



Department of Demography  
Faculty of Arts  
University of Colombo

# POPULATION AND SUSTAINABLE DEVELOPMENT

6<sup>th</sup> Annual Research Symposium  
11<sup>th</sup> July 2019

PROCEEDINGS

*DemARS2019*

## **Demographic characteristics of suicides in Sri Lanka from 2006 to 2018**

H.A.C.D. Senavirathna<sup>1</sup>, R.M. S. Sanjeevani<sup>2</sup>

### **Introduction**

Suicides are a burning issue in most developing countries and the World Health Organization (WHO) reveals that approximately one person dies every 40 seconds owing to suicides (WHO, 2015). It is recorded that the low- and middle-income countries in the WHO's South-East Asian region account for 39.1% of suicides around the world despite 25.9% of the population in the world (Knipe et al., 2017). According to World Population Review website Sri Lanka is also in a leading position in the country list, being the 29th rank according to suicides and suicide rate is 14.6 suicides per 100 000 in 2019. Suicide incidence was 6.9 in 1995 and increased up to 18.9 in 2011 per 100 000 population in Sri Lanka (Warushahennadi, 2017).

Since suicides are the 3<sup>rd</sup> leading cause of death among adolescents in the world (Warushahennadi, 2017), researches are being carried out to find out means to prevent them. However, it is questionable, how far attention is paid on the suicide rates of other age categories such as elderly population. According to the suicide death rate of Sri Lanka in 2006, elderly suicides are higher in the composition (WHO, 2017) and it emphasizes the importance of further research to examine the entire age profiles and other demographic characteristics to further understand the severity of this problem. Also the study of demographic characteristics would provide new insight to design preventive measures against suicidal attempts.

### **Research Objective(s)**

This study aims to identify characteristics of suicides based on age groups, gender, race and religion accompanied by the modes and the reasons for the suicides.

### **Methodology**

This study is entirely based on secondary data and crime statistics were obtained from Sri Lanka police from 2006 to 2018. All suicidal cases recorded in the database are considered in this study. However based on the availability of data, this research considers data of only 10 years including 2006, 2007, 2008, 2009, 2010, 2011, 2015, 2016, 2017 and 2018. Demographic variables including gender, age, race and religion are considered in this study to examine the nature of suicidal attempts whereas modes of suicides are also examined. This research is descriptive in nature. Descriptive analysis was mainly carried out to obtain trends of suicides.

### **Results and discussion**

There is a decreasing trend of suicides in Sri Lanka until 2010 (a significant drop of the number) and a rapid increase thereafter. Total suicides have decreased by 2015 and a very slight increase is depicted

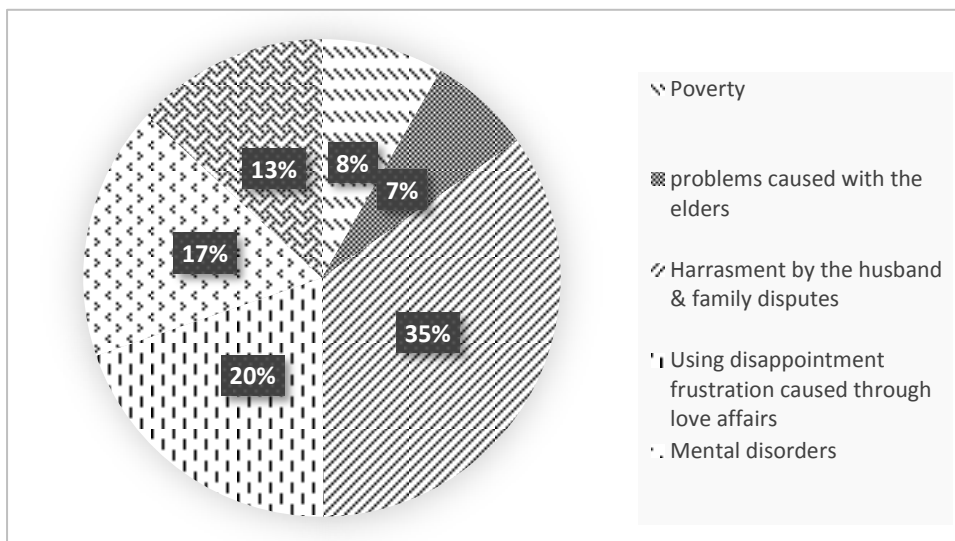
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<sup>1</sup>Department of Geography, Faculty of Arts, University of Colombo

<sup>2</sup>Department of Geography, Faculty of Arts, University of Colombo

by 2018. In terms of demography of the suicidal deaths of Sri Lanka, male deaths are significantly higher than female suicides. Therefore, males should be prioritized when initiating strategies to prevent. However, female suicide rates do not fluctuate considerably and as Marecek (2006), female suicides in Sri Lanka was higher compared to the world statistics. Female suicides were second only to that of China. Men are more likely to commit suicide compared to women irrespective of the age and economic problems and family disputes are being the major causes.

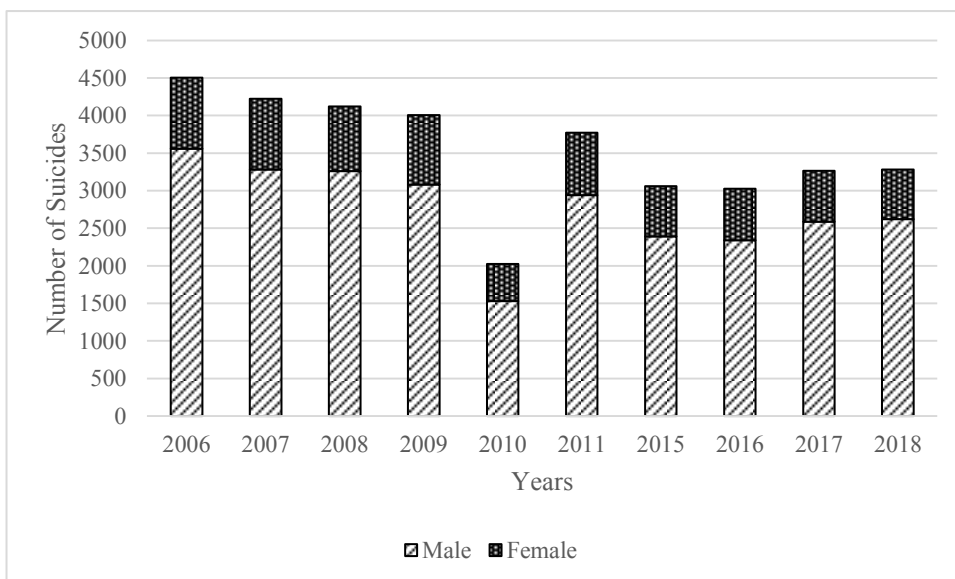
Figure 1: Percentage distribution of reasons for suicides of females, 2018



Source: Sri Lanka police, 2019

It is a noticeable fact that majority of female suicides have been occurred due to the family disputes and harassments of husbands and family disputes.

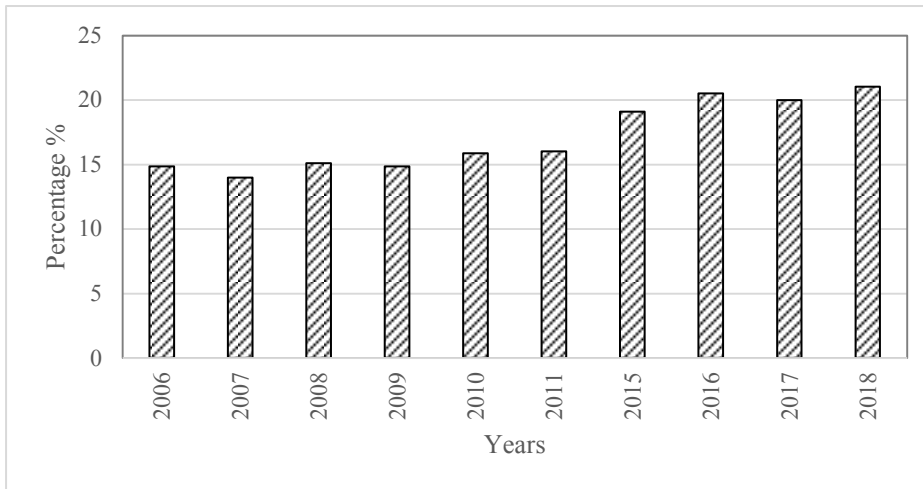
Figure 2: Gender profile of Suicides of Sri Lanka from 2006 to 2018



Source: Sri Lanka Police, 2019

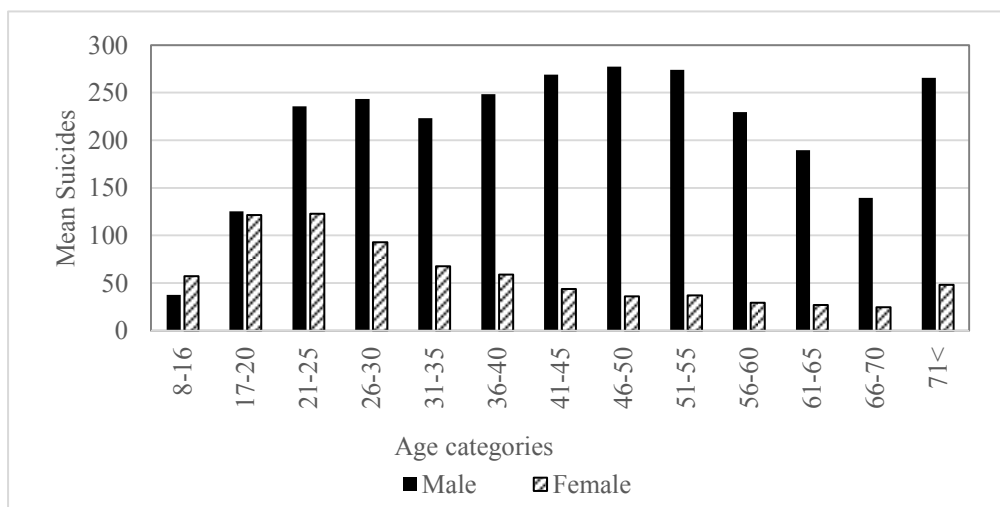
Examining the age-based characteristics of suicidal cases can also be effective in decision making related to minimize the numbers. Apparently, workforce is the most vulnerable group for suicides resulted by mainly economy problems, harassment by the husbands and family disputes. However, the number of elderly suicides (above 60 years) is also considerably higher and more than 15% of the suicides are from elderly group.

Figure 3: Percentage contribution of elderly suicides to the total suicides



As given in figure 03, percentage contribution of the elderly group to the total suicides seems slightly rising with the passage of time, remaining a point to be considered in policy making. Most of the elderly suicides are resulted by chronic diseases & physical disabilities followed by mental disorders whereas majority of the elders have used strangling as the mode of suicide. This would be one of the untouched areas that should be addressed thoroughly since ageing is becoming a serious issue in the country.

Figure 4: Age-sex profile of Suicides of Sri Lanka from 2006 to 2018

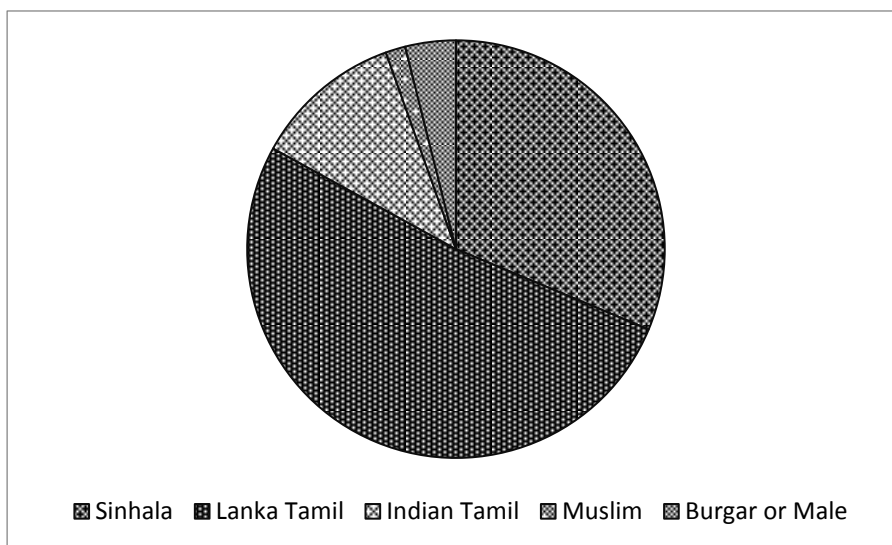


Source: Sri Lanka Police, 2019

Figure 4 summarizes the age-sex profile of suicides of Sri Lanka. Comparatively higher numbers of young female-suicides (8-25 years) are observable and it should be further researched with investigation on the associated factors. Main mode of suicides of them is strangling. Strangling as a mode of suicides has become a trend among most of suicides followed by drinking insecticides and pesticides (second most prominent mode) by 2018. As a solution to disappointment and frustration caused particularly owing due to love affairs, majority in this category has chosen strangling to suicide. Therefore, awareness programmes on mental health needs to be designed at school level and programmes should be developed to improve the mental fitness of students as a whole.

There are some important characteristics of suicides in terms of race and religion which can be effectively utilized in policy making. Here, statistics of 2011 only is focused in comparison, considering the availability of population data. Also, the category “Others” was excluded, since they appear as outliers. Figure 5 illustrates the racial composition of suicides in Sri Lanka in 2011 (proportionate to the population in each group).

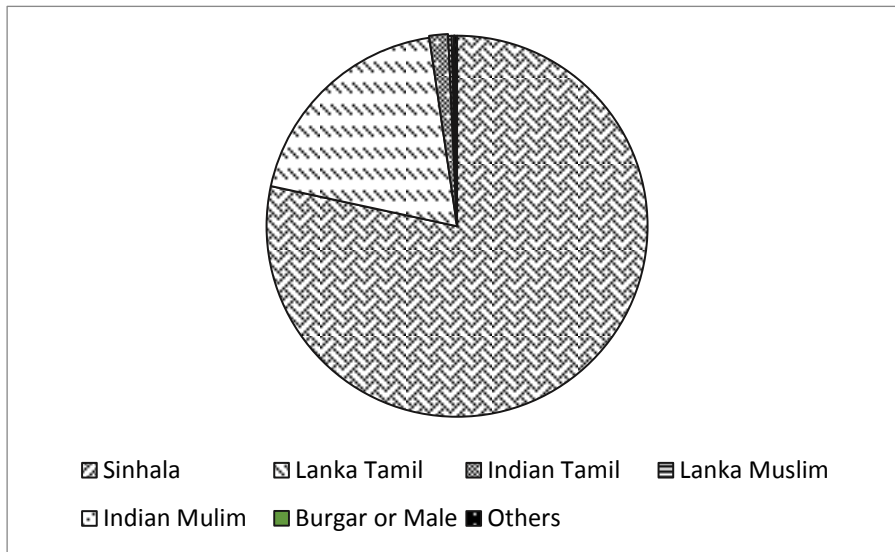
Figure 5: Racial composition of suicides in Sri Lanka in 2011



Source: Sri Lanka Police, 2019

Sri Lanka Tamils stands the highest among victims of suicides in Sri Lanka followed by Sinhalese. Moreover, Tamils and Sinhalese have approached their suicidal rates as at 32.04 and 19.38 per 100,000 respectively in 2011. However, suicides of Muslims are comparatively lower in Sri Lanka. However when considering total number of suicides, apparently Sinhalese are the highest in 2011 since majority is Sinhalese in this country (78%). Lanka Tamils (19%) stands second followed by Indian Tamils and Muslims (figure 6).

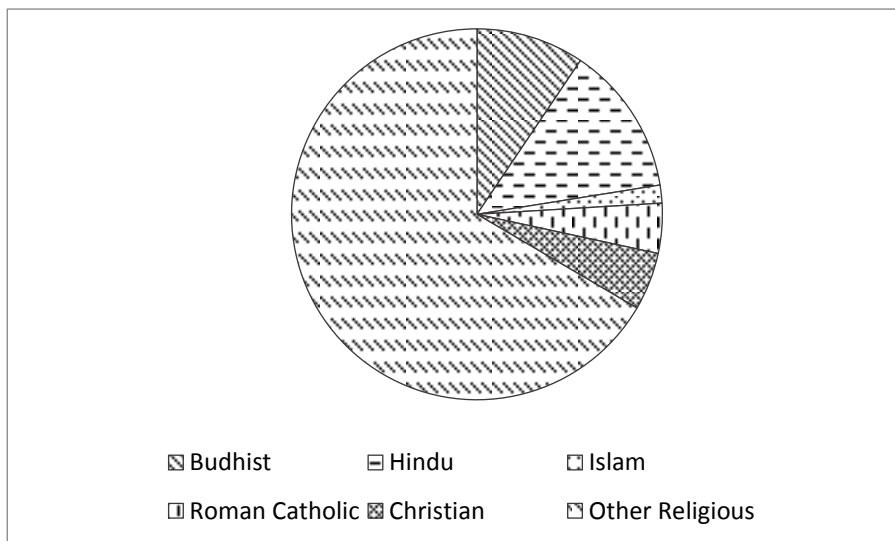
Figure 6: Proportional Racial composition of suicide rates in 2011



Source: Sri Lanka Police, 2019

Religion is one of the dominant tools in Sri Lanka to develop its people's attitudes. When considering the suicides based on religions as a proportion to their religious community, other religion category has seized the highest percentage as shown in figure 7.

Figure 7: Proportional religion composition of suicide rates in 2011



Source: Sri Lanka Police, 2019

Hindus have appropriated the second highest while Buddhists have ranked in the third in terms of the proportional statistics. Approximately 28 and 20 suicides per 100,000 people are in Hindu and Buddhist respectively. It seems Strong religious base is needed to develop individuals' spiritual life and it would console their stress of being livable. However, in terms of the total number of suicides, obviously Buddhists are prominent. Further research is needed to investigate how far Buddhist



religious concepts can be effectively used in terms of preventing people from suicides having peaked among the statistics. All other religions which consider suicides are unacceptable can also use religious thoughts as a mode to improve mental fitness of the devotees while discouraging suicidal thoughts.

## **Conclusion**

In conclusion, study on demographic characteristics of the suicides are important in policy making that the results can be used to design preventive measures. Accordingly elderly care is recommended since significant records of elderly suicides are occurred. Most of them are resulted by Chronic diseases & Physical disabilities followed by Mental disorders that especial attention should be paid regarding this emerging trend. This would be one of the untouched areas that should be addressed thoroughly since ageing is becoming a serious issue in the country. Since there are clear differences in religious composition of suicide deaths, further research is needed to study how far religion can be used to improve mental fitness of their followers.

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