Suicide in Sri Lanka: Past, Present and Future Transformations

PROCEEDINGS

Senate Hall, University of Colombo
21-22 March 2013
Contents

Prelude 4

Programme 6

Suicide in Sri Lanka: Recent Trends
Dr Raveen Hanwella 10

Current trends of suicide in Sri Lanka
Professor Karunatissa Atukorala 11

Changing affinities for suicide in Sri Lanka?
Dr Tom Widger 12

Suicide and agency: transforming social relations
Maurice Said 13

Deliberate self-harm of children and adolescents: a hospital based study
Dr Chandanie Senadheera 14

Child suicide and culture in Sri Lanka
Niluka Senarathne 15

Suicide and war in Sri Lanka
Professor Kalinga Tudor Silva 17

Suicide in Sri Lanka: Review of Policy Responses
Melissa Pearson 18

The role of private pesticide vendors in preventing accessing to pesticides for self-poisoning in rural Sri Lanka
A cluster randomized controlled trial of a brief educational intervention on poisoning treatment guidelines in the North Central Province of Sri Lanka
L. Senarathna, N.A. Buckley, M.J. Dibley, P.J. Kelly, S.F. Jayamanna, & A.H. Dawson

Maternal Suicides in Sri Lanka: Lessons learnt from review of maternal deaths over 9 years (2002-2010)
Dr Kapila Jayaratne

Effectiveness of Life Skills Training Program in Preventing Common Issues among Adolescents: A Community Based Quasi Experimental Study

Roundtable debate: “What are the cultural and public health challenges to suicide prevention in Sri Lanka, and how can they be overcome?”
Suicide in Sri Lanka: Past, Present and Future Transformations

Prelude

Following a decade of decline, Sri Lanka’s suicide rate – once amongst the highest in the world – is reported to be on the rise once more.

It’s too early to tell whether this is a temporary blip or the beginnings of something more serious. But what is known is that the fall in the suicide rate was the result of sales restrictions placed on the most toxic pesticides, and not the result of falling levels of suicide attempts per se. In fact, the evidence suggests that the number of suicide attempts has actually increased in the same period, with suicidal behaviour remaining a leading cause of serious injury and death in youth and older persons in Sri Lanka.

This symposium brings together suicide research and intervention experts from around Sri Lanka and across the globe. The main aims of the symposium are to share the results of new research, discuss effective intervention strategies, and debate the cultural, economic, and ethical challenges of suicide prevention in Sri Lanka.
The symposium will begin with presentations on recent trends in Sri Lanka’s suicide rate. Then there will be presentations reporting the results of qualitative studies of suicide from across Sri Lanka, including an analysis of suicide and war in the conflict-affected areas. The third session will include a range of papers discussing the success of recent intervention strategies, including the restriction of pesticides and life-skills training. The final session will take the form of a roundtable debate on the theme of the symposium: “What are the cultural and public health challenges to suicide prevention in Sri Lanka, and how can they be overcome?”

The symposium has been made possible through generous support from the Department of Sociology, University of Colombo, the National Science Foundation, the World Health Organization, and the Forum for Suicide and Culture Research.
Programme
21 March 2013

08.30 Registration

09.00 Welcome
Dr Subhangi M.K. Herath, Head, Department of Sociology, University of Colombo

09.15 Plenary address
Professor Neil Fernando, National Institute of Mental Health

09.45 Coffee

10.15 Session 1: Reading Sri Lanka’s suicide rate: epidemiological, sociological, and anthropological transformations

Chairperson: Professor S.T. Hettige

10.15 Suicide in Sri Lanka: recent trends
Dr Raveen Hanwella (University of Colombo)

10.45 Current trends of suicide in Sri Lanka
Professor Karunatissa Atukorala (University of Peradeniya)

11.15 Changing affinities for suicide in Sri Lanka?
Dr Tom Widger (University of Sussex)

11.45 Open discussion

12.30 Lunch
14.00 **Session 2: Self-harm and suicide in ethnographic contexts: social lives and society in transformation**

Chairperson: Dr Kumudu Kusum Kumara

14.00 *Suicide and agency: transforming social relations*
Maurice Said (University of Durham)

14.30 *Deliberate self-harm of children and adolescents: a hospital based study*
Dr Chandanie Senadheera (University of Ruhuna)

15.00 **Coffee**

15.30 *Child suicide and culture in Sri Lanka*
Niluka Senarathne (University of Peradeniya)

16.00 *Suicide and war in Sri Lanka*
Professor Kalinga Tudor Silva (University of Peradeniya)

16.30 Open discussion

17.00 **Close**
Programme
22 March 2013

08.30 Registration

09.00 Session 3: Interventions: transforming suicidalities in Sri Lanka

Chairperson: Professor Gameela Samarasinghe

09.00 Suicide in Sri Lanka: Review of Policy Responses
Melissa Pearson (University of New South Wales/University of Edinburgh)

09.30 The role of private pesticide vendors in preventing accessing to pesticides for self-poisoning in rural Sri Lanka
Presenter: Mr Manjula Weerasinghe (University of Peradeniya)

10.00 A cluster randomized controlled trial of a brief educational intervention on poisoning treatment guidelines in the North Central Province of Sri Lanka
L. Senarathna, N.A. Buckley, M.J. Dibley, P.J. Kelly, S.F. Jayamanna, & A.H. Dawson
Presenter: Dr Shaluka F. Jayamanne (University of Kaleniya/Director, SACTRC)

10.30 Coffee

11.00 Maternal Suicides in Sri Lanka: Lessons learnt from review of maternal deaths over 9 years (2002-2010)
Dr Kapila Jayaratne
11.30 *Effectiveness of Life Skills Training Program in Preventing Common Issues among Adolescents: A Community Based Quasi Experimental Study*


Presenter: Dr Janaka Pushpakumara (Rajarata University of Sri Lanka)

12.00 Open discussion

12.30 Lunch

14.00 **Roundtable debate:** “What are the cultural and public health challenges to suicide prevention in Sri Lanka, and how can they be overcome?”

Chairperson: Dr SubhangI M.K. Herath

Panellists: Professor Ravindra Fernando (University of Colombo)
Professor Kalinga Tudor Silva (University of Peradeniya)
Dr Tom Widger (University of Sussex)
Mr T. Suveendran (World Health Organization)
Dr Shaluka Jayamanne (University of Kaleniya/Director, SACTRC)
Ms Nalini Ellawela (Founder-Director Sri Lanka Sumithrayo)

16.00 Closing remarks: Professor Kalinga Tudor Silva

16.30 Vote of Thanks
Suicide in Sri Lanka: Recent Trends

Dr Raveen Hanwella, University of Colombo

Between 1996 and 2008 the annual incidence of hospital admission resulting from poisoning by medicinal or biological substances increased exponentially, from 48.2 to 115.4 admissions per 100 000 population. Over the same period, annual admissions resulting from poisoning with pesticides decreased from 105.1 to 88.9 per 100 000. The annual incidence of suicide decreased exponentially, from a peak of 47.0 per 100 000 in 1995 to 19.6 per 100 000 in 2009. Poisoning accounted for 37.4 suicides per 100 000 population in 1995 but only 11.2 suicides per 100 000 in 2009. The case fatality rate for pesticide poisoning decreased linearly, from 11.0 deaths per 100 cases admitted to hospital in 1997 to 5.1 per 100 in 2008. In 2011 the male suicide rate in was 34.8/100,000 and female rate was 9.24/100,000. The male: female ratio was 3.76: 1. In the 10-19 year age group the female suicide rate was higher. The highest rate in females was in the 20-29 year age group and the highest rates in males were among the 50-59 year and > 60 year age groups. Since the mid-1990s, a trend away from the misuse of pesticides (despite no reduction in pesticide availability) and towards increased use of medicinal and other substances has been seen in Sri Lanka among those seeking self-harm. These trends and a reduction in mortality among those suffering pesticide poisoning have resulted in an overall reduction in the national incidence of accomplished suicide.
Current Trends of Suicide in Sri Lanka

Professor Karunatissa Atukorala, University of Peradeniya

According to the World Health Organization (WHO), in the year 2000, approximately one million people died from suicide and suicide has become one of the ten major causes of death around the world. Suicides occur in both the developed and the developing countries and in the socialist world as well. Though rates of suicides are relatively low in many developing countries, suicide is one of the main social problems experienced by Sri Lanka. Suicide has become a grave social problem in Sri Lanka only after gaining independence. According to John Davy who was a British Army officer stationed in Sri Lanka between 1816-1820, neither suicide nor homicide was common among Sri Lankans then. In 1950, the national suicide rate of Sri Lanka stood at 6.5 per 100,000. By mid 90s, the average suicide rate in Sri Lanka stood at over 45 per 100,000 population. Though Sri Lanka was one of the world’s highest suicide reporting countries till about mid-1990s, recent figures on suicide in Sri Lanka show a relative decline. An alarming trend in Sri Lanka is suicide is now very high among youths and teenagers. The objective of this paper is to compare the trends of suicide prior to and after the decline (prior to and after 2000). The factors associated with significant changes in the trends and the general declining trends of suicide using the secondary data is analysed. The information for the study is mainly based on the national statistics and content analysis.
By the final decade of the twentieth century, rates of suicide in Sri Lanka ranked amongst the highest in the world. However, in 1996 the suicide rate began to fall, and was soon at its lowest level in almost thirty years. Posing problems for classic sociological theories of suicide, the decline forces us to question some fundamental assumptions underlying social scientific approaches to the problem. Drawing from sociological, medical epidemiological, historical, and anthropological secondary sources as well as twenty-one months of original ethnographic research into suicide in Sri Lanka, I argue that there are four possible readings of the country’s suicide rate. While the first three readings provide windows onto parts of the story, the fourth, a composite view, provides a new way of thinking about suicide not just in Sri Lanka but also cross-culturally. In so doing the article poses questions for how the relationship between suicide and society might be imagined.
Suicide and agency: transforming social relations

Maurice Said, University of Durham

In this paper I explore the extent to which suicide in southern Sri Lanka exposes discourses of kin responsibilities, the nature of social relations and notions of morality. I take as my case studies a train suicide involving two youths, and a case of a young man ingesting weed killer, and analyse the series of narratives and reactions that emerge both from within the community, and neighbouring communities, as well as from actors at varying levels in the social hierarchy of those communities. In so doing I discuss how the act of suicide imbues the ‘victims’ with social agency, in a situation where they were previously powerless and voiceless – and consequently how their action gives voice to the concerns of other members in the community. In the apparent immorality of the action of taking one’s life, locals question the moral integrity of the community as a whole, as well as the bounded-ness of kin relations. As a result the nature and content of the narratives force me to question whether, the analysis of suicide in Sri Lanka is rooted in a conscious social protest, or rather a breakdown in kin relations. Thus, should suicide in Sri Lanka continue to be considered exclusively a part of the domain of self-harm or rather should it be analysed in the context of deteriorating kin relations?
Deliberate self-harm of children and adolescents: a hospital based study

Dr Chandanie Senadheera, University of Rahuna

According to government suicide statistics, more than three men commit suicide for each woman. But for the age group of up to 21 years, more girls end their lives than boys and the girls contribute to one fourth of overall female suicides while the boys of the same age contribute only to a 6% of men’s suicide. We studied hospital records of young people admitted with deliberate self-harm (DSH) to the teaching hospital Karapitiya in 2001 and during 2006 to 2010. In addition, we interviewed 60 young girls and boys admitted with self-harm to learn about their accounts of circumstances surrounding their act and also a separate interview was held with each one’s parent/caregiver. There was a marked drop of case fatality rate from 2001 to 2010 (8 to 0.3) while there was a three-fold increase of non-fatal admissions. The girls outnumbered boys three to one. The substances ingested have also changed over this period from more lethal substances such as agrochemicals to less lethal substances like drug overdoses. Qualitative analysis of the narratives of young people and their parent/caregivers revealed that DSH was seen as a relational practice. Both boys and girls described it as a ‘quick fix’ to difficult interpersonal circumstances and visualised positive outcomes of self-harm. In contrast to boys’ self-harm, girls’ self harm arose in circumstances seen as threatening their sexual respectability. Young people and their caregivers did not see DSH as an act deliberately chosen. Prevention programmes need to consider cultural understanding of DSH and should focus on specific needs of boys and girls.
Child Suicide and Culture of Sri Lanka

Niluka Senarathne, University of Peradeniya

Suicide was first studied from a sociological point of view by Emile Durkhiem, in the Post-Industrial-West in the nineteenth century. His main focus was on what he termed as “anomic suicide”, which occurs as a result of normlessness in a society. He believed that this type of suicides (anomic) resulted from the breakdown of social standards according to which people regulate their behaviour. Sri Lanka, a predominantly Buddhist country with a 2500 year old civilization has become one of the highest suicide reporting country in the world. Though there is a declining trend of suicide now, by 1996 the average suicide rate in Sri Lanka stands at over 55 per 100,000 population. According to the national suicide statistics one of the main features of suicide in Sri Lanka is the high rates of suicide among children and the youth. Though studies have been carried out to study suicide in general using available national statistics, the study of suicide among the children and youth is not found. The main objective of this paper is to study the socio-cultural factors associated with the child and youth suicide in Sri Lanka. The rates of suicide among the children and youth over a period of 2-3 decades are carried out using national statistics. The socio-cultural factors associated with suicide are carried out using case study method. By developing 5 in-depth studies (case studies) of children and youth who committed suicide based on data collected from the members of the family and the community is used to identify the socio-cultural factors associated with the youth and child suicide. The paper highlights that the suicide among children and youth is not mainly resulting from the lack of or poor social integration and the anomic situation of the community. One main reason for child and youth suicide is the poor coping ability. The rural culture and the social environment do not socialize the child to face challenges. Instead the community offers suicide as one of the main ways to find solutions when people experience problems. Majority of children and youth
commit suicide due failure of examination, breaking down of love affairs and especially when teachers or parents get to know about their love affairs. The social system do not socialize the child to cope with such problems instead community offers suicide as an easy solution (by adults) when they experience problems. Therefore the author questions the application of theory of suicide (theory of social integration) to understand the suicide among children and youths in Sri Lanka. The study also suggests that the in-depth study of culture would be another approach to study the phenomenon of suicide among the children and youth.
Suicide and War in Sri Lanka

Professor Kalinga Tudor Silva, University of Peradeniya

The interest in understanding the linkage between war and suicide is as old as the scientific study of suicide itself. In his classic study of suicide, which was a pioneer in application of social science research methodology itself, Durkheim tried to explore the changes in suicide trends in continental Europe in relation to a variety of factors, including the impact of wars. For the most part he examined the impact of wars on the suicide phenomenon, in his efforts to identify social rather than strictly psychological determinants of suicide. With the recent advances in the phenomenon of suicide bombing within situations of armed conflict as well as an aspect of international terrorism, the old debate regarding the relationship between suicide and war has acquired a new significance in the modern world. This paper seeks to reopen the relevant debate by considering the case of Sri Lanka, a country that has figured prominently in the recent literature on both suicide (Silva 2000) and civil war (Somasundaram 2010, Somasundaram & Rajadurai 1995). As a country well known for an upsurge in youth suicide since the 1970s and a violent armed conflict between government forces and the Liberation Tigers of Tamil Eelam (LTTE) during the period from 1983 to 2009, Sri Lanka may be seen as a useful setting to explore diverse relations between war and suicide. Sri Lanka is particularly relevant in view of the fact that the LTTE, which was dedicated to the goal of forming an independent Tamil homeland in the Northeastern parts of Sri Lanka, employed suicide attacks as a potent weapon against its enemies as well as a strategy for mobilizing Tamil youth around a cult of martyrdom and selfless devotion to the cause of Tamil Eelam. Using available data, literature review and personal experiences of the current researcher, the present paper examines multiple relations between war and suicide in Vavuniya District located at the entrance to the war-affected Northern Province in Sri Lanka.
Suicide in Sri Lanka: Review of Policy Responses

Melissa Pearson, University of New South Wales / University of Edinburgh

International efforts on suicide prevention have focused on creating awareness and treatment for mental illness, media portrayals of suicide, educating gatekeepers, identifying those at risk of suicide, and reducing access to lethal means. Development of national strategies to tackle the multiple causes and risk factors has been widely promoted. In Sri Lanka the policy response to the high rates of suicide in Sri Lanka included the establishment of a Presidential Committee, legislative changes, and improved clinical management for pesticide poisoning. The Presidential Committee (formed in 1997) developed a National Suicide Prevention Strategy in December 1997 and was one of the first throughout Asia. The action plan aimed to:

- Reduce easy access to lethal methods;
- Promote research on reducing the lethality of pesticides in use;
- Educate the public on less harmful use of pesticides;
- Create a culture which discourages suicides;
- Ensure survival after poisoning; and
- Remove legal barriers to the correct handling of those at risk.

The discussion will focus on some of the efforts to reduce suicide within Sri Lanka including restriction on imports of pesticides, research on lethality of pesticides, education efforts by the Department of Agriculture, helplines, and improvements in medical treatment after poisoning.
The role of private pesticide vendors in preventing accessing to pesticides for self-poisoning in rural Sri Lanka

Manjula Weerasinghe¹, Melissa Pearson¹², Ravi Peiris¹, Andrew H. Dawson¹³, Michael Eddleston¹²⁵, Shaluka Jayamanne¹⁴, Suneth Agampodi⁵, Flemming Konradsen¹⁶

Pesticides used for self-poisoning are purchased from shops just prior to ingestion in 15-20% of cases. We explored how pesticide vendors interacted with customers at risk of self-poisoning to identify interventions to prevent such poisoning. Two strategies were specifically discussed: selling pesticides only to farmers bearing identity cards or customers bearing pesticide ‘prescriptions’. Vendors reported refusing to sell pesticides to people thought to be at risk of self-poisoning but acknowledged the difficulty of distinguishing them from legitimate customers and they did want help to improve identification of such customers. Vendors have already taken steps to restrict access including selling low toxic products, counselling and asking the customer to return the next day. But there was little support for proposed interventions; ‘identity cards’ and ‘prescriptions’. No pressure from the community to be sold the pesticides in responsible manner. However, novel public health approaches are required to complement this approach.

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In developing countries, including Sri Lanka, a high proportion of cases of acute poisoning and other medical emergencies are initially treated in small, rural peripheral hospitals. Patients are then usually transferred to referral hospitals for further treatment. Guidelines are often used to promote better care of these emergencies. This study aimed to assess the effect of a brief educational outreach (‘academic detailing’) intervention to promote the utilization of treatment guidelines for acute poisoning. A cluster randomized controlled trial of a brief educational intervention on poisoning treatment guidelines was conducted in the North Central Province of Sri Lanka. All the peripheral hospitals in the province were randomized to either intervention or control. The intervention hospitals received a brief out-reach academic detailing workshop which explained poisoning treatment guidelines along with hard copies of guidelines and guideline promotional items designed to be used in daily care. The control hospitals only received copies of the guidelines. Data were collected on patients admitted due to poisoning for 12 months post-intervention in all study hospitals. Information collected included type of poison exposure, initial examinations/investigation, treatments and hospital outcome. The patients who were transferred from peripheral hospitals were followed up to record the outcome in the referral hospitals. There were 23 intervention and 23 control hospitals. There were no significant differences in the patient characteristics, such as age, gender and the poison types. The intervention hospitals showed a significant improvement in administration of activated charcoal [OR 2.95(95% CI 1.28 - 6.80)]. There was no difference between hospitals in use of other decontamination methods. This study shows that an educational...
intervention consisting of brief out-reach academic detailing was effective in changing treatment behaviour in rural Sri Lankan hospitals. The intervention was only effective for treatments with direct clinician involvement, such as administering activated charcoal. It was not successful for treatments usually administered by non-clinical staff such as forced emesis for poisoning.
Suicides of reproductive age females during pregnancy or immediate post-delivery period impart significant negative socio-economic and health effects to living children, family and community apart from tragedy of loss of life. Quantitative and qualitative review of maternal suicides contributes to preventive efforts in a wider perspective. All maternal suicides, during pregnancy and up to one year after termination of pregnancy, island-wide are notified to national maternal mortality surveillance system (NMMSS). All details, including health service provision and other circumstances that led to death are collected and analyzed. All reported deaths are reviewed at community, district and national level with a view to identify service deficiencies and to formulate recommendations. We analyzed maternal suicides reported to NMMSS for the period 2002–2010. A total of 239 maternal suicides were reported during study period. Both number and rate of maternal suicides increased over years to report a suicide rate of 12.1 per 100000 live births (n=49) in 2010. Ethnic variation: Sinhalese n=187 (78%), Tamil n=40 (17%), Muslim n=12 (5%). Leading districts - Kandy, Kurunegala & Kalutara. Majority (79%) were <30 years with a peak in 26-30 year age group. Of them 54% married and 9% single. Many died in antenatal (48%) period in first pregnancy (42%). Mode of Suicide: poisoning (38%), burns (23%), hanging (16%). Unmet need of family planning 19%. Qualitative analysis suggests family disputes and sudden impulses contributing to many deaths. A dramatic increase in maternal suicides over years 2002-2010 signals need for multi-faceted approach in prevention.
Effectiveness of Life Skills Training Program in Preventing Common Issues among Adolescents: A Community Based Quasi Experimental Study

P.H.G. Janaka Pushpakumara¹, Andrew H. Dawson², Ayesha Lokubalasooriya³, Uthpala Amarasinghe⁴, Manjula Danansuriya³, A.L.P. Weerasinghe⁵, J.G.N. Thilakaratne⁵

Life skill (LS) education has been identified as evidence based intervention in promoting physical, mental and social well-being among adolescents throughout the world. To assess the level of LS knowledge and application ability, and, prevalence of aggressive, bullying and impulsive behaviors, among grade 8 and 9 students in Kurunegala district. To assess the effectiveness of LS training program, in improving level of LS knowledge, application ability of LS and mental health, and, as preventive programme for deliberate self-harm (DSH) and teenage pregnancies, among grade 8 and 9 students in Kurunegala district. Study has two components namely cross sectional descriptive component and a quasi-experimental component. The study will be completed in three phases. In the first phase baseline data will be collected in 677 government schools in 400 clusters in Kurunegala district. Three educational zones will be assigned as interventional group (IG) and socio-economically matched three educational zones will be selected as the control, where assignment will be done randomly. Life-skills training (Intervention) conducted within a period of two years for grade 6, to 9 in IG will be the second component. Data will be collected in 400 clusters (n=8000) separately for intervention and control groups. Information regarding DSH, suicide and teenage pregnancies will be collected from 46 hospitals, 28 police stations and 17 MOH offices respectively during two years.

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Health Education Bureau, Colombo-8

Provincial Department of Education – North Western Province, Kurunegala
Roundtable debate:

“What are the cultural and public health challenges to suicide prevention in Sri Lanka, and how can they be overcome?”

Chairperson: Dr SubhangI M.K. Herath
Panellists: Professor Ravindra Fernando (University of Colombo)
Professor Kalinga Tudor Silva (University of Peradeniya)
Dr Tom Widger (University of Sussex)
Mr T. Suveendran (World Health Organization)
Dr Shaluka Jayamanne
(University of Kaleniya/Director, SACTRC)
Mrs Nalini Ellawela
(Founder-Director Sri Lanka Sumithrayo)

In many non-western societies, Sri Lanka included, the link between suicide and deep-seated mental illnesses like depression is uncertain at best. Although this argument partly stems from divergent disciplinary interests and concerns, there does seem to be widespread agreement amongst social and health scientists that perhaps the majority of suicide cases are caused by relational conflicts, in which the decision to self-harm arises suddenly and impulsively. At the very least, it is not clear when, in the very short time between a dispute occurring and an act of self-harm taking place, interventions might be located. What we have instead are ‘upstream’ interventions – psychosocial support mechanisms casting a wide net, in which potentially suicidal people might be caught – and ‘downstream’ interventions – improved medical care for pesticide and kānēru poisonings – combined with means restriction strategies. While these interventions are certainly valid – and means restriction in particular has had dramatic effects on the suicide rate – there seems as yet to have been very little impact on the prevalence of self-harm in Sri
Lanka. Indeed, the evidence suggests rates of self-harm are actually increasing.

This roundtable will discuss the cultural and public health challenges to suicide prevention in Sri Lanka, and ask how can they be overcome? While the problems are various, at least three are central. These include the ‘intractable’ nature of self-harm in Sri Lanka, the economic cost of effective suicide interventions, and the ethical challenges presented by mushrooming initiatives around the country. First, both the historical and contemporary ethnographic evidence suggests that self-harm is a deeply embedded social practice with a high degree of ‘legitimacy’ in local culture. To that extent a ‘culture of poisoning’ could be said to exist in Sri Lanka, and it is far from clear how this might be changed. Secondly, the sheer prevalence of suicidal behaviours in Sri Lanka indicates that any programme large enough to make a significant difference would be extremely costly, coming into competition with other health and social spending priorities. Thirdly, the suicide epidemic in Sri Lanka has rightly attracted a range of intervention efforts, both local and foreign, raising questions about overall accountabilities and responsibilities.

The aim of the roundtable is, then, to discuss responses to these three problem areas:

1. Is the ‘cultural challenge’ of suicide prevention being met?
2. What is the economic case for suicide prevention?
3. What are the ethical challenges of suicide prevention?
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