Sri Lanka Journal of Social Sciences 1996 19(1 & 2)

LOVE, HATE AND THE UPSURGE IN YOUTH SUICIDE IN SRI LANKA: SUICIDE TRENDS IN A MAHAWELI NEW SETTLEMENT

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Introduction

Sri Lanka has witnessed a dramatic and unprecedented rise in suicide over the past four decades.[1] The suicide rate for Sri Lanka, which is based on mortality statistics reported by the Registrar-General and/or police records, escalated from 6.5 per 100,000 in 1950 to 56.5 in 1992, a nearly 870 percent increase over a 42 year period (Figure 1). In recent years Sri Lanka has reported one of the highest suicide rates in the world (Table 1), necessitating the recognition of suicide as a major social problem in the country.

The analysis of suicide statistics in Sri Lanka reveals that while the suicide rate for males is considerably higher than that for females, both male and female rates show a similar pattern of increase (Figure 2). The highest suicide rate is among youth in the 20-24 age group followed by a minor peak among the elderly (Figure 3). Among the males in the 20-24 age group suicide rate is as high as 100, making suicide the leading cause of mortality in this group. This in turn suggests that suicide trends in the country may be linked to the broader phenomenon of youth unrest underlying both northern and southern uprisings in recent years (*Government of Sri Lanka* 1990).

Robert Kearney and Barbara Miller (1985, 1986, 1987) who reviewed national suicide statistics from 1950 to 1978, concluded that the upward trend in suicide is applicable to both males and females particularly in younger age groups with newly settled or recently established populations in the dry zone as well as settled populations in the Jaffna and Kurunagala districts reporting highest suicide rates in the country irrespective of gender and other differences.

Variation in suicide by ethnicity reveals that as of 1981 Sri Lankan Tamils reported the highest suicide rate followed closely by the Sinhalese (Table 2). The suicide rate was considerably lower among the Indian Tamils and much lower among the Muslims and the Burghers. The reported high suicide rates among the Sri Lankan Tamils and the Sinhalese correspond with other manifestations of youth unrest in these two ethnic groups including separatist tendencies in the north and the east and recent waves of youth uprising in the south. Suicidal behaviour has been present in varied forms in these youth political movements themselves as manifested in the compulsory possession of cyanide capsules by all LTTE activists to be used when captured by Sri Lankan security forces (*Silva* 1996).

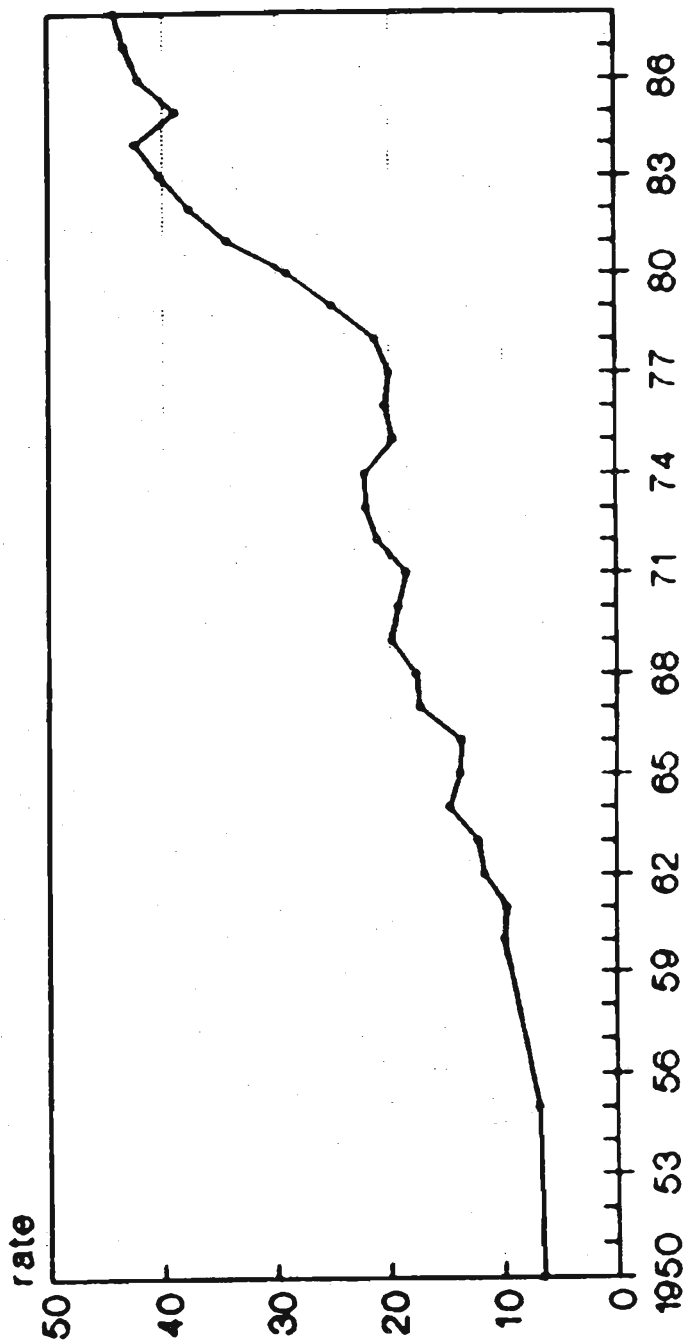


Figure 1: Suicide in Sri Lanka, 1950-1988. (Rate per 100,000 population.)

Source: Registrar-General's Department.

Table 1: Suicide Rates in Selected Countries.

Country	Year	Rates
Sri Lanka	1992	56.5
USA	1991	12.2
UK	1991	6.6
Japan	1991	16.1
Singapore	1990	13.1
India	1989	9.5

Source: For Sri Lanka, Police Reports
For other Countries, WHO

Table 2: Suicide in Sri Lanka by Ethnicity, 1981. (Rate per 100,000 Population.)

Ethnicity	Suicide Rate
Sinhala	36.6
Sri Lankan Tamil	37.2
Indian Tamil	27.3
Muslim	6.6
Burgher	8.1
Other	21.0
Total	27.2

Source: Registrar-General & Police Depts.

In trying to explain the "rising spiral of suicides" in Sri Lanka, the observers have typically focused on rapid social change, demographic expansion of youth, "revolution of rising ecpectations" resulting from educational expansion, population displacement (*Kearney & Miller* 1985, 1987), unemployment, social discrimination, political victimization and related youth problems (*Ganeswaran, Subramaniam & Mahadevan* 1984, *Daniel* 1989, *Government of Sri Lanka* 1990), poverty, indebtedness and related problems in rural farming populations in particular and ready availability of agrochemicals and other poisonous substances commonly used in local suicide attempts (*Fernando* 1989). Yet mass media reports on actual suicidal events often reveal that disappointed love and marital disputes are major triggers of suicides in both males and females. We may dismiss mass media representation of suicide as yet another instance of sensationalizing human tragedies and a means of diverting attention away from the central issues of poverty and social inequality. However, it points to the need to understand the link between the triggers or immediate causes of suicide (e.g. issues of love and hate which are related mainly to the affective domain) and the deeper issues of poverty and powerlessness which are of socio-economic origin.

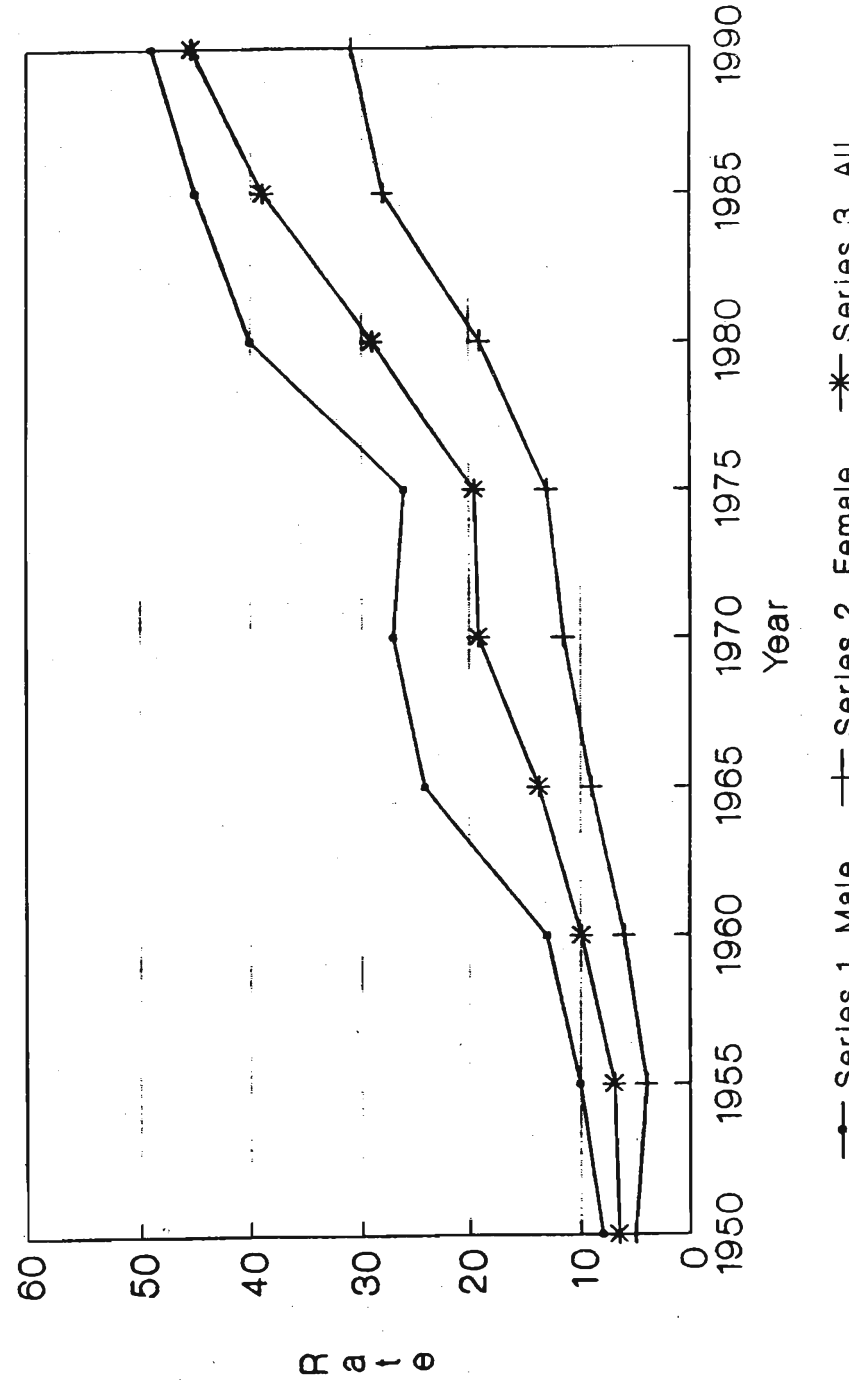
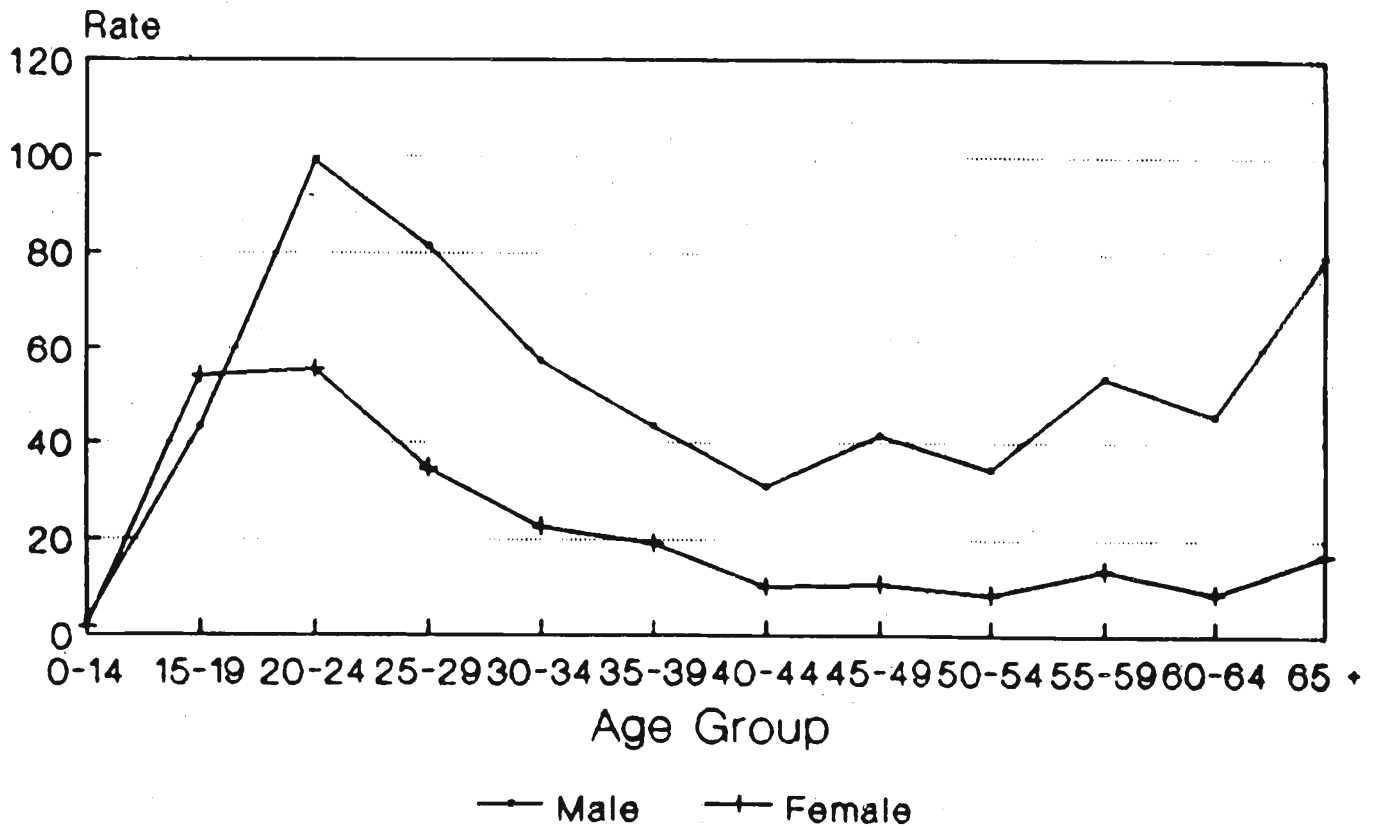


Figure 2: Suicide in Sri Lanka by Sex 1950-1990. (Rate per 100,000 Population.)

Source: Registrar-General & Police Depts.

Figure 3: Suicide in Sri Lanka by Age & Sex, 1980. (Rate per 100,000 population.)



Source: Registrar-General's Department.

In this paper we examine suicide trends and suicide events in a newly-settled population under the Accelerated Mahaweli Development Programme (AMDP) with a view to understand the connection between intrapersonal and interpersonal conflicts leading to suicides and population displacement and related processes of social disruption, social differentiation and disempowerment affecting mainly the unmarried females and newly married males in the displaced population. In the analysis quantitative date on suicide deaths in a given population over a specified time period are discussed followed by a detailed investigation of three case histories of suicidal individuals in order to illustrate the processes involved and the interplay between issues of love and hate on the one hand and poverty and powerlessness on the other.

The Study Population

The AMDP and the accompanying resettlement programme absorbing some 500,000 settlers by 1990 were carried out by the Ministry of Mahaweli Development, a powerful state organ created in 1978. The new infrastructure and the settlements built around them are administered by the Mahaweli Authority of Sri Lanka (MASL), a highly centralized agency controlled by political appointees, bureaucrats, engineers and ex-military officials. In development areas the Mahaweli Ministry has taken the character of a totalitarian authority acquiring most of the powers and functions that various specialized government agencies perform elsewhere in Sri Lanka. Officials have wide ranging powers over the settlers.

This study covered 27 Settlement Units in the Mahaweli System C. Suicides in these settlements were monitored from 1983 to 1985 covering their early phase of development using mortality records and interviews with those close to the suicide victims. As typical of Mahaweli settlements, the study population was mainly Sinhala Buddhist with the exception of Veddah new settlers who were an important subset of the local population.

The study population consisted of influentials (2.5%), settlers (97%) and non-settlers (0.8%)(Table 3). While the officials and entrepreneurs comprising the influential often remain individual males in the settlements their families not joining them in these provincial outposts, the settlers invariably live in family units. There are two broad categories of settlers, namely voluntary settlers and forced resettlers making up 47% and 50% of the local population respectively. Of the forced resettlers while the evacuees were relocated from fertile valleys in upstream areas affected by Mahaweli constructions, the resettlers and veddahs were relocated from within the local area as their land was annexed by the MASL. Having been compelled to move from their ancestral lands in prosperous valleys in the wet zone, the evacuees can be expected to manifest 'grieving for a lost home' (*Scudder* 1980) and a tendency to see themselves as "victims of development" (*Cernea* 1988).

The non-settlers consisting of squatters and labourers are the most marginal segment of this population. They receive none of the benefits applicable to the settlers.

Table 3: The Composition of the Study Population, 1987.

Category	No.	%
Influentials		
Officials	694	2.3
Businessmen	47	0.2
Sub Total	741	2.5
Settlers		
Settlers	14,400	47.0
Evacuees	13,310	43.4
Resettlers	640	2.1
Veddah	1,325	4.3
Sub Total	29,675	96.8
Non-Settlers		
Squatters	150	0.5
Labourers	86	0.3
Sub Total	236	0.8
Grand Total	30,652	100.0

Source: Adopted from the Mahaweli Authority Records.

Analysis of Suicidal Deaths in the Study Population

Mortality data reveals that suicide was the commonest form of dying in this population (Table 4). Nearly 70% of all deaths reported were suicidal deaths. Suicides, homicides, accidents and snake bites all of which may be directly or indirectly attributed to the resettlement experience together account for over 90% of all mortality. Morbidity itself is a relatively insignificant cause of death in this population.

Table 4: Distribution of Mortality by Cause of Death, 1983-87.

Cause of Death	No. of Deaths						
						Total	
	1983	1984	1985	1986	1987	No.	%
Homicide	0	1	2	2	1	6	7.8
Aging	0	0	1	1	2	4	5.2
Snake Bites	1	3	1	2	3	10	13.0
Accidents	0	0	1	0	0	1	1.3
Diseases	0	1	0	2	0	3	3.9
Suicide	3	4	11	19	16	53	68.5
Total	4	9	16	26	22	77	100.0

Table 5: Suicide Rate for the Study Area, 1983-87.

		Study Area Sri Lanka			
Year	Population (estimated)	Suicide Deaths	Rate	Rate (National)	Z Value
1983	10,761	3	46.5	40.2	0.63*
1984	20,194	4	24.7	42.4	1.56*
1985	29,232	11	47.9	38.9	0.14*
1986	30,460	19	62.4	42.1	1.73*
1987	30,652	16	52.2	43.8	0.70*
Total	121,299	53	43.7	41.6	0.16*

* Difference statistically non-significant at 0.05 level.

The study population recorded an overall suicide rate of 43.7 from 1983 to 87 (Table 5). This is marginally higher than the national suicide rate of 41.6 for the same period. While the number of suicides sharply increased in the first four years it dropped from 19 to 16 in the fifth year. The annual suicide rate showed an upward, but inconsistent trend. For the first three years the suicide rate for the study population was lower than that for the country as a whole. It is however important to note that population estimates for the study area for the earlier years are somewhat less reliable due to population mobility and other circumstances. The peak suicide rate of 62.4 recorded in 1986, four years after the

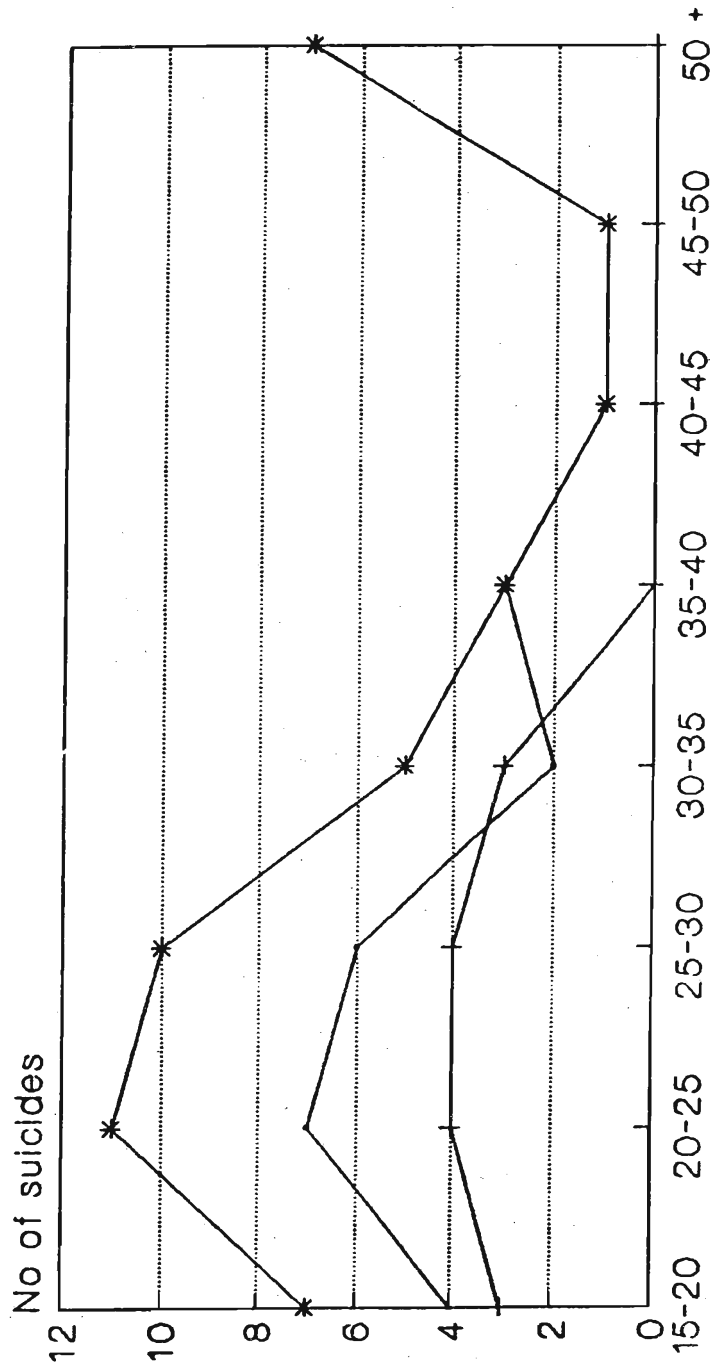


Figure 4: Distribution of Suicide by Age & Sex 1983-1987.

inception of the settlement programme, was found to be considerably higher than the comparable national figure. These data do not conclusively show a significant difference in suicide rates between the study area and the country at large. However, the study area broadly conforms to the rising trend in suicide in Sri Lanka as a whole. The small but notable decline of suicide in the Mahaweli sample between 1986 and 87 perhaps signify a trend towards Social stabilization following the initial years, a pattern noted by authority on resettlement (*Scudder* 1980), but we need to monitor suicide trends over a longer period in order to confirm this pattern.

The analysis of suicide by age and sex (Figure 4) reveals that it is commonest among males in the 20 - 30 age group, followed by females of comparable ages. Unlike females, males have a secondary peak in suicide in the 50+ age group. While the number of male suicides exceeds that of females for both married and unmarried groups as is typical for most populations, the females more commonly resort to suicide in the stressful premarital period in contrast to male suicides which are more frequent in the early years of married life (Table 6). This is a crucial difference in the circumstances of male and female suicides in the study population suggesting that differential pressures may be at work for males and females in the new settlements. The chief method of committing suicide in the study population is swallowing of a lethal quantity of pesticides obtained from domestic supplies, neighbours or local agrochemical shops with no gender related variation in the method used.

Table 6: Distribution of Suicide by Sex & Marital Status.

Marital Status	Male		Female		Total	
	No.	%	No.	%	No.	%
Never Married	9	29	7	50.0	16	35.6
Married	22	71	6	42.9	28	62.2
Widowed	0	0	1	7.1	1	2.2
Total	31	100	14	100.0	45	100.0

The main triggers for female suicides (see Table 7) were shattered romance, illegitimate pregnancy and perceived loss of virginity, all referring to premarital stresses. In contrast, male suicides were attributed to infidelity of spouse and poverty followed by disappointed love and illness. Significantly 80% of all suicides were attributed to premarital or marital stresses. The nature of these marital and premarital stresses may be illustrated by examining case histories of suicidal individuals.

Table 7: Distribution of Suicide by Perceived Main Cause of Suicide.

Perceived Main Cause	Sex					
	Male		Female		Total	
	No.	%	No.	%	No.	%
Shattered Romance	5	16.1	4	28.6	9	20.0
Loss of Virginity	0	0	2	14.3	2	4.5
Illegitimate pregnancy	0	0	6	42.9	6	13.3
Infidelity of Spouse	12	38.7	2	14.3	14	31.1
Poverty	10	32.3	0	0	10	22.2
Mental Illness	2	6.5	0	0	2	4.5
Physical Illness	2	6.5	0	0	2	4.5
Total	31	100.0	14	100.0	45	100.0

Case Histories

Case 1

Biso, a 22 year old daughter in a settler family, killed herself by swallowing insecticide on April 14, 1987, the Sinhala New Year day. Her family consisting of 10 members moved to system C from Ampare in 1983. Although of the Goigama caste, her family was poor. They had been unlawfully occupying a crown land in Ampare. She had studied up to Grade 10 while in Ampare. Biso was a member of a settler family whose status improved from squatter to settler as they moved to Mahaweli. Biso's family occupied a small mud hut built with government assistance. Biso's father, a heavy drinker, had a bad temper. The economic hardships led to frequent quarrels within the household.

As a young woman Biso was exceptionally pretty. But she suffered from two chronic illnesses, epilepsy and asthma, from her childhood. She had obtained medical treatment for these conditions from a variety of therapists, but none gave her a lasting cure. Biso's illnesses were a burden on her family and she grew up with a sense of being rejected. Her parents often scolded her calling her a *'kalakanniya'* (a curse to the family).

Against this background, when Sarath, a boy in a nearby settler family, expressed interest in Biso, she readily responded. Soon they were in love, but they kept it as a secret from their families. To Biso her affair with Sarath became the only ray of hope in an otherwise hopeless situation. As her attachment to

Sarath grew in intimacy she found herself pregnant and requested him to marry her. To her utter dismay and disappointment Sarath refused to marry her and moreover insisted that he was not responsible for her pregnancy. She found herself cheated and taken advantage of. Her enquiries revealed that Sarath was having an affair with another woman called Kanthi, who was living in a nearby Unit and that they were to be married soon. Having realized her helplessness, Biso visited Kanthi and explained to the latter her plight. However, she did not get any sympathy from Kanthi who insisted that she could not break off with Sarath under any circumstances.

Though Biso's desperateness increased day by day, there was none in her surroundings whom she considered safe to divulge her secret with a view to obtain any help, advice or even some sympathy. She found it necessary to solve her problem all by herself. As a last resort she consulted an abortionist in a nearby town. However, that too failed as she was unable to raise a fee of Rs. 500 reportedly requested by this abortionist. She came home and spent the last few days of her life in utter desperation. On the night of the New Years Day she woke up at midnight while other family members were sleeping, wrote a suicide note and drank from a bottle of insecticide kept at home for agricultural purposes. Her parents, who were awakened by her screaming, immediately took her to the nearest Hospital, where she died on admission. The last few lines of her suicide note was as follows:¬

> "Dear Sarath, I loved you in all my heart and trusted you completely. But you deceived and abandoned me because of my poverty and illness. Even though you were unfaithful *(mata drohi una)* to me and caused so much misery in my life in recent weeks I have no hatred *(vairaya)* towards you..... My illness already cause much hardship to my family. This latest misfortune, which is of my own making, will add to our existing burdens *(bara)* and hardships. I simply cannot give any more trouble to my family. Therefore, I am taking this poison."

According to her mother, Biso tried to kill herself twice before following fights with other family members. Further when they were in Ampare, a cousin of hers jumped into a well and died.

Case 2

Nimal, a 34 year old squatter in Unit X, killed himself by swallowing insecticide on January 30, 1985. A son in a poor Goigama family of 8 in Kotmale he studied up to Grade 10. On account of his involvement in the aborted JVP insurrection of 1971, he served a prison sentence from 1971 to 1976. In 1976 he returned from the Welikada prison to his home in Kotmale only to find that as

a former insurgent and an ex-prisoner he was unwelcome in his village. He failed to secure a job due to his 'criminal' record.

In this unfriendly environment the only person who showed any sympathy towards him was Mallika, a local girl herself from a poor family. Soon they were in love and after a quiet marriage they decided to leave Kotmale. They moved from place to place in search of work and better living. Finally they moved to Mahaweli, hoping to start a new life there as was done by many others from Kotmale. They arrived in Unit X in 1983 and having failed to obtain a Mahaweli allotment due to their lack of contacts with influentials they hurriedly and illegally built a mud hut on a Mahaweli reservation and started living there.

Soon Nimal became a casual labourer on a construction site. As his work kept him away from home during much of the day the couple brought Mallika's sister, 22 year old Latha from Kotmale for Mallika's help and company *(thaniyata)*. They were constantly bothered by visiting Mahaweli officials who ordered them to move out. Nimal's unstable monthly income of Rs. 500 was barely sufficient for their food. As squatters they received none of the assistance given to the settlers. A heavy smoker from childhood Nimal became addicted to alcohol after moving to Mahaweli. Their hardships and his vices led to frequent fights between husband and wife, and reportedly Nimal made previous attempts to commit suicide in 1983 and 1984.

Since mid-1984 a fourth person became involved in this family. An unqualified medical practitioner, a 42 year old man, also from Kotmale, had moved to Unit X by this time. This man became locally known as Doctor, and though he was married he rarely visited his family living in Kotmale. Neither Mallika nor Nimal knew him while in Kotmale, but soon he became a family friend and a helper . Most importantly with his influence the family was able to better withstand the eviction moves by the Mahaweli officials. Nimal gradually sensed an intimacy developing between his wife and the Doctor but in his impoverished and powerless situation he was unable to resist it. Instead he turned to drinking more heavily than before. Moreover, he himself began an affair with his sister-in-law Latha who was living with them. As a result Latha reportedly became pregnant and when Mallika discovered it she sent Latha back to her parents at Kotmale.

With the departure of Latha Nimal once again became stranded in an essentially unsympathetic social milieu. He became increasingly disgusted with his life as his wife was now more or less openly carrying on with the Doctor. One day he set off to work but returned home early as he found no work. His wife was not at home and from his neighbours he learnt that she had proceeded to the Doctor's clinic. He went to a nearby agrochemical shop and purchased a bottle of M50, a highly poisonous insecticide, and proceeded directly to the Doctor's

clinic. As the clinic remained closed he forcibly entered the premises by breaking open the front door. Reportedly he discovered his wife having sex with the Doctor on the latter's clinical bed. On seeing Nimal, Mallika and her lover dashed out of the clinic. Nimal loudly announced it to the neighbours, poured insecticide from the bottle he was carrying into his mouth and collapsed into the same clinical bed where he reportedly witnessed his wife's intimacy with the Doctor. The neighbours gathered there shortly but by that time Nimal was already dead.

Case 3

Rani was born in a colony in Polonnaruwa in 1959. She was one of 12 children in a poor family struggling to live. She dropped out from school after reaching Grade 10 due to economic difficulties. She met Pala, a migrant farm worker temporarily in Polonnaruwa, and started an affair with him. Her family strongly objected to this affair as Pala was known to be involved with other local women. Rani ran away with Pala in 1981 and after a stay in Katugastota near Kandy where they had their first child they moved to Unit Y in System C in 1983. Using the limited contact they had in the new area, the family illegally built a small cadjan hut on a marginal land situated in a rather secluded place and started living there. This hut however soon came to the notice of Mahaweli officials who ordered them to move out. The family continued to live there despite many obstacles from the authorities and produced their second child in this unstable setting. All this time Rani was not legally married to Pala. The family never had enough to eat and their life was full of hardship. Pala spent part of his meagre earnings from farm work for alcohol and smoking. Quarrels between Pala and Rani were frequent and on some such occasions Rani expressed the view that she felt disgusted with her life *(jivite epavela)*. In early 1985 Pala started an affair with a settler's daughter in a local household and as the latter became pregnant her family pressed Pala to take her in marriage. Rani tried unsuccessfully to press her claim but she was unable to bring about any community or legal sanction that would prevent her husband from leaving them. As Pala began to live with his new in-laws Rani and her children became helpless and stranded. As an encroacher and a woman she had no one to turn to. Moreover Pala's new in-laws tried to make Rani and her children leave their hut by threatening to harm them physically.

In response to this dismal situation one day Rani decided to visit her parents in Polonnaruwa and request them to intervene. She kept her older child in a neighbouring house and went back to Polonnaruwa accompanied by her younger child. Her parents who always despised her involvement with Pala refused to have anything to do with her. She and her child spent the night with some other relatives in Polonnaruwa and set off to return to Unit Y the following day. As soon as Pala's new in-laws came to know that Rani was away they informed Mahaweli officials about the 'abandoned hut' and the latter acted swiftly and

bulldozed the hut so as to prevent reoccupation. Rani learnt about the demolition of her home through a local man whom she met on her way. She was shocked to hear this news and became overwhelmed with feelings of being victimized. She started cursing every one including her husband, his new in-laws, her own parents, and finally the Mahaweli officials responsible for demolition of her home. She purchased a bottle of insecticide from a nearby town, gulped it on arrival in Unit Y and died on the wayside while her little child watched with horror her mother's death.

Discussion

Suicide was the leading cause of mortality in the study population. This itself is a remarkable finding showing a general diminution of inhibition against both dying and killing, a tendency that is perhaps at the heart of recent waves of violence in Sri Lanka. The findings reported here are consistent with those of earlier studies in Mahaweli (*Patrick* 1983, *Silva & Pushpakumara* 1989) and other settlement areas (*Kearney & Miller* 1987). Not only is suicide the commonest form of dying, the broad spectrum of suicidal behaviour including failed suicide attempts and suicidal threats are widespread in the study population. Indeed both Nimal and Biso in the cases presented above had made prior suicide attempts and in Biso's case one of her close relatives too had committed suicide following an illegitimate pregnancy. Obviously the discourse as well as the practice of suicide are a common response to crisis in this stressful environment.

While our data do not show that the Mahaweli areas have a consistently higher suicide rate than the rest of Sri Lanka the adverse effect of population displacement and the accompanying social disruptions on the one hand and the problems encountered by both males and females especially in the marginal segments of the population in the new settlements on the other are evident from the life histories of the suicidal individuals. Lack of precise data on the composition of the study population in the early phase of settlement make it difficult to assess gender differences in suicide rates as well as suicide rates for the different subsets of the study population. The cases demonstrate the multifactorial nature of the causation involved including displacement, poverty and related hardships, social rejection, repeated disappointments, illness, alcoholism, sense of shame and disgrace and feeling of powerlessness. The frustrations, agony and shame associated with the break up of intimate interpersonal relations appear to be the commonest triggering event, but typically the underlying causes go far back in one's life experiences.

It is wrong to see suicide as a sudden impulsive act unrelated to deeper malaises in society.It is also wrong to see the suicide problem reported here as a specifically Mahaweli problem or even a problem of new settlements for that

matter. Life stories of many suicidal individuals in the sample reveal a continuing saga of frustration and disappointments starting from their villages of origin. While the more recent experience in Mahaweli seems to have precipitated the suicidal action, the chain of events do not start with the relatively short Mahaweli experience. Nimal, for instance, is an uninvited visitor to Mahaweli and the reason why he chose to move to Mahaweli was that the conditions elsewhere were even more intolerable. For many suicidal actors the Mahaweli experience was just the culmination of similar experiences elsewhere in Sri Lanka.

To a considerable extent conditions in Mahaweli may be described as anomic in a Durkheimian sense. Often there are no extended kin groups, widely accepted community leaders or even religious institutions commanding respect and reverence from the local people. Neither traditional social institutions like extended kin groups and castes nor modern substitutes for them like peer groups or active community organizations have evolved in the new settlements. A lack of community norms and control mechanisms is evident from most aspects of society. Coming from vastly different and uprooted backgrounds settlers find it difficult to articulate a sense of community and a sense of identity beyond the nuclear family. Even the nuclear family appears to be threatened by constant marital disputes and heavy dependence on the Mahaweli bureaucracy. This situation is vastly different from the grand nationalist and cultural expectations of the architects of the Mahaweli Programme (cf *Tennekoon* 1988, *Jayewardene* 1988).

The elevated significance of romantic relations in social stress and suicide in Mahaweli must be understood in the light of certain social changes occurring at the national level. A rapid transition from arranged marriage to love marriage appears to be occurring in Sri Lanka as a whole and this process has perhaps achieved an extraordinary significance in Mahaweli and other new settlements due to the absence of extended kin groups which are often responsible for arranged marriage.[2] As a consequence young women in poorer/marginal families in particular appear to be hard pressed to find and develop relations with unknown men taking considerable risks in this process.[3] The resulting frustrations and agony are manifested in failed romances like that of Biso.

It is also possible that in the harsh and stressful social environment that most Mahaweli settlers find themselves in intimacies involved in romantic relations including extra marital affairs have acquired an exaggerated significance as the only relations containing elements of human warmth, personal gratification and trust at least for a short period. These relations of love characterized by what *Spencer* (1990 : 186) referring to suicide in Sri Lanka termed as "affective excess", exist as short and sweet experiences and almost a brief departure into the world of fantasy in an environment full of animosity,

hardship and oppression. Some settlers have used terms like "the worst of hells" *(meka maha apayak)*, "Cruel society" *(dusta samajayak)*, "unjust world" *(asadarana lovak)* to describe their current existence. In this situation of "emotional starvation" (*Piers & singer* 1953) romantic relations present themselves as an oasis of human feelings. Failure of such relations therefore turns into such an agonizing experience of coming to terms with the harsh realities of their existence. Biso's case illustrates this point well. As a chronically-ill woman seen as a burden to her family, her affair with Sarath was her only hope in a life full of misery. Once that affair ends leaving her pregnant and thereby further stigmatized all her meaning of life and hopes are shattered beyond repair. In all three instances in the end love (whether it is premarital, marital or extramarital) turns into a hatred directed simultaneously against ones own self (in the form of self-blame manifested clearly in Biso's case), ones significant others (for instance, Nimal's rage against his wife) and to some extent the society at large (e.g. Rani's response to her husband, his new partner and her family and the Mahaweli authorities).

The marital and premarital problems triggering local suicides (and the primary raw material of most media reports on suicide) are not unrelated to issues of poverty and inequality. Nimal's case illustrates how as an encroacher constantly mindful of punitive action from the Mahaweli Authority he is compelled to yield his wife, his only love object in society, to an unknown outsider with greater influence and means. In the same way that Mallika chooses to get involved with the Doctor in order to withstand their difficulties as encroachers with an unstable income, Pala abandons his de facto wife Rani for what appears to a marginal inprovement in his position from being an encroacher to a son-in-law in a settler's family. In both cases the powerlessness the individuals experience *vis-a-vis* the authorities and their lack of self control over their destinies remain important in the complex web of factors leading to the suicide. As a former JVP activist Nimal was already sensitive to issues of inequality and his life history illustrates what may be described as a cumulative process of social rejection culminating in the rejection by the love partner. Similarly Biso's case manifests gender inequality in society and her inability to seek redress from any one either in the community or in the authority structure. She like other Sri Lankan women in her situation perceives marriage *(saranayama)* as a form of empowerment and the loss of marriageability due to perceived loss of virginity and illegitimate pregnancy prior to marriage as a painful failure at self-realization, loss of all that is worth in her as individual and a final blow to her existence *(asaranai, anathai)*. The suicidal individuals in each of these cases discover for oneself not only a culmination of hardships and a heart-breaking rejection by their loved ones, (but also ones extreme powerlessness and lack of control over the situation.

The possibility of an unbalanced sex ratio in the study population complicated by the absence of their regular marriage partners among most male influentials in the new settlements including officials, contractors and businessmen has created a situation conducive for marital instability and gender inequality. By virtue of their poverty, marginality and lack of opportunities women from marginal settler or squatter backgrounds in particular are often compelled to enter secret sexual liaisons with men of influence usually in the form of premarital or extramarital relations. When terminated or exposed these secret love affairs can become a potent source of stress, social rejection and disrepute for the parties involved, the women in particular. The contrasting responses by men and women to premarital and marital difficulties and contrasting responses evoked by the infidelity of men and women indeed remain important aspects of unequal gender relations in our society.

Notes

1. The national suicide trends reported here are based on statistics obtained from the Registrar-General's Department, Colombo, supplemented where necessary with data from the Inspector-General of Police. While granting that national suicide statistics in any country must be treated with caution (*Giddens* 1977), we do not subscribe to the position that such statistics are unusable as was proposed by *Douglas* (1967). As *Kearney & Miller* (1985, 1987) argued observed suicide trends in Sri Lanka can not be attributed to any identifiable reporting errors. In assessing national suicide trends we utilized essentially the same data base as Kearney and Miller updating it to 1988 where possible. A detailed assessment of the validity of national suicide statistics in the context of prevailing armed conflict in Sri Lanka is beyond the scope of this paper. With the escalation of political violence, it is possible that certain political killings are reported as suicides while some of the political and military suicides in the war-affected areas go unrecorded or recorded as military casualties. Despite these possible recording errors we consider the national suicide statistics are reliable enough for our purpose here, namely to provide the national context for our more reliable suicide data from the study area.

2. Such relations however may be on the increase in Sri Lanka in general. For instance, *Silva & Athukorala* 1992) found that premarital and extramarital sex is quite common in urban low-income communities in Sri Lanka. In that instance however it was not associated with a high incidence of suicide. It shows that increased sexual liberation need not necessarily give rise to increased stress for youth.

3. In developing his theory of suicide Giddens noted "Values which emphasise romantic love as a basis for marriage thereby place the onus on each individual to search out and win a partner through his own efforts. Moreover,

in contrast with systems in which arranged marriages are customary, there are only relatively few duties and obligations in respect of wider circle of relatives which stem the marital role itself. Such factors ..... not only operate directly to influence suicide rates, but are mediated through socialization process that govern personality development." (1977:313).

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