, it was justifiable if those cases were termed as 'farmers' suicides'. 753 suicides were daily wage workers and that formed the majority. 175 cases were employed persons, 51 business persons and 47 non-agriculturists.

There are perhaps other social maladies or exigencies emerging out of the sudden demise of a responsible member of the family. Often the huge responsibilities or family burdens (Table 13) are shifted to the shoulder of the spouse of the household or children who are not yet earning members of the family. Thus there are 520/1690 cases in the present survey where spouses were forcibly drawn into insurmountable tasks with huge social and economic implications. Further, there are 407/1690 instances wherein children in their young age were compelled to take up harder tasks that are far beyond their tender age or intellectual comprehension. And again, in as many as 257/1690 cases the onus was shifted to ailing parents who are bent with old age and chronic illness (Fig. 7). In the case of 328 households surveyed by this study, the surviving members of the families were still in a state of shock and dismay that they were unable to point out a member who could shoulder the responsibilities in the wake of a suicide by the bread-winner of the family.

Fig. 7: On us of family responsibility – Who shares the burden?

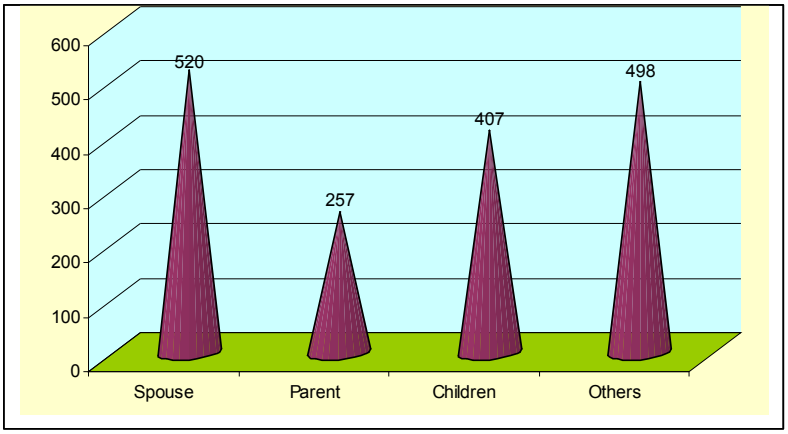


Table 15: Who shoulders the huge family responsibility - Community wise account

	Paniya	Kurichia	Kuruma	Naikka	Other Adivasi	Nair	Ezhava	SC	Other Hindus	OBC	R.C	Latin	Other christians	Muslim	NR	Total
Spouse	49	11	15	2	32	24	116	8	27	14	92	10	5	7	119	531
Parent	28	16	7	1	16	11	50	5	9	6	41	3	4	5	49	251
Children	19	13	9	4	28	23	124	6	13	5	71	2	3	2	81	403
Others	18	3	6	4	9	10	26	3	5	4	2	1	5	7	35	138
NR	28	1	2	2	40	18	59	4	11	2	2	4	27	1	166	367
Total	**142**	**44**	**39**	**13**	**125**	**86**	**275**	**26**	**65**	**31**	**208**	**20**	**44**	**22**	**450**	**1690**

4. Land holding of the victims:

Wayanad is distinct in many respects. The term 'landless labourers' may not suit to Wayanadan context. Because, even the daily labourers, agricultural labourers or otherwise, are holders of land, may be less than an acre in the case of many. It has been observed, under the National Rural Employment Guarantee Scheme (NREG) a good number of workers are holders of landed property. Table 14 testifies that 1024 households out of 1690 (60.5%) surveyed for the purpose of this study had landed property to the extent of minimum one acre. Mention was made earlier that the Ezhavas / Thiyyas and Roman Catholics among whom there were higher number of suicides, were on an average land holders to the extent of 1-5 acres (Table 15). However, a closer evaluation of the data collected in the survey will prove that majority of the victims were holders of less than one acre of land. There were 214 of the surveyed families that had up to 1-2 acres of land. Only 27 out of 1690 surveyed households had land holdings to the extent of 5 acres or more.

Table 16: Size of land holdings by survivors

Land size	Total
No Land	26
0-1	1024
1-2	214
2-3	77
3-4	51
4-5	19
>5	27
NR	252
Total	**1690**

Those of small land holdings by and large concentrated on food crops (29) while 650 families had cash crops. Again there are 152 families who had both food crops and cash crops. 42 households kept their land idle. 817 respondents of the survey were reluctant to speak with respect to the types of cultivation and to what extent. (Table 16) 488 out of 1690 families surveyed keep domestic animals as source of income for their sustenance.

Wayanad has witnessed radical changes in the farming patterns with the advent of large scale Ginger and Banana cultivation, mostly on leased lands, later extended to outside the State for want of large areas. This was because of the emergence of the aggressive form of commercialization of agriculture, targeting the market. The culture of agriculture and the farmer were undermined and totally alien agri-business got galvanized all over. Greed replaced need and fast and easy money was the sole motive.

Table 17: Community wise land holdings of the survivors

	Paniya	Kurichia	Kuruma	Naikka	Other Adivasi	Nair	Ezhava	SC	Other Hindus	OBC	R.C	Latin	Other christians	Muslim	NR	Total
No Land	8	1	0	1	2	0	3	1	0	0	2	0	0	1	7	26
0-1	86	28	25	9	48	63	254	21	51	29	102	18	30	15	244	1023
1-2	16	8	6	1	11	8	64	1	2	1	50	2	3	1	40	214
2-3	0	0	3	0	2	6	18	2	3	0	15	0	6	2	20	77
3-4	0	1	1	0	0	3	20	0	5	0	13	0	1	0	7	51
4-5	0	1	0	0	1	0	2	0	3	0	4	0	0	0	8	19

>5	0	0	2	0	0	3	4	0	0	0	7	0	3	0	9	28
NR	32	5	2	2	61	3	10	1	1	1	15	0	1	3	115	252
Total	**142**	**44**	**39**	**13**	**125**	**86**	**375**	**26**	**65**	**31**	**208**	**20**	**44**	**22**	**450**	**1690**

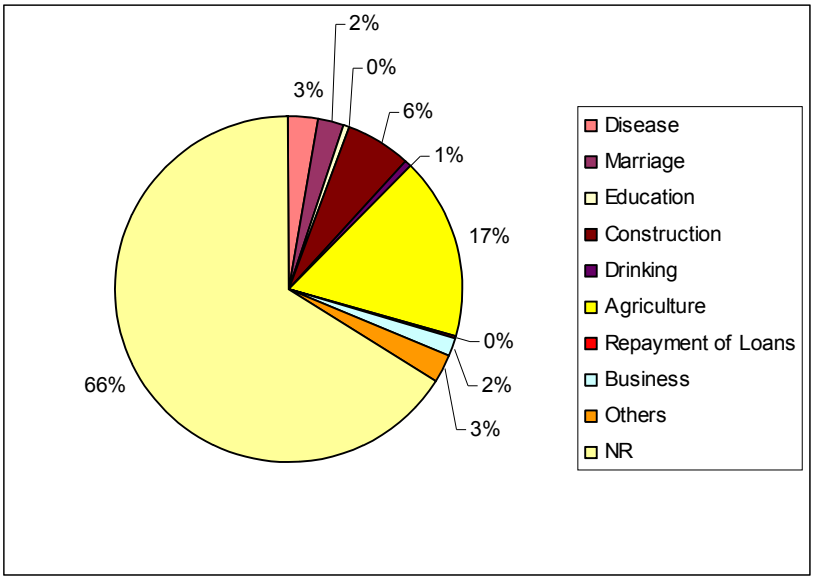
Table 18: Crop wise classification of survivors and their land holdings

	Food Crop	Cash Crop	Both	No Crop	Total
No Land	0	0	0	26	26
0-1	20	417	49	500	1023
1-2	5	144	36	28	214
2-3	0	41	30	6	77
3-4	1	22	11	17	51
4-5	0	3	6	10	19
>5	0	10	14	3	28
NR	3	13	6	227	252
Total	**29**	**650**	**152**	**817**	**1690**

5. Debt a social problem?

Social critics, institutions (agricultural/financial/public/private) and the media (print/visual) often sparred on the reasons for massive suicides in Wayanad during the last few years and often triggered to political controversies. The present study throws a validated insight into the issues. Out of the total 1690 victim families surveyed, 398 families (24.4%) did not have any out standing debts**.** The debt amount in majority of the affected families varied from Rs. 10000 to 40000**.** Among the 1690, 314 families had only less than Rs. 50,000/- as outstanding debts and in the case of 321 families the debt amount accrued to more than Rs. 50,000/-. The most distressing and shocking fact that got surfaced in the survey was that in the case of 66% of the surveyed families, the surviving members of the households could not pinpoint or dig out a reason / sudden provocation for the alleged loan (Fig. 8). Only 17% of the loans taken were for agricultural purposes as per disclosure by family members, though there may be divided opinions on the actual nature of expenditure of the loan amounts. 6% of the debts were on account of constructions, 3% for treatment of chronic ailments, 2% each for children's marriages and launching a business, and 1% exclusively on alcohol. Community wise debt liability is also given in Table 17 as this data may be useful to social scientists in future research.

Fig. 8: Causative factors of debts



As evident, the bereaved members of the afflicted families who were under the post traumatic stress syndromes could not perceive a convincing reason for their loss and suffering. They lost the bread winning member of the household, emotional support and companionship, the parent of the children and so on. Above all, the sudden demise of the beloved has left several questions without answers. Almost every other day fresh claimants appeared with new stories of pending loan amounts. Every day was agonizing. The need of a healing presence of someone with a kind heart and human sensibilities was perhaps the only solace in similar situation. Unfortunately the society is far from adequately equipped to offer such humanitarian care and support to those who live under stress and in anguish. The media, the law enforcing authorities and an unfriendly section of the society are sadistically robbing their right to grieve in privacy and preventing a process by which they can come into terms with the reality. The plethora of excruciating grief and shame the surviving members of the families were made to undergo was a sort of cruel postmortem - the postmortem of the living. (John, 2003)[17]. Naturally they are tend to withdraw themselves into self imposed solitude and alienation from the mainstream.

[17] **John,C.J (2003) Postmortum of the living.** Chief Psychiatrist. Medical Trust Hospital, Kochi,Maithri,Cochin web page

Table 19: Debt liability - Community wise report

	Paniya	Kurichia	Kuruma	Naikka	Other Adivasi	Nair	Ezhava	SC	Other Hindus	OBC	R.C	Latin	Other Christians	Muslim	NR	Total
<10000	10	3	4	5	6	5	7	3	0	2	6	2	1	2	3	59
10000-20000	6	3	4	1	8	4	11	2	0	0	3	0	0	2	24	68
20000-30000	1	2	2	0	0	4	32	2	0	1	19	2	1	2	27	95
30000-40000	0	4	2	0	3	11	18	1	0	1	22	2	1	2	2	69
40000-50000	0	0	1	0	2	1	6	1	1	1	3	2	0	0	5	23
>50000	0	2	5	0	0	10	56	0	1	0	49	3	0	3	192	321
No Debt	0	5	2	0	36	23	128	6	0	3	56	9	26	3	101	398
NR	125	25	19	7	70	28	117	11	63	23	50	0	15	8	96	657
Total	**142**	**44**	**39**	**13**	**125**	**86**	**375**	**26**	**65**	**31**	**208**	**20**	**44**	**22**	**450**	**1690**

6. Occupation and debt level of the victims:

753 of the 1690 surveyed families belonged to the daily wage labourers who apparently formed the largest section based on avocation (Table 18). Among them 235 had no debts at the time of their death. 26 of them had meager amounts as debts, not amounting to Rs.10,000/- However, 90 households had outstanding debts of over Rs.50,000/- There were 175 employed persons among the 1690 surveyed cases of victims. 31 of them had no case of outstanding debts. Nevertheless, 144 of them had debt liabilities. Of the surveyed, there were 39 farmers who had pendency of outstanding debts worth more than 50,000/- The sad part of the story is that majority of the victims who killed themselves, belonged to working class (daily labourers and agricultural workers) and had financial liability of less than Rs 10,000/- This has to be read with the fact that millions of rupees as outstanding loans or deferred payments by planters, business magnets or big corporate firms are waved off by the Government without much difficulty.

Table 20: Occupation wise debt liability of the deceased

	<10000	10000 - 20000	20000 - 30000	30000 - 40000	40000 - 50000	>50000	no Debt	No response	Total
Agriculture	19	14	11	8	4	39	54	115	264
Non Agriculture	2	4	5	5	1	11	8	11	47
Employment	9	7	12	9	9	50	31	48	175
Business	1	1	2	2	2	13	16	14	51
Daily wage workers	26	17	33	25	1	90	235	326	753
NR	2	25	32	20	6	118	54	143	400
Total	**59**	**68**	**95**	**69**	**23**	**321**	**398**	**657**	**1690**

7. Sources of loans:

Banks (scheduled and private), co-operative societies, private financiers, community organizations, service cooperatives, government and non-government organizations and welfare societies are by and large the principal sources of financial support. A good number among agriculturists (118/264) and daily labourers (212/753) who committed suicide often depended on banks and co-operative societies for loans. 442 out of 1690 (26.15%) families surveyed availed loans from banks and cooperative societies. About 0.8% of the total surveyed families solely depended on private financiers while 1.5 % of the them had taken loans from banks, cooperative societies and private financiers. Another 1.5% had recourse to banks, cooperative societies and also individual financiers or loan sharks.

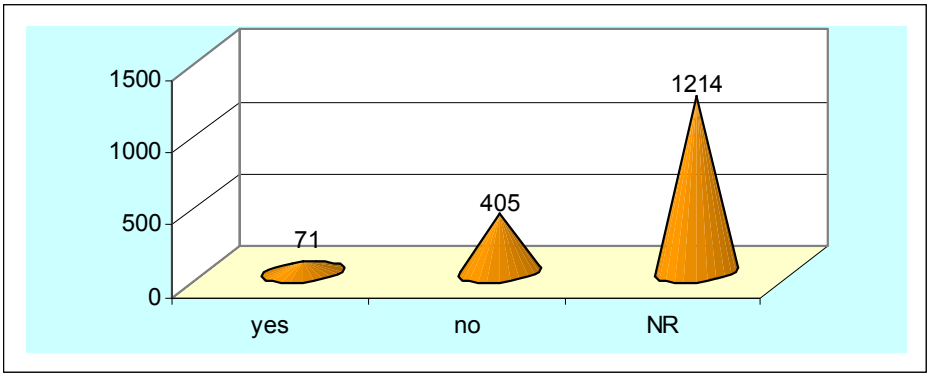
The interest rates for loans availed varied always from one institution to the other. Banks and cooperative societies charged an interest rate that varied from 10 to 20 %. Organized sources like NGOs or welfare societies also followed the said pattern. However, there were private sources, both individuals and institutions that charged arbitrarily and were grossly exploitative using unfair trade practices. The illegality and unethicality of these financial dealings were quite evident in the conspicuous evasion of responses by the surveyed families to questions related to interest rates. It appeared that they were apprehending wrath of such 'blade'mafia in case they disclosed the details of interest structure, and

further, these families were not quite clear of the arithmetics of interest calculation. They simply trusted the money lenders even when there were fears and anxieties.

8. Repayment of debt and myths:

The inherent callousness and erroneous financial accountability of our banks and other financial institutions were very clear in this survey. They have not looked into the prospects of the applicant's capability of repayment of the loan amount and its interests at regular intervals. 178 of the surveyed families that belonged to daily labourers opined that the sole source of repayment of loan, if any, was the savings from their daily wage! Similarly 186 surveyed families belonging to farmers had only the fragile hope of repayment of debts from the net savings of their income from agriculture. Any one who are familiar with the plight of farmers and agricultural labourers know for certain that repayment will never take place in normal parlance. 1169 could not think of a way to repay the loan and 76 families believed that they will not pay back the debt. 36 employed ones hope that they can repay from salaries. Sadly our people irrespective of their calling or education or social status have no habit of financial accounting, nor any record maintained. 405 surveyed families admitted that they had no piece of evidence / documents to prove their liability or to substantiate their claims. Only 71 families responded positively to questions concerning to records maintained with respect to money transactions while a brutal majority (1214) of the surveyed families had nothing to comment on records maintained. Nonetheless, it was an admission of carelessness coupled with ignorance of how to account for discipline in financial matters. (Fig.9)

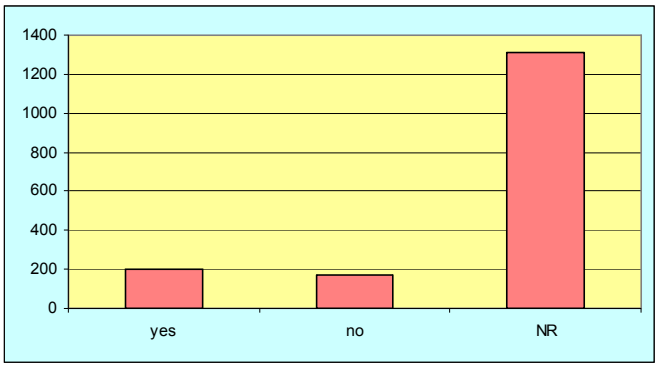
Fig. 9: Was there accountability in financial matters?



9. Survivors and existing debts:

Every suicide has immediate and far reaching consequences on the surviving members of the affected families. Obviously the tragedy was unexpected and unacceptable to the rest of the family members. In as many as 224 families of the surveyed 1690 in total, the entire burden of running the household fell on the shoulder of children who may or may not be of age, but invariably unprepared to take up huge responsibilities at very young age. In the case of many who killed themselves, there were several reasons at home other than financial liabilities for self annihilation such as chronic diseases, family feud, marriage dispute, mental insanity, sexual abuse, emotional incompatibility etc. If an incompetent or inefficient person is suddenly compelled to assume all these responsibilities, the situations are going to be bad to worse. In 131 cases kind hearted relatives stepped in either by taking over the entire debt on themselves or sharing a sizable amount of debts. In another 91 cases the respective bank/cooperative society initiated remedial measures that were not prejudicial to either of the parties. But in such cases, it was observed that the concerned family had landed property or otherwise to ensure financial stability. Some of the families surveyed (48/1690) were still entertaining hopes that their relatives or family members would come forward to support them in their dire need. Another group of families (122/1690) were found in wishful thinking that some day some one of good will or humanitarian concern would appear as their saviours in their life's predicament. This could be the reflection of a desperate situation without any relatives or friends to provide support and assistance to them. What is most horrifying is the feeling of social exclusion. When 200 families (200/1690) justified debts saying that it was unavoidable in the given situations at home, 290 families opined that there were several options and debts would have been skipped off. The most astonishing fact was that there are 1200 (1200/1690) families where the surviving members said that they were quite unaware of the existence of loans/debts and that they could not find an immediate reason for the accumulated of debts/loans.

Fig. 10: Was a loan very essential?



10. Social status and the survivors:

The survey herein was primarily intended for a psycho-social autopsy that would address the emotional distress of the persons / families intrigued and to collect material information with respect to the circumstances before and after the premature death of a valued member of the family. Obviously references were made on the social and cultural alienation of the surviving members of the families surveyed, and more importantly how do they cope with the society in the strained and changed situations. 1512 of the 1690 surveyed families had no specific answer to the queries. What was more apparent was that they seemed to have possessed with kind of shame, guilt and social stigma; confused and confounded by thoughts of impending social exclusion and moral incrimination. It became very clear that majority of the survivors needed immediate help from the society. 49 families reported that they had recourse to television or radio to fill their leisure time while 90 families turned to non-agricultural activities to keep themselves engaged and to ward off pity and mockery. Nevertheless, 29 of the total 1690 surveyed continued in agricultural activities despite the many set-backs (Table 19).

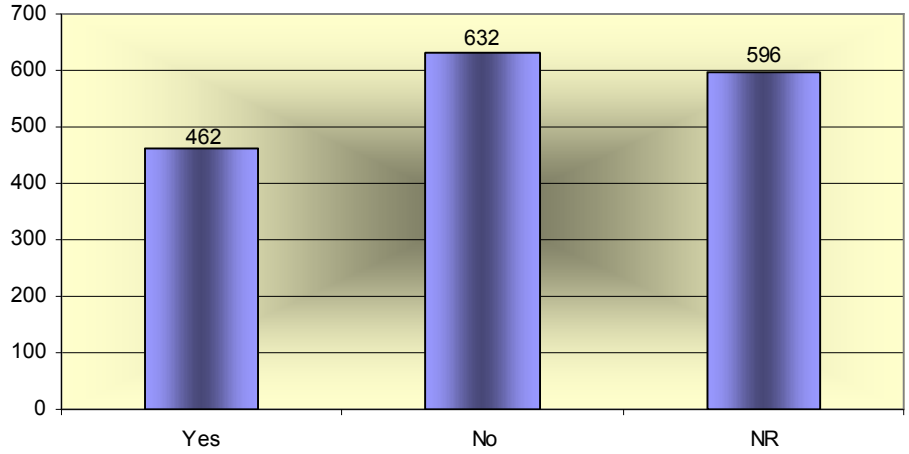
Table 21: Social involvements of survivors - Panchayath wise report

	Yes	No	NR	Total
Ambalavayal	56	11	70	137
Edavaka	18	7	4	29
Kalpetta	1	0	37	38
Kaniambetta	8	7	18	33
Kottathara	4	1	36	41
Mananthavady	2	82	21	105

Meenangadi	31	14	40	85
Meppadi	5	17	14	36
Moopainadu	27	4	33	64
Mullankolli	44	3	36	83
Muttil	0	60	7	67
Nenmeni	12	39	22	73
Noolpuzha	1	46	18	65
Padinjarathara	22	1	31	54
Panamaram	9	5	105	119
Poothadi	43	10	51	104
Pozhuthana	5	0	14	19
Pulpally	2	89	10	101
Sulthan Bathery	39	5	20	64
Thariode	8	2	13	23
Thavinjal	29	74	36	139
Thirunelli	8	38	13	59
Thondernadu	25	14	28	67
Vellamunda	15	18	17	50
Vengappally	2	5	4	11
Vythiri	1	17	6	24
Total	**417**	**569**	**704**	**1690**

Another glaring revelation of the survey was that the 462 out of 1690 families were blaming themselves acrimoniously for the sudden demise happened in the family (Fig. 11). 596 families were of the opinion that they had nothing to do in the case of suicide as they were completely out of picture. They even did not wish to pick up a discussion on the matter. All the same there were 972 victim families that responded affirmatively that they enjoyed as privileges several blessings of the society. However, 110 families strongly emphasized on the social boycott and cultural exclusion they experienced following to the tragic death at home. (Fig. 12)

Fig. 11: Prevalence of guilt feeling among survivors



Surprisingly in 29 households the surviving members realized social work and community involvement as best healing outlets and for psycho-social rehabilitation. Save Farmers Campaign could make use of their good will and they proved the most effective and well meaning befrienders in the process. Mention has to be made of the panchayats that rose to the occasion and volunteered to attend the bereaved families.

Ambalavayal panchayat constructed / completed construction of 55 housing units as part of their 'healing programme' for victims of suicides. The estimated cost of each unit was around Rs 100,000/- The noble venture of *Ambalavayal* panchayat was an emulation to others. Thus came forward *Meenangadi* (26), *Poothady* (17) and *Nenmeni* (13) panchayats extending magnificent humanitarian concern to those in abject grief, remorse and social isolation. This was in a way helpful to persuade the members of such families to get involved in the activities of the respective panchayats and thereby in further social dynamics. Because it was noted that many of the households surveyed had little or no communication with civil society groups, and no political engagements as well.

In any agrarian society the community consciousness and support system within the community was always very high. This was also very true in the case of traditional communities including the tribals and dalits. With modernisation and market economy, the human fabric of societal networks has been weakened and finally disappeared and it has manifested in escalating number of suicides in all these communities. The *adivasis* of Wayanad are broadly classified into three – ie agricultural labourers, marginal farmers and forest dwellers/dependants on forests. There existed from time immemorial among the

tribal communities some kind of social healing rituals, you may debate on the scientific validity or authenticity of the same, but it had its impacts on the community. The dichotomy between the tradition and modernity is worst reflected among the tribal communities. Those having landed properties performed better as per the development indices whereas the traditional societies that are landless labourers or total dependants on forest produce had poor show on the development indices. The more they lost their intra-community support systems, the higher is the number of suicide among them. This has been true in the case of *Paniyas* of Wayanad for more than a decade. Cutting across ethnic boundaries, all *adivasi* communities in Wayanad have got detribalized considerably and consequently they have lost their identity and community feeling. Perhaps *adivasis* are the one society that needs urgent interventions by befriending staff/volunteers of the Campaign.

Fig. 12: Feeling of social alienation among survivors

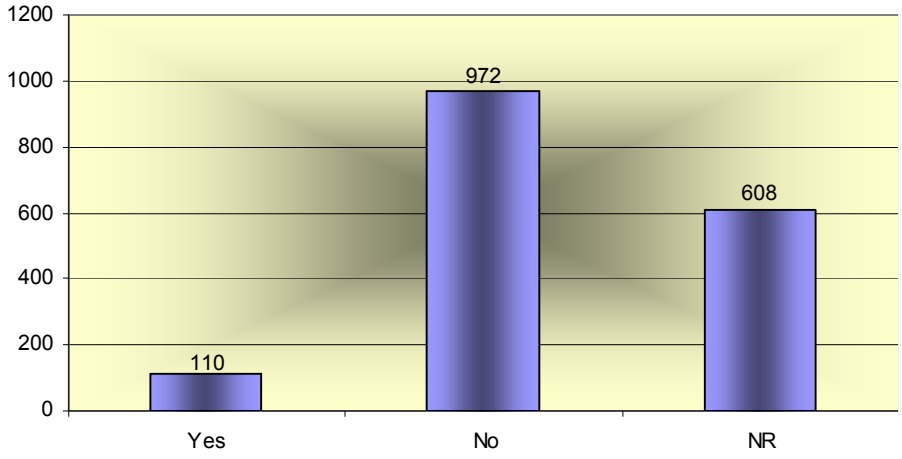


Table 22: Victim's political affiliation - Panchayath wise report

	Yes	No	Not Revealed	Total
Ambalavayal	11	11	115	137
Edavaka	1	24	4	29
Kalpetta	0	1	15	16
Kaniambetta	4	10	19	33
Kottathara	0	2	39	41
Mananthavady	3	81	21	105
Meenangadi	23	15	47	85
Meppadi	2	23	11	36

Moopainadu	5	12	47	64
Mullankolli	1	8	74	83
Muttil	3	59	6	68
Nenmeni	9	41	22	72
Noolpuzha	0	43	22	65
Padinjarathara	2	6	46	54
Panamaram	2	9	67	78
Poothadi	6	28	70	104
Pozhuthana	6	0	13	19
Pulpally	1	85	15	101
Sulthan Bathery	0	5	59	64
Thariode	1	5	17	23
Thavinjal	21	91	27	139
Thirunelli	16	31	12	59
Thondernadu	4	29	34	67
Vellamunda	6	17	27	50
Vengappally	0	5	6	11
Vythiri	2	16	7	25
Total	**129**	**657**	**842**	**1690**

Rapid social changes taking place in the region and the many inroads in the traditional social support system created panic and frustration. Profit, professionalism and profanity have brought in paradigm shift in the hierarchy of values. Religious and welfare societies provided solace and curative attention in the past, and it has vanished in the wake of consumerist hubris. 'Service' has been replaced by profiteering. Greed slowly became the ultimate trademark of the agrarian community. Political activism and sectarian indoctrination are the order of the day. Only 129 of the surveyed had political activism. 842 families did not wish to divulge their political connections/affiliations (Table 20). Government policies and welfare schemes are barred or refused to deserving people on account of political or sectarian polarization.

The sharp decline in human relationships is the characteristics of the new age. All friendships and alliances have shrunk to fiduciary nature that gauge the net benefit in every deal. Each failure of silly or trivial matters was looked upon as colossal catastrophe and

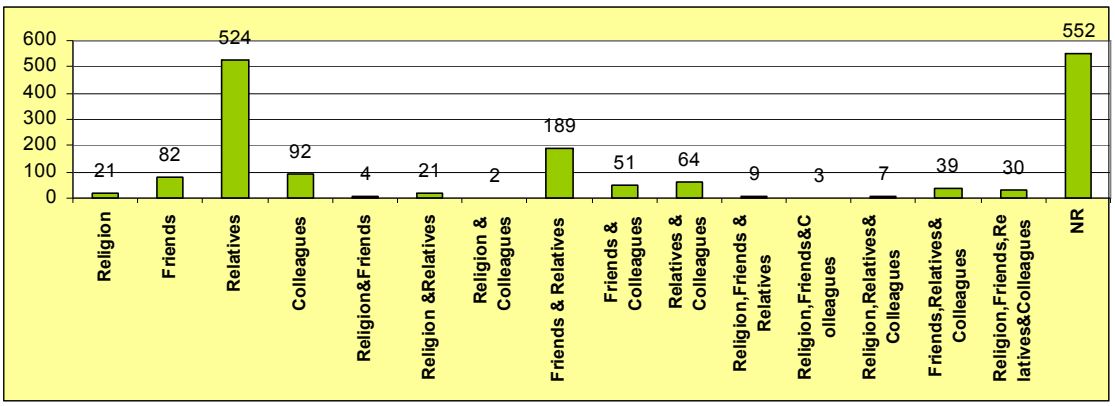
ended up in panic. According to sociologists, clinicians and practitioners of social psychiatry community support and emotional sharing and ventilation of feelings with reliable friends are the effective solutions for mental distress and suicidal thoughts. Table 21 reveals that the deceased and the surviving members of their families did not foster good social relationship and there was nothing to establish that they really had any friends at all (68). 1191 of the 1690 surveyed households did not want to talk on friendship if at all they had any. It means that they did not have any association with individuals/groups, or they never counted them as dependable friends. 49 of them preferred to listen to radio or television rather sharing time and thoughts with humans. Only 431 families reported that they did foster friendship and valued dynamics of social support. The most splendid achievement of the Save Farmers Campaign is the formation of an army of befriending staff in every panchayat, if not in every Ward. Suicide is a social problem that needs to be addressed in the community with the help of the community. Hence trained and proficient befrienders with commitment and capability from the same community must be viewed as solid endowments in the troubled society.

The existing support system in panchayats varied from place to place. 799 of the 1690 surveyed families said that they did not feel lonely after the tragic death of their beloved at home, though the loss of the beloved was unbridgeable. Whereas, 315 sorrowing families reported isolation and horrible feelings of loneliness. The principal source of support and solace for 524 families was from relatives and family members. Friends and relatives together have helped 189 families while 82 families were depending on friends only. Help from religious groups / sources supported 21 families in their troubled days. As many as 552 families did not respond to the schedule on this regard. This is poignant having regard to the frenetic situations of the surviving members of the bereaved families. Were there enough friends and social support systems to share the anguish and complexities of the victim's life, he/she would not have attempted to kill himself/herself. All the same, love and crisis intervention from the part of the society can not be demanded, it has to be voluntarily given. Many things considered, the silence of 552 families in not naming any one for support or help could be interpreted as their reaction to the insensitivity of a pragmatic society. (Fig. 13)

Table 23: Friendship as solace – Panchayath wise

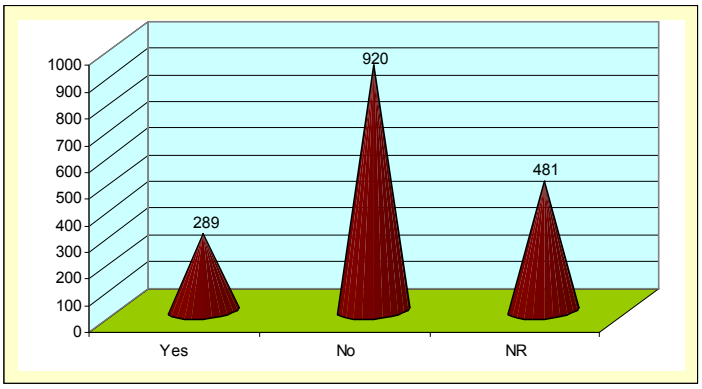
	yes	no	NR	Total
Ambalavayal	25	7	105	137
Edavaka	13	0	16	29
Kalpetta	1	0	37	38
Kaniambetta	13	0	20	33
Kottathara	7	0	34	41
Mananthavady	6	2	97	105
Meenangadi	19	2	64	85
Meppadi	25	0	11	36
Moopainadu	14	1	49	64
Mullankolli	37	0	46	83
Muttil	53	2	12	67
Nenmeni	27	4	42	73
Noolpuzha	0	0	65	65
Padinjarathara	0	0	54	54
Panamaram	8	2	109	119
Poothadi	2	1	101	104
Pozhuthana	6	0	13	19
Pulpally	0	21	80	101
Sulthan Bathery	1	0	63	64
Thariode	2	1	20	23
Thavinjal	104	11	24	139
Thirunelli	41	3	15	59
Thondernadu	10	1	56	67
Vellamunda	11	5	34	50
Vengappally	1	0	10	11
Vythiri	5	5	14	24
Total	**431**	**68**	**1191**	**1690**

Fig. 13: The support system for the survivors



The survivors during or after the grief period underwent very severe trauma. The stigma and the shame continued/continues for long and kept them away from the main stream. During the time they could not attend primary responsibilities at home like health care and education of children, older people, business matters, public duties etc. There are well documented studies consistent with to this observation in suicidology. Considering specific grief variables, suicide survivors report higher levels of rejection, shame, stigma, need for concealing the cause of death, grumbling and blaming for any thing and every thing than all other survivor groups. Fig. 14 shows that frequent suicidal thoughts and tendency for making attempts were vividly present in the surviving members of the families surveyed herein. 289 families had survivors who are suicidal. 481 households did not respond to this question and they refused to ventilate their feelings on this. 920 families never had any disturbed thoughts of suicide or inner calling as these families had other wise good social and family support systems and creative expressions in every day life.

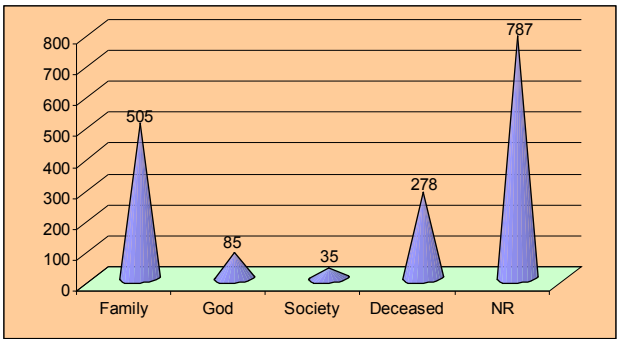
Fig. 14: Survivor's suicidal ideation



There has always been debate on the onus of the occurrence of the tragedy and it was made part of the schedule for the verbal autopsy during the survey. Also there was further debate on the intensity of pain and grief following to death. The labyrinth of shame, pain, grief, indignation, anxiety, stigmatization and social exclusion consequent to the sudden and tragic death of the bread winner of the house compared to the pain and sense of loss (personnel and fiduciary) following to death in an ordinary sense had no correlation. One of the grounds for dispute/debate was on who should be held responsible for the abhorrent incidence of suicide in a family (Fig. 15). 505 of the total surveyed families admitted that

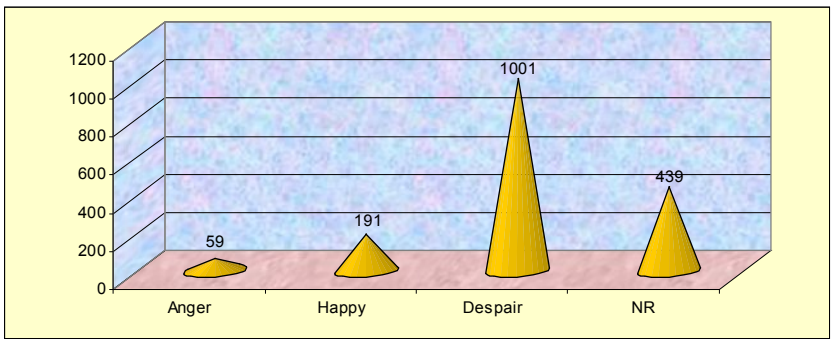
the blame for the immature death of the family member should remain within precincts of the family. 85 families blamed God for the tragedy. 787 families were not in conjunction with the mood as they were completely confused and bewildered. They were not prepared to cooperate with the verbal autopsy as they had lost faith in spoken words and promises given. 278 families put the entire blame on the person who committed suicide. There were 35 families that honestly believed that the civil society and community leadership should be held responsible for the ever increasing number of suicides.

Fig. 15: Who has to be blamed for the suicide?



Another major observation as to the immediate provocation to the suicide was the legalistic, authoritarian, inhuman, unjust, unfair and institutionalized juxtapositions and approaches of the religious societies/orders/hierarchies. It was also clear that these victims were in need of ventilating their feelings of anger, rage, despair etc against the 'hostile' society writ large. The present emotional status of the survivors need to be closely attended. Of 1690 surveyed, there 1001 families that are reportedly in despair. The non-responded 439 households should also be taken along with as the reason of their non-cooperation is quite obvious. This is indeed a very shocking revelation. It means chances of further suicides in those families can not be ruled out (Fig. 16).

Fig. 16: Present state of mind of Survivors



11. Agricultural sustainability scenario:

We classify the victims broadly into three sections: Those engaged in (i) agriculture, (ii) non-agriculture, and (iii) both agriculture and non-agriculture activities. Among those who were engaged exclusively in agricultural activities were successful ventures as well as failures. There were 218 instances of successful enterprises in agriculture while 103 proved failure. But non-agricultural sector had more success stories (316) than failures (38). The experience of those who carried both agricultural and non-agricultural activities simultaneously was not cheerful. There were 38 failures with only 16 success stories. Here again, majority of the surveyed families preferred not to answer to the schedule (961). The question might not be applicable/relevant to them as they might be landless labourers *vis a vis* those living on daily wages.

12. Health status of victim's family:

Public health and health care in Wayanad is another concern. 119 surviving families of the 1690 surveyed for the study herein were not ready to comment on the prevailing ailments in their homes. Chronic diseases and exorbitant expenditure of treatment were aired earlier in the focused group discussions in preparation to this survey. According to the data gathered in the survey, people of 30-70 age groups was found to be more prone to diseases. Cancer and cardiac ailments were more among 30-40 age groups, whereas kidney related diseases were more among 50-60 age groups. 40-70 age groups were found highly vulnerable for asthma. There were 24 mental disorders in the surveyed families. Detailed list of diseases among different age groups are presented in Table 24.

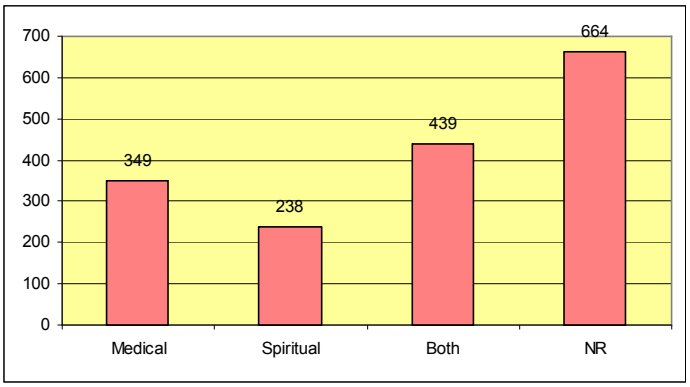
Table 24: Diseases in the surveyed families

Age	Cancer	Kidney Damage	Asthma	Heart Disease	Liver Disorder	Brain Disorder	Skin Disease	Gynecological Disease	Physical Disability	Mental Disability	Others	Total
<10	0	0	0	0	0	0	0	0	0	0	0	0
10--20	0	0	0	1	0	0	0	0	0	1	0	2
20--30	2	0	0	3	0	0	2	2	0	7	9	25
30--40	4	0	6	10	1	1	0	0	6	4	16	48
40--50	1	1	18	6	0	2	2	2	8	2	36	78
50--60	0	2	15	5	0	0	1	1	3	5	32	64
60--70	1	0	14	5	2	1	5	5	0	2	20	55
70--80	1	0	5	0	1	1	1	1	0	2	5	17
>80	0	0	1	0	0	0	0	0	0	1	1	3
Total	**9**	**3**	**59**	**30**	**4**	**5**	**11**	**11**	**17**	**24**	**119**	**1690**

13. Medical /Health Care:

Wayanad being a backward district, does not have big hospitals. Even the private sector has not invested very heavily in the district but for the few hospitals run by the Catholic Church. Among the surveyed families, 199 households preferred to go to government hospitals whereas only 51 would go to private hospitals. Another 42 families would go either to government or private hospitals depending the situations and needs. Considering the low buying capacity of people in Wayanad, they must have chosen to go to primary health centres. Nevertheless, not many people chose to avail the services of PHCs. Total negligence and dereliction of duties in the area of public health in Wayanad have left people with no option but to rush to Calicut Medical College for serious investigations and treatments. Presence of extensive plantations, banana and ginger cultivations and the like were causative factors for the inordinate use of pesticides, fertilizers, chemicals and such other highly toxic and dangerous substances that are detrimental to the environment and the physical and psychological integrity of humans. Prevalence of cancer, infertility, dermatological problems and gynec disorders are rampant in certain pockets of Wayanad and that needs to be investigated meticulously. The possibility of drinking water sources loaded with residual pollutants, the soil that consistently refuses to produce yield and the contaminated air also require serious and impeccable study. Of the 1690 surveyed households, 154 families reported prevalence of chronic, incurable and palliative diseases. At the same time, 843 families preferred to be non-cooperative, not willing to disclose the nature of illness they have at home.

Fig. 17: Source of relief for survivors

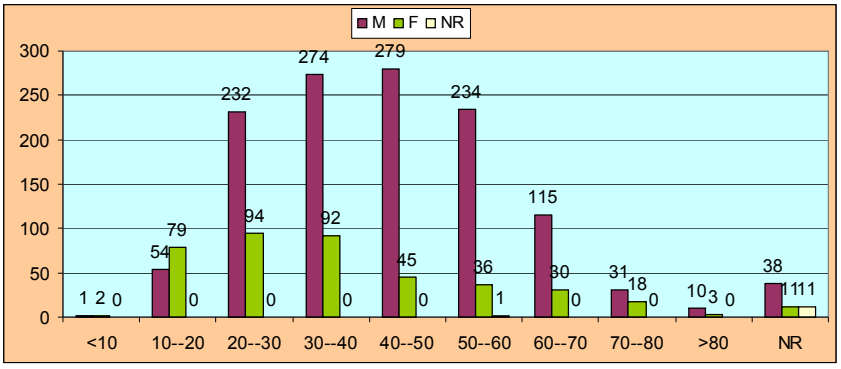


The socio-economic circumstances seem to have influenced the people in their decision making as well. 262 families surveyed chose to get treated by medicine in times of illness. Whereas 27 families preferred to accept illness and such other adversaries as their fate and hence they rather resigned by giving themselves to suffer without recourse to medical help. Interestingly 159 surveyed reported that they chose to pray instead of being subjected to medical treatment. And 11 families had strong faith in black magic and such other ritual-based practices as remedial measure during illness. This is true and significant in the tribal communities than any other society. 257 families were found more practical as they were making use of all steps without prejudice. They are not against medical approach, all the same they would go for prayer meetings and healing sessions organized by religious groups/institutions. To have recourse to solace is the right of any human being in grief. When 238 surviving families sought for spiritual / religious consolation or support to circumvent the dismal circumstances, another 340 families went straight to medical help, either in psychiatry or psychological therapeutic services (Fig 17).

14. Age and sex of victims:

A close examination of the data gathered in the survey will prove that the maximum number of casualties occurred in the age group of 30-50. However, Fig. 18 indicates that suicide cases were reported from the age of 10 to 80. There were 13 cases reported above 80 years (10 males and 3 females). Hence the tendency to commit suicide reins over irrespective of age and sex. 20 to 40 age group with 90 cases each, may be considered as the most vulnerable age for females. Teenage causality was also higher in females as compared to men. Interestingly three cases of infant suicide below ten years, one male and two female, were also reported in Wayanad.

Fig. 18: Age and sex ratio of Suicide victims



The male dominance in suicides is a common phenomenon all over the world (Table 23). In Wayanad also the males outnumber the females. There were 1268 males out of 1690 cases surveyed (Fig. 19). 410 were females while in the case of 12 reported suicides, the befriending staff could not ascertain the gender of the victim. Sociological studies and research reports in the State of Kerala and on the National level point out that statistics of suicides among females remained stable over many years, the national and state scenario of male suicides have recorded steep increase. This has been proved true in the case of Wayanad also. International reports on suicide reveal that Males take their own lives at nearly four times the rate of females (CDC 2005)[18]. During their lifetime, women attempt suicide about two to three times as often as men (Krug *et al*. 2002)[19]. It may be noted that some of the organized movements addressing gender issues, which have gained momentum over the last few years, have been helpful to women to ventilate their feelings and emotions. Women today have more opportunities to share their stress ith their peer groups. *Kudumbasree*, Self Help Groups, ICDS net work, Women Study Cells and the like have provided women ample opportunities for meeting their counterparts from other places. And women compared to men, share with and confide to others, thus relieving their tensions and strains. Men, peasants and agricultural labourers predominantly, do not disclose their inner self, is our common experience. The listening skills and the communication arts are playing a major role in ventilating one's feelings. Men have better socialization and public involvements; but their communication with others often is confined to politics, business or otherwise, and not personal. Therefore healing does not take place, nor feelings never get ventilated. This fact was more explicitly manifested in the training sessions conducted by the Campaign at different centres in Wayanad district for the prospective befriending staff. Unsuccessful suicide ventures and feelings related stress were also high in males. Among the 25 panchayats of Wayanad district, *Thavinjal* had the highest number of friendship-based support systems. Mention has to be made that this panchayat has recently emerged as most vulnerable in respect of cancer and suicide.

[18] Centers for Disease Control and Prevention (CDC). Web-based Injury Statistics Query and Reporting System (WISQARS) [Online]. (2005). National Center for Injury Prevention and Control, CDC (producer). Available from URL: www.cdc.gov/ncipc/wisqars/default.htm

[19] Krug EG, Dahlberg LL, Mercy JA, Zwi A, Lozano R, editors. World Report on Violence and Health. Geneva: World Health Organization; 2002.

Fig. 19: Victims' gender-ratio

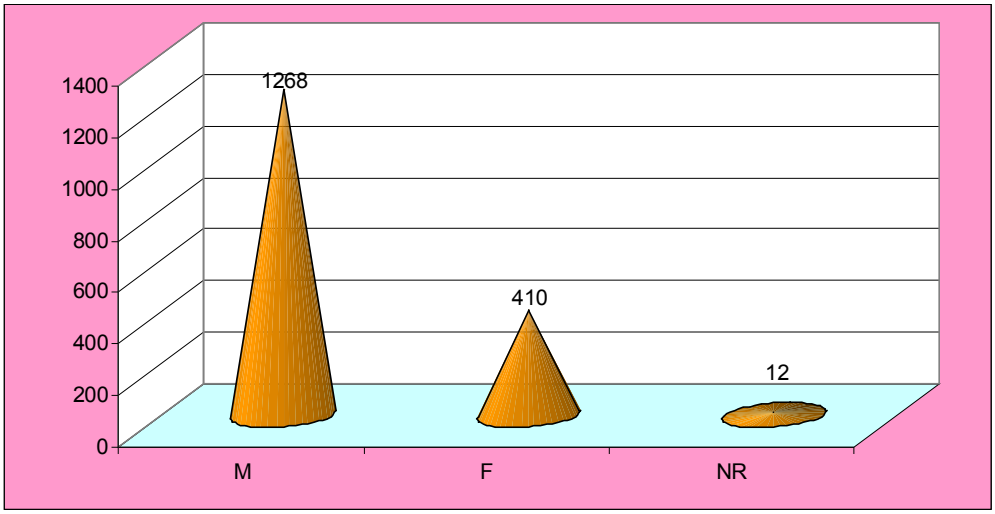


Table 25: Age and sex of victims (National Average) - India

Age (years)	up to 14	15-29	30-44	45-59	60+	All
Males	1306	20917	24811	15955	6343	69332
Females	1574	18371	12701	5902	2537	41085
Total	2880	39288	37512	21857	8880	110417

Data source is the National Crime Records Bureau, Ministry of Home affairs.

In another international report considering age groups and suicide thoughts and attempts it was observed that young adults of age 15 to 24 years old, there was one suicide for every 100-200 attempts (and among adults of age 65 years and older, there was one suicide for every 4 suicide attempts (Goldsmith *et al,* 2002)[20].

16. Reasons attributed for Suicides:

The major reasons attributed (Table 26) to suicides according to the data gathered from the afflicted families are the following: debts, drinking habits, chronic diseases, mental disorders and marital problems. Agricultural crisis, in contravention to the popular notion and belief, did not surface as a major reason for the escalating number of suicides in the District. Debt has emerged as a principal reason and it could be accrued due to crop failures or agricultural activities. However, the fact remains that the 1690 affected families surveyed and their surviving members did not point out agricultural crisis as the single

[20] Goldsmith SK, Pellmar TC, Kleinman AM, Bunney WE, editors**. Reducing Suicide: a national imperative**. Washington (DC): National Academy Press; 2002

major reason for suicides despite the direct question in the schedule. Debt was identified by 15.6% of the surveyed as the principal causative factor behind the suicides. It means there are several reasons together devolved into highly stressful state of mind leading to killing oneself. Majority of the surveyed families/persons did not prefer to point out a single reason for the tragedy. It is very pertinent that the survey was conducted after the Government of Kerala and the Union Government declared several packages for agricultural crisis in the wake of the social menace of suicides. Naturally it could have been an incentive for the people to finger at agricultural crises to be favoured by the Government schemes. In spite of the circumstances, there were only 20 households (of 1690 ie 1.23%) that suggested agricultural crisis as provocation for suicide.

Table 26: Alleged reasons for suicides – Panchayat wise report

	Debt	Agri. Crisis	Drinking	Marital Problem	Mental Disorder	Wealth Dispute	Chronic Disease	Others	NR	Total
Ambalavayal	29	0	4	0	4	1	9	11	79	137
Edavaka	5	0	5	1	1	0	2	0	15	29
Kalpetta	2	0	1	0	0	0	0	4	9	16
Kaniambetta	8	0	3	0	5	0	1	6	10	33
Kottathara	7	0	4	0	4	1	4	7	14	41
Mananthavady	13	0	4	1	7	0	3	46	31	105
Meenangadi	13	1	3	1	8	0	4	6	49	85
Meppadi	11	0	2	0	6	0	2	6	9	36
Moopainadu	6	0	22	3	4	0	2	22	5	64
Mullankolli	19	3	12	0	2	0	1	19	27	83
Muttil	12	0	9	2	7	0	10	27	1	68
Nenmeni	2	0	10	0	5	0	7	19	29	72
Noolpuzha	5	1	8	0	2	0	2	11	36	65
Padinjarathara	5	0	10	0	4	1	4	11	19	54
Panamaram	16	1	10	1	2	2	6	6	34	78
Poothadi	45	5	9	0	1	2	7	6	29	104
Pozhuthana	4	0	4	0	3	0	1	3	4	19
Pulpally	9	3	9	0	4	0	2	8	66	101
Sulthan Bathery	4	0	13	0	1	0	2	12	32	64
Thariode	2	2	0	1	1	0	1	7	9	23
Thavinjal	19	0	14	0	6	0	6	30	64	139
Thirunelli	3	2	14	6	4	0	10	14	6	59
Thondernadu	5	1	10	1	6	0	4	23	17	67
Vellamunda	4	0	1	0	4	0	2	26	13	50
Vengappally	2	0	1	0	1	0	1	3	3	11
Vythiri	4	1	1	0	4	1	3	8	3	25

There are striking differences in reasons attributed for the suicides as suggested by the surveyed community of survivors of the human tragedy. Among the *adivasi* communities, the *Paniyas* are the most negatively influenced community by the so called development indices. Resultantly drinking habit of alcohol among the *Paniyas* have been suggested the major reason for suicide. Drinking habit was also a big problem among the two strong communities, the *Ezhavas/Thiyyas* and the Roman Catholics. Debt could always associated with greed, despair and mental disorder. These issues are pointed out as principal reasons for suicide among the elite societies, ie the *Ezhavas/Thiyyas*, Roman Catholics and the *Nairs*. Where people/community are better educated, rich and affluent, politically strong, communally organized and socially secure – there are larger and deeper vices like consumerism, greed, social extravaganza, alcoholism, mental disorders, marital discords, family feud, incurable diseases leading to accumulated debts, resulting in increased number of suicides (Table 27). Dogmas, centralized power structures, ideological re-alignments, re-visits of fundamentalist practices etc are no solution to the social catastrophe of suicides.

Table 27: Alleged reasons for suicides - Community wise report

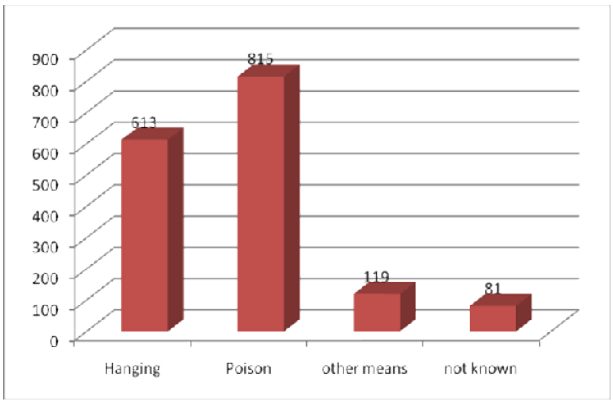
	Debt	Agri crisis	Drinking	Marital Problem	Mental Disorder	Wealth Dispute	Chronic Disease	Others	NR	Total
Paniya	4	0	42	0	8	0	8	26	53	141
Kurichia	3	0	2	1	4	0	5	7	23	45
Kuruma	7	1	3	0	5	1	2	6	13	38
Naikka	0	0	2	0	0	0	0	1	10	13
Other Adivasi	9	2	18	3	4	3	16	33	36	124
Nair	18	2	7	0	7	1	8	19	24	86
Ezhava/Thiyyar	83	4	27	2	17	0	28	61	153	375
SC	4	0	0	0	5	1	1	7	8	26
Other Hindus	2	4	3	4	9	0	2	11	30	65

OBC	6	0	2	0	3	0	4	6	10	31
R.C	65	2	28	4	15	0	11	65	18	208
Latin	3	0	2	0	2	0	1	7	5	20
Other Christians	2	1	18	1	3	0	0	4	15	44
Muslim	5	0	1	0	3	0	1	5	7	22
NR	43	4	28	2	11	2	9	83	208	390
Total	**254**	**20**	**183**	**17**	**96**	**8**	**96**	**341**	**613**	**1690**

17. Modes of operation in suicides:

As most of the victims belonged to farming community or agricultural labourers, it was easy for them to have access to agri-related chemicals or pesticides or other toxic contents. In 815 of 1690 surveyed cases (50%) the substance used for killing oneself was poisonous substances. It was nothing unusual for a farmer or a farm related labourer to collect pesticides and keep them at home regardless of the possible mis-appropriation of the material. Hanging was another easy method adopted by 613 (37.65%) suicide victims. In 199 cases, the victims used various other methods like drowning, explosives connected to human bodies, self immolation, rail/vehicles etc. In the matter of 81 instances of suicides, the actual cause of death was not disclosed or still remained unknown to the surviving members of the bereaved families.

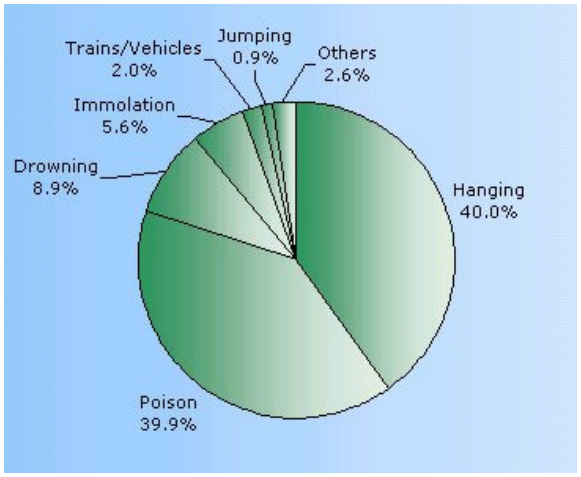
Fig. 20: Methods adopted for Suicide - Wayanad context



While people of Wayanad consistently depended predominantly on poison or hanging as modes of suicide, (Fig. 20) at the State level (Fig. 21) among several methods employed

were hanging, consumption of poison, drowning and immolation. The present observation is akin to the State level report.

Fig. 21: Methods adopted for suicide - Kerala context



(data courtesy:http://www.maithrikochi.org/kerala_suicide_statistics.htm)

It has been obvious from the results given that suicide has a devastating effect on family, friends and community. It leaves trail of guilt, shame, distress and stigma in those left behind. The study herein reveals that survivors are at higher risk of engaging in suicidal behaviour. The collected wisdom in the form of responses given by the survivors can be condensed as – the postvention practices for suicide survivors should not be prescriptive but instead should empower the survivors to find their own paths for solace. The survivors need support from outside the family and they need to be educated about the psychodynamics of grieving. For those of us who have lost a loved one to suicide, the journey back to a full life is overwhelmingly difficult and at times seems unbearable. Those who have survived the journey and arrived at the state of acceptance may be in a position to be able to assist those in a similar situation along the path to a full and meaningful life. (Onja, 2003)[21]

[21] (Dr.Onja T.Grad) – Vijayakumar L. 2003

Chapter V

Recommendations:

All suicides are sickening and shocking, but they are not, per se, the crisis. They are symptoms of the overall crisis prevailing in our midst that becon us to address the human predicament. Consistent with the emerging issues in this study, the following recommendations are submitted to governments, policy makers, service providers and voluntary agencies to act upon.

1. Formation of Survivors of Suicide Self Help Support Groups: The coming together of those bereaved by suicide can provide the opportunity to be with those who can really understand - who have been through the same experience-to gain strength and understanding from the individuals within the group, but also to provide the same to others. The group can provide a sense of community and support, an empathetic environment and a sense of belonging, the hope that normality can be reached eventually, experience in dealing with difficult anniversaries or special occasions, opportunities to learn new ways of approaching problems, a set up where free expression of grief is acceptable and confidentiality is observed, a place where compassion and non-judgmental attitudes will prevail.

2. The establishment of a Resource Centre: Resource can encompass a wide range of areas of information, which will be of value to individuals as well as groups. A library with reading materials on a wide range of topics from suicide to grief and loss may also be of great help. The Centre may also take on an educational role providing information on the grief process, on facts relating to suicide and information on the roles of various health professionals. Another major function is that of empowerment-of providing a positive focus enabling the individual to regain some control over his/her life.

3. Identification of ‘experts’ from within the community: They can be approached as consultants or educationists or trainers as when need arises. This group could include health professionals, social workers, human rights activists and community leaders. Very

importantly, this group should be seen as non-religious, a religious emphasis may be a detractor for some individuals. Social workers can help the bereaved in integrating the social relationship impact of cultural taboos, social supports, professional resources and their personal responses in going through the grieving process. A psychologist can work with the bereaved in resolving specific problems which may have arisen since the death such as anxiety or panic attacks. A psychiatrist can also have a vital role to play particularly if the bereaved are experiencing a depression which is prolonged and they feel trapped.

4. Enhance the physical interactions between the Government functionaries and local communities: Actively monitor local societies, especially farmers, for signs of social, economic and psychological distress and if possible provide social, psychological or spiritual counseling. Alternatively the need is to set up systems that would ensure such monitoring and counseling on regular and routine basis.

5. There is a need for conscious efforts and positive steps from the government side to implement land reforms. Surplus land acquired thus should be distributed to the Dalit and adivasi farmers. According to Amartya Sen, the Nobel Laureate, though the economic growth rate of India is impressive, India cannot play a significant role in the global economic scenario unless it completes land reforms.

6. The rural economy, particularly agriculture, will greatly be benefited if programmes meant for economically backward sections, including the Integrated Child Development Schemes, mid-day meals for schoolchilden and the National Rural Employment Guarantee Scheme, are effectively implemented. Food security of the poor will be ensured if the public distribution system is efficiently run. All these programmes will increase the purchasing power of the rural people and indirectly help agriculture itself.

7 Subsidy and concessions given to agriculture but removed in the post-reform period should be restored. This is a must to make agriculture remunerative. One of the main disputes in the Doha Round of talks at the WTO is the high subsidy given by the United States and European Union to their farmers in spite of the WTO regulation. India should

assert its right to give sufficient subsidy to its farmers to offset the rising cost of cultivation and protect their livelihood.

8. Loans taken from private moneylenders are the most difficult for people to pay. Since this is the case, over half of the victims' families who need these relief packages do not qualify for receipt by government standards. The reality of the families' situations must be examined more closely and compensation should be given accordingly.

9. Renewal of land's biodiversity is another significant argument to redeem agricultural sector. This renewal is crucial and mandatory for the sustenance of natural infrastructure of the ecosystem. Methods of organic farming and integrated pest management must be introduced to eliminate dependency on commodities such as chemical fertilizers, pesticides, and genetically modified seeds. Organic farming will also serve to prevent emerging monocultures and promote strong, diverse agro-ecosystems.

Appendix: 1

HOW TO IDENTITY PERSONS AT RISK?

"How does one know who will commit/attempt or is possibly thinking about suicide?" Is the commonest question and a first step towards understanding the problem and providing care. Research has demonstrated that it is possible to identify such individuals if one is sensitive and open to words, actions and signals. Some "high-risk individuals" live in certain situations and are more prone to suicides. These are persons.

- losing their status, jobs and income;
- facing sudden economic loss due to migration, crop failure, economic upheaval,
- loss of day-to-day livelihood, natural disasters;
- expressing their loss of confidence, self-esteem and faith;
- feeling guilt, shame, hatred, worthlessness, hopelessness and helplessness;
- repeating that "destiny is calling me", "hearing words from God" or "joining a known person in heaven";
- participating in excessive religious activities, significantly more than previously observed;
- showing decreasing interest in hobbies, sex, and other activities which they enjoyed earlier;
- with history of previous suicidal attempt(s);
- complaining of "persistent boredom", inertia, lethargy and "don't know what to do";
- experiencing recent loss of person due to death, violence, separation or a broken relationship;
- who are unemployed and unable to find employment, specially youth;
- who are victims of domestic or other forms of violence/torture, specially women;
- having conflicts within themselves or with other members of the family on a continual basis;
- recently discharged from hospitals, especially those with mental disorders or other terminal illness (such as cancer, HIV/AIDS, tuberculosis and congenital health problems);
- staying at home and suffering from terminal illness without familial and economic support and
- pressurized by family for economic gains (such as, dowry, or high achievement in academics).

While these persons are more susceptible to suicide, they also generally exhibit certain behaviour. These are symptomatic of their low interest in life and typical passing through the ambivalent stage of "to live or not to live".

A large number of individuals with mental illness, such as depression, schizophrenia, affective disorders, alcohol and other substance abuse, manifest various identifiable symptoms specific to their illness. However, there are some common symptoms noticed among suicide-prone individuals such as:

- sadness
- weeping spells;

- anxiety and restlessness;
- mood swings (extreme happiness to sadness);
- excessive, smoking and/or drinking;
- repetitive, continuous sleep disturbance;
- confusion and irritability;
- decreased interest in daily activities (hygiene, appearance, eating sleeping);
- hinting at suicide (e.g. "This is the last time we meet, "I will put an end to all this suffering, "There is no point going on");
- difficulty in decision-making;
- self injurious behaviour (starving, injuring self);
- having strained and difficult reasons with spouse or other family members;
- becoming highly religious/atheist, and
- exercise special care in distributing money or property.

If you know an individual with these symptoms – reach out and help.
Your intervention can save a life or prevent suicidal act.

There could be a number of families having persons with the above-mentioned characteristics requiring focused identification and help-seeking strategies. It is also known that a significant number of families are at a greater risk for suicide. As the entire family goes through a crisis together, symptoms in one person may not be noticed by other members.

These are families

- going through recent bereavement;
- having a mentally ill or terminally ill patient, or handicapped child at home;
- living with a person who is alcohol-dependent or a drug addict;
- with a person who has attempted or completed suicide in the past;
- showing strong likelihood of a break-up in relations, disturbed emotional state;
- with interpersonal conflicts (regular, continuous, never-ending) between family members and others;
- subsisting on poor incomes, unemployment (sudden loss of job);
- living in dangerous (crime-ridden), underprivileged environments, and
- with recent migration to urban areas and living in situations without social support systems.

While individuals and families are more prone to suicide as mentioned above, it is also possible to identify communities or localities or specified places within defined geographical areas with high suicide rates. These are:

- certain pockets in geographical areas with higher rates of suicide;
- economically impoverished communities (slums, migrant population);
- communities facing frequent natural disasters (floods, cyclones, droughts);
- agricultural communities with recent/repeated crop failures;
- regions with political and communal violence where hero worship is in vogue;
- societies with high rates of alcohol use, drug abuse, violence and prostitution; and
- certain high-risk places such as prisons, police stations, isolated places, hotel/lodges and even hospitals.