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Article 01

Sociocultural Discourses of Suicide in Sri Lanka: An Overview of Literature

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Abstract

Suicide and self-harm are some sort of the critical public health concerns in Sri Lanka. In the global context, Sri Lanka still reports a very high rate of deaths by suicide despite and its declining trends during the last few decades. Meanwhile, studies had described different sociocultural factors that trigger suicidal behaviours. Thus, synthesizing previous works on sociocultural factors of suicide will be vital in forming preventive strategies. This paper, therefore, aims to answer what are the sociocultural factors triggering suicide and how they could be connected with historical and structural social dynamics in Sri Lanka. The study used content analysis to analyze 84 peer-reviewed articles selected via Google Scholar using appropriate search terms. The study finds that masculinity and feminine properties of Sri Lankan culture are essential factors in describing suicidal behaviour. Socio-political and structural changes that occurred in the post-independent era also been contributed to increasing suicide. Further, literature widely recognized issues around love, sex, and romance as critical risk factors that trigger suicide and self-harm among young people. Moreover, men's alcoholism and domestic violence are crucial aspects of suicide in Sri Lankan society. The review concludes that suicidal behaviour has been established in the social context as a form of problem-solving or a method of escaping from the distress caused by issues related to

everyday social life rather than mental problems. Thus, preventive measures must address these socio-cultural dynamics, while addressing the essential mental health problems that contribute to suicide in Sri Lanka.

Keywords: *Deliberate Self-harm, Sociocultural Factors, Sri Lanka, Suicide, Suicide Prevention*

Introduction

Suicide is a major global public health problem, contributing to over one million global deaths annually. According to the World Health Organization (WHO) (2019), over the last 45 years, suicide rates have been surprisingly increased by 60 percent across the world. Globally, 77% of deaths by suicide occur in low- and middle-income countries (LMIC), of which 29% are within South Asian countries (WHO, 2019). Also, it had been counted that 10–20 deliberate self-harm incidents occur for each death by suicide, contributing to approximately four million self-harm incidents every year in South Asia (WHO, 2014). According to the WHO reports, among the South Asian countries, India and Sri Lanka reported the highest suicide rates. For example, in 2019, India's suicide rate was 16.5 per 100,000 people, and it was 14.0 per 100,000 people in Sri Lanka. In the same year, the suicide rate in Bangladesh was 3.7 and 8.9 in Pakistan (WHO, 2019).

Historically, Sri Lanka reported a suicide rate of 47 per 100,000 persons, the world's highest suicide rate in 1995 (Sri Lanka Medical Association - SLMA, 2019). Although Sri Lanka's overall suicide rate had been declining during the last few decades, the country is still identified as a high suicide-rated territory in the world. For example, 15 deaths per 100,000 people were reported in 2022 (Bandara et al., 2024), a very high rate compared to the global standardized suicide rate of 9 deaths per 100,000 people (Rajapakse et al., 2014; Sorensen et al., 2014). Meanwhile, every year, thousands of people make nonfatal attempts, ranking the island nation worse than some Gulf and South American countries (Hamza, 2020). Further, social attention on suicide has been increased in recent times due to the devastating economic crisis in the country. Though scientific evidence is still scarce, Fazlulhaq (September 17, 2023), referring to the Police Department's records, saw an increasing trend of total deaths by suicide in Sri Lanka during the crisis period. Accordingly, in 2020, 3074 people died by suicide, while 3279 in 2021 and 3406 in 2022. Indeed, it is possible to argue that the existing economic crisis and financial strain will bring more socioeconomic and psychological pressure on people due to loss of employment

and collapse of livelihoods, increasing social and mental health issues leading to the suicide. This high suicide rate in the country leaves a very significant scholarly question, which is why Sri Lanka's suicide rate is still higher compared to the global standardized suicide rate while keeping deliberate self-harm also at a higher level.

WHO (2008) claimed that although the Southeast Asia and Western Pacific regions contribute to more than half of the global suicide deaths, policy and research efforts for the prevention of suicide are not been sufficient in comparison with the magnitude of the problem in these countries. Sri Lanka is not exempt from this claim. Although suicide had been growing alarmingly since the 1950s, the state's direct intervention in suicide prevention was put forward at the end of the 1990s. Since then, Sri Lanka had broadly practiced the restriction of access to lethal means as an effective method of suicide prevention. For example, Sri Lanka banned the importation and selling of the most toxic pesticides (WHO class I toxicity), which contribute to two-thirds of Sri Lanka's suicide deaths, in the 1980s and 1990s, and it had contributed largely to the reduction in suicide mortality between 1995 and 2005 (40 percent reduction) (Gunnell et al., 2007; Knipe et al., 2017; SLMA, 2019). However, despite the decline in pesticide-related deaths during the last two decades, the rate of suicide by hanging continues to be increased. This means that pesticide ingestion had been replaced by the other methods, primarily hanging (Bandara et al., 2024).

Indeed, restrictions on hazardous pesticides significantly reduced the number of deaths by suicide during the last few decades, but 'suicide culture' (De Silva, 2020) has not been changed to the same degree, resulting in the present rising nonfatal attempts and self-harm. *"We are in a suicide culture. That is why the suicide rate is high...,* The culture had shifted from buying pesticides to paracetamol. As a result, 'successful' suicides have come down in the present. We must change this culture. Otherwise, we could not be able to do anything to stop it" (De Silva, 2020). Thus, some have questioned the appropriateness of means restricting such as restricting more toxic pesticides and 'locked boxes' (Hawton et al., 2009) for storing pesticides to block easy access, especially targeting people who act impulsively to suicide prevention (Widger, 2015). Further, some have recognized the difficulty of means restriction of hanging but suggested paying due attention to minimizing access to means as far as possible, especially in institutions such

as prisons and hospitals (Bandara et al., 2024). The question here is to what extent this type of means restriction is possible in the general community, given the easy access to ligature points and material.

Widger (2015) claims that Asian countries, including Sri Lanka, have been succeeded in reducing the number of deaths by suicide during the last few decades but not nonfatal attempts. The existing prevention systems have primarily considered means restrictions but have not sufficiently considered how sociocultural systems produce 'suicide cognitive schemata'. As he described, self-poisoning is not only the problem of easy access and wide availability of poison but also it is a cognitively available factor in Sri Lankan society. He says, *"overwhelming preference for poison as a method of self-harm in the country is not simply reflective of its widespread availability, but rather how cognitive schemata of poison—a 'poison complex'—develops from early childhood and is a precondition for suicide schemata'* (Widger, 2015: 501). Thus, novel psychosocial programmes are required to limit the cognitive availability of poison complex in suicide rather than merely focus on self-harm methods and causes of self-harm because suicide is just one aspect of suicide cognitive schemata.

In short, the above mentioned introduction brings two essential factors to researchers, practitioners, policymakers, and stakeholders dealing with this public health problem in Sri Lanka. First, suicide and deliberate self-harm are still severe public health concerns in Sri Lanka, though various preventive measures have been launched. Second, the relationship between culture and suicidal behaviour in Sri Lanka is vital in developing preventive strategies. Against this background, the research question of this study is to answer what sociocultural factors are triggering suicide and how they connect with historical and structural social dynamics in Sri Lanka.

Materials and Methods

The article is based on existing literature on suicide in Sri Lanka for the duration from 1950 to 2024. The research question of this study is what are the sociocultural factors triggering suicide and how do they connect with historical and structural social dynamics in Sri Lanka? A sample of 84 peer-reviewed articles were selected via Google Scholar using appropriate search terms to answer the research question. A

three-member team completed this search after deriving the keywords from the defined research questions. The keywords used for the literature search were Culture and suicide in Sri Lanka, Social factors and suicide in Sri Lanka, Culture and deliberate self-harm in Sri Lanka, Gender and suicide in Sri Lanka, Violence, suicide and self-harm in Sri Lanka, and Culture, ecology and suicide in Sri Lanka. This search was restricted to (i) peer-reviewed articles that were fully accessible and published in English and (ii) contained sufficient content on sociocultural aspects of suicide. Data analysis was done using Content Analysis. "Content analysis is the process of organizing information into categories related to the central questions of the research" (Bowen, 2017: 32). This process involved identifying initial codes, developing categories, refining and selecting codes, identifying themes and patterns, and interpreting. Each member used an a priori codebook to organize information, while the primary researcher integrated the individual results into one codebook. Table 01 gives the derived codes and themes that answer the research question. Any discrepancies were sorted out by consensus between the members. The results of this study are analyzed qualitatively and presented as a textual narrative based on emerging themes. It must be noted that we used some reports, databases, and grey literature sources on the topic, in addition to the sampled articles, to sharpen the findings.

Table 1: Derived Major Themes and Related Codes

Derived themes	**Codes contained in texts**
Historical anecdotes of sociocultural influence	historical accounts, violent nature of historical accounts, everyday social stressors, masculine and patriarchal values
Reading contemporary suicide statistics; social structural factors	Social modernization, rural-urban dichotomy, socioeconomic and political changes, social disarticulation and decreasing social and moral regulation, increase of pesticide,
Discourse of psychopathology	Limitations of psychopathology, sociocultural risk factors Vs mental disorders, the lack of psychological autopsy, presence of depression, hopelessness, violence, a mentally ill or suicidal household

Gender paradox	gender difference in suicide profiles, the notion of *'lajja-baya'* (shame-fear), 'respectability', self-esteem, 'dialogue suicide', patriarchal social structure, withdrawing from problems in life
Love, sex, and romance	Intimate partner's problems, generation mismatch about romance and sexuality, changes that occurred in traditional gender roles, increase in social media, the internet, and smartphones, media portrayal as heroic and sensational actions, Parents-child conflicts, bullying victimization
Alcoholism and domestic violence	Alcoholism and suicide, alcoholism and domestic violence,

Source: Developed by the Authors, 2024

We acknowledge that the non-incorporation of literature published in various local sources and languages other than English is a limitation of the review. Also, the non-incorporation of articles not available in Google Scholar but in different electronic databases like PubMed and Scopus is a limitation of the review.

Results and Discussion

Historical Anecdotes of Sociocultural Influence

Though Sri Lanka has over 3000 years of written history before the British rule (1796-1948), scientific evidence of suicide was not recorded, except in some stories related to the sacrifice of life of earlier kings and warriors in great historical chronicles like *Mahāvaṃsa* written in the 5th century CE. For example, King Sirisangabo's story (247-249 AD) is one example (Kathriarachchi, 2009). King Sirisangabo maintained life as a hermit and found that people were killing others to collect the bounty on his head imposed by Prince Gotabhaya (Kathriarachchi, 2009). Such chronicles present suicide stories of kings and warriors to demonstrate characteristics such as compassion towards society and dying with honour rather than falling into the hands of their enemies (Kathriarachchi, 2009). However, early historical accounts show that suicidal behaviour in Sri Lanka involved more violent methods (Kathriarachchi, 2009).

Existing evidence of suicide relates to the Kandyan period. Among anecdote evidence, early travellers' and colonial administrators' notes are essential sources. Widger (2014), referring to Robert Knox's notes in 1660, tells a fascinating story about suicide in the Kandyan period. He says, under the Kandyan law, suicidal behaviour was considered a *'sound mind' and masculine action, while having failed to save the life of that person is a fault of other villagers' duty of caring* (p.815). Further, Widger says, such suicidal behaviours were not frequently fatal. They were self-poisoning and other forms of self-harm like protest suicide in the modern-day. The suicidal threat was popularly used in debt collection by the creditor to avoid the nonpayment of the debtor. Widger quoted the London Morning in 1821, *"frequently the creditor will go to the person indebted to him and say he will poison himself unless he pays him directly. Instances have occurred of such threats being put into execution, and the debtor, who is considered the cause of his creditor's death, also forfeits his life"* (Widger, 2014: 815).

Sir John D'Oyly, a British administrator to Ceylon in 1833, provided a similar story. Suicide in Ceylon was *'easily provoked slander, nonpayment of debt, damage to crops, and thwarted love affairs'* (Widgar, 2014: 816). Straus and Straus (1953) discussed an essential aspect of the relationship of traditional Kandyan Law to the suicidal and homicidal behaviours of Kandyan women. I quote, *'If a woman of high caste had intercourse with a low-caste man, it was permissible to kill the woman and thus remove the stain on the caste and family'* (Straus & Straus, 1953: 463). They assumed that this rigid nature of traditional Kandyan law had influenced not only homicide but also suicide. *'In these cases, the killing of the mate or the rival is the traditionally acceptable solution, or, alternatively, one can commit suicide'*, say Straus and Straus (p. 463). Straus and Straus (1953), referring to Sir John D'Oyly, stated that *'provocations to suicide slander could be seen in a situation like an inability to obtain satisfaction for a claim, damage to one's crops by another's cattle, or a thwarted love affair'* (Straus & Straus, 1953: 463). In this sense, Sinhalese in Kandyan time committed suicide for an extraordinary *'contempt of life, and at the same time a desire for revenge'* (Straus & Straus, 1953: 463). Some other qualitative research also points out that suicidal behaviour among Sri Lankans was a kind of frequently used revenge response in everyday life. For instance,

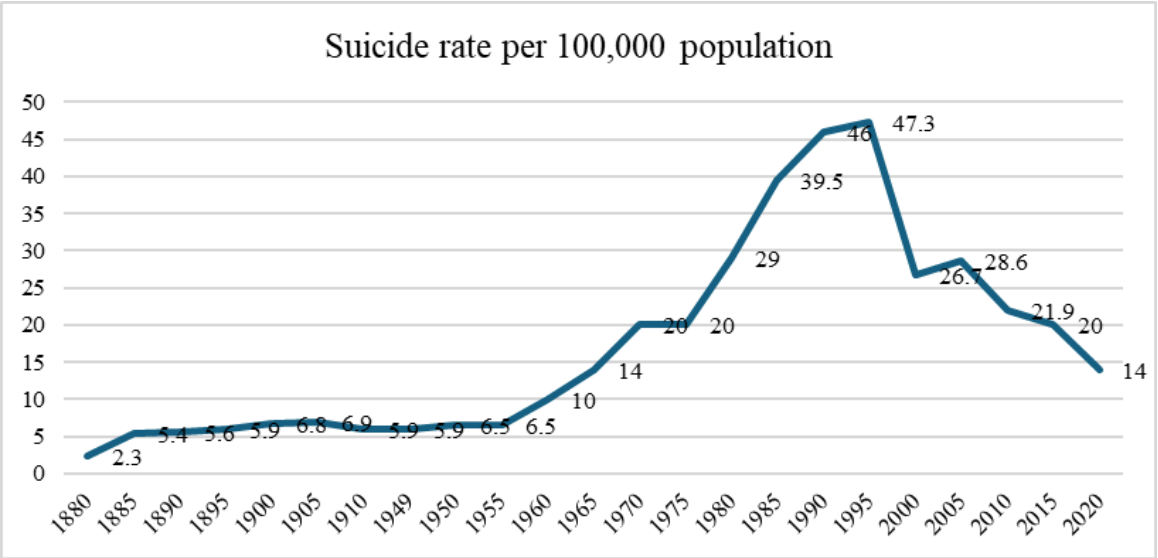
Marecek (1998, cited Weerackody,1989), *"suicide was not infrequent among the Kandyans and was committed owing to contempt for life and a desire for revenge".*

The above historical discourses indicate that the suicide has been an aggressive response to everyday social stressors like nonpayment of debt, damage caused to crops, and issues around love. Further, those accounts described the influence of masculine and patriarchal values in triggering and demonstrating suicidal behaviours. Moreover, they show us how women's sexuality became problematic in the patriarchal social system, increasing her suicidal vulnerability.

Reading Contemporary Suicide Statistics; Social Structural Factors

Sri Lanka's suicide rate was below 10 percent in the 1950s, but since the 1960s, it has been steadily increased, peaking in 1996 when the suicide rate in Sri Lanka was the highest in the world, 47 per 100,000 persons (SLMA, 2019). Since then, the rate has gradually been dropped due to various preventive strategies, resulting in a substantial decrease in the annual deaths by suicide, from a peak of 47 per 100,000 in 1996 to 21.9 in 2010 and 14.6 in 2019 (WHO, 2021). However, compared to the global age-standardized suicide rate, Sri Lanka's rate of suicide remains at a higher level.

Figure 1: *Overall Suicide Rate in Sri Lanka Per 100,000 Population from 1950 to 2020*



Source: Data Extracted from Marecek, 2006; Straus & Straus,1953; Thalagala, 2009; WHO, 2021

The figure indicates that the suicide rate showed a slowly increasing pattern since the 1880s, and from the 1950s to the mid-1990s, it shows a steadily rising trend of 700 percent from 1948 to 1995 (Marecek & Senadheera, 2012). Several researchers have been studied this upward trend in suicide rates since the 1950s. They argue that this trend does not deviate much from suicide and homicide found in Western countries in the 19th century, but subcultural differences are essential to describe rising suicide in Sri Lanka (Bolz, 2002; Kearney & Miller,1986; Spencer, 1990; Straus & Straus, 1953; Widger, 2014; Wood, 1961).

Straus and Strauss (1953) compared suicide in the West and Ceylon based on three major risk factors, namely, individual personality, tense situations, and sociocultural variables. They found that individual personality and tense situations are commonly applicable risk factors in both contexts. Among specific cultural reasons, suicide in the West was low among rural people and high among urban people, but in Ceylon, it was predominantly a rural phenomenon. Also, the elderly population was the high-risk group in the West, but in Ceylon, it was young people. Among the contextual factors that influenced the rapid growth of the suicide rate in Sri Lanka, they highlighted the collapse of the traditional social system composed of caste, family, religion, and kinship. More specifically, changes

in traditional values which are related to marriage and sex, simply, the increase in Victorian love and sex increased conflicts between young children and parents, resulting in the risk of suicidal vulnerability. In other words, the rising number of suicides from the 1970s to the mid-1990s could be attributed to the effect of modernisation and urbanisation in the post-independent period of Sri Lanka, and this situation was like to 19th-century suicide in the West (Straus & Strau, 1953; Wood, 1961).

Early studies on suicide in Sri Lanka have been theoretically more aligned with the Durkheimian theorisation of social disintegration and moral regulation. In this regard, many scholars identified resettlement in irrigation schemes from the mid-1930s onward as a significant factor that had been contributed to social disarticulation and decreasing social and moral regulation, and it had contributed to the rapid increase in suicide in resettlement schemes, increasing the overall suicide after the 1950s (Kearney & Miller, 1986; Kathriarachchi, 2009; Silva & Pushpakumara, 1989). In Mahaweli resettlement areas, nearly 70 percent of those reported were deaths by suicide (Silva & Pushpakumara, 1996).

Since the 1960s, the green revolution has been a cornerstone in the process of agricultural modernization in low- and middle-income countries, which dramatically increased the deaths by suicide in the rural areas in those countries (Karunarathne et al., 2020; Kathriarachchi, 2009; Knipe et al., 2017). In this regard, Sri Lanka has been a model country that recorded long-term trends in suicide throughout the Green Revolution. The easy availability of high-toxic pesticides significantly had been increased the lethality associated with self-poisoning, changing nonfatal poisoning to fatal poisoning. Ultimately, it resulted in a rapid increase in both pesticide and total suicides in Sri Lanka from 1960 to the 1990s (Knipe et al., 2017; 2019).

In the 1980s, Kearney and Miller (1988) conducted their study on the 'spiral of suicide' between the years 1950 and 1978. They identified four possible causal factors that had been affect the risk of suicide in post-independent Sri Lanka regardless of factors like gender, age, and ecological basis: (i) rapid population growth; (ii) expansion of educational opportunities; (iii) growing unemployment; and (iv) internal migration. Of course, the expansion of free education (1945) produced much more well-educated youth. However, the majority were woefully unemployed, underemployed, and had fewer

opportunities to climb the mobility ladder, increasing youth unrest and suicidal vulnerability. Finally, this had accumulated youth unrest exploded through armed youth insurrections in 1971 and 1988/9 in the south of Sri Lanka, while youth in the north and east joined with LTTE (Liberation Tigers of Tamil Eelam) (Silva, 1993; Spencer, 1990; Widger, 2014). Self-sacrifice has been a norm of collectivism as in both LTTE and JVP youth movements in Sri Lanka (Bolz, 2002). The 'Suicide Bomber' was a trained carder position in LTTE where primarily young women and child carders sacrificed their lives for the higher goal of the organization and were honoured as heroes. At the same time, 'Motherland or Death' was used as the motivation slogan of JVP (Janatha Vimukthi Peramuna- a communist youth movement) (Silva, 1993: 7). In addition to self-sacrifice, political conflicts and the violent environment established after the 1970s increased mental diseases, including post-traumatic stress disorders, challenging the well-being of not only the conflictive areas and individuals and families directly experienced or victimized the entire population and that ultimately resulted in the increase in suicide in Sri Lanka (Bolz, 2002; Jayasinghe & Foster, 2011; Silva, 1993).

In short, the discussion reveals that socioeconomic and political changes that had been occurred during the post-colonial period have contributed to the rapid growth of suicide from the late 1940s to the late 1990s.

Discourse of Psychopathology

Many research points out that the popular psychopathology of suicide must be carefully applied to examine suicide in Asian countries because when compared to sociocultural risk factors, mental disorders do not significantly contribute to the suicide in these societies like in the West (Samaraweera et al., 2008; Sorensen et al., 2019; Whittall et al., 2018). Marecek, a leading researcher on suicide in Sri Lanka during the last two decades, radically stated that suicide in Sri Lanka cannot be effectively explained through Western psychological theories and prevention through conventional psychological counselling. To her, western psychology and psychiatry typically explain that mental illness, especially depression, is the dominant factor in suicide and deliberate self-harm. As Marecek (2006), suicide is a synonym for mental illness in the West. However, she says, mental disorders do not play a significant role in suicide and deliberate self-harm in Sri

Lanka. *"In short, counselling does not match the template and expectations of ordinary Sri Lankans"*, says Marecek (2006: 82).

In the relevant literature domain, evidence corresponds with this radical claim by Marecek. For instance, Hettiarachchi and Kodituwakku (1989), in a study of 97 patients hospitalized for self-poisoning during the 1980s, found that less than 14 percent had a psychiatric illness. Similarly, Kathriarachchi and Manadu (2002) stated that fewer than 4 percent of self-harm patients are referred for psychiatric evaluations, even in hospitals with psychiatric services. According to Marecek and Senadheera's (2012) study on self-harm patients at the Karapitiya Teaching Hospital, the number of individuals with psychiatric illness was even lower. Also, in a recent qualitative study by the same researchers (2023), interviews with 22 girls aged 15-18, admitted to Karapitiya Teaching Hospital with nonfatal suicidal attempts found that none of them had psychiatric problems, but their suicidal types of acts had been caused by impulsive behaviours triggered by relationship conflicts and everyday discourses of gender and sex in Sri Lankan society. The above empirical evidence indicates that sociocultural risk factors may significantly influence triggering deliberate self-harm rather than mental problems. However, this evidence may not be sufficient to claim that the influence of psychiatric factors on death by suicide is less significant in Sri Lankan society.

Further, the lack of psychological autopsy studies on suicide in Sri Lanka is a more significant limitation in describing the psychological aspect of suicide (Samaraweera et al., 2008). A study by Lokanwaththa and Ponnamperuma (2020) investigated that the association between psychological well-being and the prevalence of suicidal ideation among adolescents using 1479 participants aged 16-19 years, with 52 percent females and 48 percent males. The study found that the lifetime prevalence of suicidal ideation in the study sample was 22 percent, with 11 percent having active suicidal ideation. Notably, individuals with passive and active ideations had been reported poor psychological well-being status compared to participants with no suicidal ideation. Rajapkashe et al. (2014), while accepting the greater connection of interpersonal conflict to nonfatal self-poisoning for both males and females, found that irrespective of gender, the presence of depression and higher levels of hopelessness were strongly associated with predictors of suicidal intent. Further, childhood physical abuse and emotional abuse or

neglect increased the risk of self-poisoning in adulthood. Also, a child growing up in a household with violence, a mentally ill or suicidal household member and experiencing parental death/separation/divorce increases the risk of deliberate self-harm in adulthood in Sri Lanka (Knipe et al., 2019).

However, unlike in the West, long-standing depression does not contribute much to self-harm among Sri Lankans, but it often contributes to explosive anger, frustration, and humiliation (SLMC, 2019). Depression and alcohol abuse disorders contribute to self-harm among older people than youth and adolescents (SLMC, 2019). Similarly, Rasnayake and Navratil (2022) found that 'possible depression' symptoms triggered by high levels of dependency, chronic disease, physical inabilities, losing power, autonomy, and dignity in the family in old age create personality troubles contributing to elderly suicide in Sri Lanka.

Gender Paradox

Like the global context, gender difference is an essential aspect of suicide and self-harm in Sri Lanka. In here, the gender differences remain important in total suicide as well as age-specific suicide rates. From the colonial period to the contemporary, deaths by suicide among males have been greater than females. However, the earliest statistical evidence to describe this gender difference in suicide profiles is found only after 1950. Table 02 presents the number of suicides in males and females per 100,000 population from 1950 to 2020. Accordingly, there is a higher suicide rate in males than females, especially after the 1960s, reporting male suicide is approximately three times higher than females.

Table 2: Gender Difference and Suicide Rate (per 100,000) in Sri Lanka (1950-2020)

Year	Total suicide	Male	Female
1950	6.5	9.6	3.9
1955	6.5	9.8	4.8
1960	10.0	13.2	6.0
1965	14.0	18.7	8.2
1970	20.0	26.3	11.5
1975	20.0	24.0	11.1
1980	29.0	37.3	18.8
1985	39.5	48.8	22.2
1990	46.0	56.8	19.5
1995	47.3	68.3	25.2
2000	26.7	39.3	14.4
2005	28.6	38.7	18.8
2010	21.9	33.0	11.4
2015	20.0	24.2	6.7
2020	14.0	22.3	6.2

Source: Data Extracted from Straus & Straus,1953; Department of Census and Statistics, 2022

Qualitative studies have been described the gender paradox of suicide using specific social values, power relationships, and feminine and masculine properties of Sri Lankan society. Spencer (1990, cited Obeyesekere, 1984/87) situated homicide, suicide, and sorcery in Sri Lanka within the context of violence embodied in the culture. As he claimed, individual or collective forms of violence in Sri Lanka are a deep-rooted cultural phenomenon formed through the notion of *'lajja-baya'* (shame-fear), which expects 'respectable' or good public behaviour from both men and women. Marecek and Senadheera (2023) cited Obeyesekere (1984/4), and Spencer (1990) described *lajja-baya* as a valued attribute, a quality that parents seek to inculcate in their offspring beyond the fear of being shamed or criticized, the cultural ideal of *lajja-baya* also prescribes reticence, emotional restraint, and modesty, all of which are seen as critical elements of

proper public demeanour, especially for women (Marecek & Senadheera, 2023: 3). Therefore, in Sri Lankan society, especially in the Sinhala-Buddhist community, men and women are subjected to demonstrate a good, decent, and respectable public life. However, it also has a gendered entitlement (Abeyasekera, 2019; Spencer, 1990). For women, *lajja-baya* entails a value of modesty and a sexually controlled life. It is a way of regulating women's behaviour. At the same time, the notion of *lajja-baya* exerted greater control over men's activities because men's public roles made them more vulnerable to the judgements of others (Abeyasekera, 2019: 158).

Discourse on 'respectability' was a significant notion embodied in 'ideal Sinhala women' promoted by the Sinhala-nationalist movement in the 19th century, focused on demanding freedom from British rule and cultural revitalization (Abeyasekera, 2019; Spencer, 1990). In this regard, the discourse of 'respectable woman' or 'ideal Sinhala woman' was a central cultural slogan of the Sihahala Nationalist movement against Victorian norms and Christian values imparted by colonial rulers about love, sex, marriage, pregnancy and so forth. Thus, challenging the composite *lajja-baya* of one's everyday life, particularly women's, will create impulsive and self-violent behaviours (Abeyasekera, 2019; Spencer, 1990). Therefore, violence has become a necessary response or 'culture logic' in responding to everyday problems that challenge a person's self-esteem (Spencer, 1990).

Thus, suicidal ideation, threat, or act upon it is a form of logical action shaped by gender, status, and visibility in everyday life when self-esteem is challenged. *'Suicide provides an alternative outlet for aggression against those whom it would be unthinkable to attack more directly, people like parents and husbands'* says Spencer (1990: 613). In a similar vein, Marecek (1998), by exploring how ordinary individuals produce the discourse of suicide, says, *"respondents did not set suicidal behaviour apart from everyday life. Rather, their accounts situated it within the hurly-burly of life, connecting it to normal stresses and strains"* (Marecek, 1998: 79). In a broader sense, Marecek (2006) introduced 'dialogue suicide' to describe suicide and self-harm acts in Sri Lanka. Accordingly, dialogue types of suicidal acts are directed towards wrongdoers and may be carried out in the presence of others. These self-destructive acts serve to communicate emotional pain, to protest ill-treatment, and/or to establish moral claims about the victim and the

wrongdoer. Moreover, De Silva (2003) observed that suicidal behaviour is embodied in local cultures as a way of problem-solving and empathizing with those who attained suicide. As he claims, instead of nonviolent appreciation, in the local culture, physical and verbal abuse is accepted as personal methods of conflict resolution; therefore, frequent abuse and aggression ultimately make some people distressed and lead to *'suicidal behaviour as a cry for help or as a mark of protest'* (De Silva, 2003: 68).

Widger (2014), in his remarkable ethnographic study on suicide carried out in two villages known as Udagama (traditional village) and Aluthwatta (newly re-settled village) in Madhampe division in Puttlam District in Sri Lanka, found that issues of gender, kinship, social status, and social class were paramount in how people explained the reasons for their suicidal actions or those around them. More specifically, he said that young females set their self-harm about achieving some social function, like as a reaction to breaking a love affair and powerlessness in a patriarchal social structure, while older male suicide attempts were about withdrawing from problems in life more generally.

Love, Sex, and Romance

Qualitative studies suggest that often related issues around unwanted pregnancies, breaking love affairs, unhappy sexual relationships and sexual assault frequently influence suicide attempts among teens and youth (Konradsen et al., 2006; SLMC, 2019). Most suicide attempts and self-harm occured in Sri Lanka due to the conflicts between parents and young children in the family regarding their romantic love and sexual relationships (Abeyasekera & Marecek, 2019; Marecek, 2006; SLMC, 2019). These conflicts often occur due to the generation mismatch about romance and sexuality. Though social institutions such as marriage, family, love, and sex have been drastically changed during the last few decades still, senior members of the family maintain traditional norms and values, resulting in conflicts between young children and parents related to their romantic love and sexual behaviours (Abesekere, 2016; Lynch,1999; Abeyasekera (2016) says that even among young urban middle-class women, 'choice of a person' is not an entirely individual agency's selection. It is embedded within and accountable to family and kinship. Similarly, cultural discourses like maintaining a 'modesty' and 'good girl' are valid in even the context of capitalist and national moral platforms (Lynch,1999).

This intergenerational conflict is evident in the rural sector towards women's sexuality. Though traditional gender norms associated with romance and sexuality exist for both men and women, in particular, girls are expected and pressured by the family to conform to sexual modesty (Hewamamne, 2010; Lynch,1999; Marecek, 2006; Rajapaksa & Tennakoon, 2016). Crowley et al. (2022) state that *'premarital sex is widely condemned, and strong emphasis is placed on preserving the virginity of unmarried women and girls, meaning the movements of females are monitored to a great degree by their families'* (Crowley et al., 2022: 10). Any form of sexual misbehaviour of girls brings dishonour to her and the rest of the family, and consequences may be as *'being ostracized from society, removal from the family and consideration or attempt of suicide'* (Crowley et al., 2022: 10).

Among many other possible reasons, changes that occurred in traditional gender roles during the last few decades in Sri Lanka are mentioned by much research as a gender-related factor that is closely associated with suicide in female youth (Rajapakse & Tennakoon, 2016). Traditionally, mate selection was done by parents, and young women had little or no voice in decision-making relating to mate selection and marriage, while culture and family hierarchy urged them to protect their virginity up to the marriage and maintain a modest life (Bolz, 2002; Hewamanne, 2010). However, with new social changes, young girls became an independent in making decisions regarding their boyfriends, marriage, and sexual and mate selection. These changes often created role conflicts between the traditional and cultural notion of the 'idealized and protected female' and the young women who leave home, work or have a boyfriend (Rajapakse & Tennakoon, 2016). At the same time, this role change had led to family conflicts, pushing young women to communicate their distress or anger through suicidal or self-harm behaviours. Hewamanne (2010) described that this cultural change has created 'in-between identities' among Sri Lanka's rural female youth where female youth are in between the dichotomy of traditional rural culture and highly urbanized, modernized, and individualistic culture due to the mobility opportunities received through the structural economic change in 1977. Hewamanne presented this conceptualization by analyzing suicide narratives of young female factory workers who came from the village to urban garment factories. She nicely worded this connection as 'suicide narratives are a local response to global capital and cultural flows' (Hewamanne, 2010: 01).

It is a globally accepted fact that the media could play an important role in suicide prevention. However, in the context of Sri Lanka, irresponsible media reporting of suicidality has been criticized by several studies claiming that cases are portrayed as heroic and sensational actions to increase media rating and financial benefit of media institutions (Jinadasa, 2016; SLMA, 2019; Sorensen et al., 2019). Individuals who self-harmed or died by suicide are judged according to their own or a close relation's behaviour, and such behaviour is often linked to the individual's gender. Nevertheless, such media episodes do not provide information about help-seeking (Sorensen et al., 2019). Ultimately, suicidal behaviour is justified by promoting suicidal ideation as an appropriate solution to overcome everyday life stressors. Jinadasa (2016) says, 'victims and vulnerable are encouraged to get into suicide, and they are generally encouraged to their action for faith' Jinadasa (Jinadasa, 2016: 237).

In recent times, a substantial increase in social media, the internet, and smartphones have also increased the suicide and self-harm risk among adolescents and young people in Sri Lanka (de Alwis, 2012; Bandara & Nawarathna, 2018). Parents-child conflicts often occur in Sri Lanka due to the parents' pressure on their children to spend more time on mobile phones, laptops, and social media, which lowers educational and social performance, producing a significant risk factor for teenage suicide (Bandara & Nawarathna, 2018). As Ryder (2017) and Hettiarachchi et al. (2018) documented, bullying victimization is a growing suicidal risk factor among young people in Sri Lanka. The blackmailers use naked images and videos as leverage for money or sex in return for not publicly shaming the women because exposure to private matters in public may create greater shame for the victim, conflicts with parents and teachers, saving suicidal behaviour or self-harm behaviour as a protesting action for such victimized girls (Weerasundera, 2014). Sometimes, bullying victimization happens, especially after breaking up love affairs, as a way of confronting or revenging the boyfriend (Ryder, 2017).

Alcoholism and Domestic Violence

Alcohol use has a more significant relationship with suicide in Sri Lanka, like many more Asian countries. However, Sri Lankan males report the highest per capita alcohol consumption, both pure and illicit (Kasippu), in the South Asian Region with 6.2 liters (Asian Tribune, 2020), keeping alcohol abuse as a severe medical and social pathology. In

addition to the tragic connection of alcohol addiction to poverty and road accidents, it is one of the major causes of domestic violence in the family and violence against married women in Sri Lanka (Bandara et al., 2024; Jayasinghe & Foster, 2011; Siriwaradhana et al., 2013).

The most pathetic outcome of alcohol addiction is its contribution to the suicidality of women related to domestic violence in Sri Lanka. Ryder (2017) cited a note of suicide by Dr. Chithramalee de Silva, Sri Lankan Director of Mental Health, *"harassment by an alcoholic spouse and family disputes were reported as the most common reason…while matters associated with love affairs ranked second"*. Of course, this conflict affects both men and women, but women are the most vulnerable group in the patriarchal social setup in Sri Lanka. Much research shows that there is a greater connection between alcoholism, suicide and self-harm in Sri Lanka (Jayasinghe & Foster, 2011; Knipe et al., 2018; SLMC, 2019; Sorensen, 2014). Asian Tribune (2020) says that about 48% of about 4000 suicide deaths in Sri Lanka were directly related to alcohol abuse, keeping the rural males on top of the problem.

Conclusion

This literature review had provided an overview of the sociocultural aspect of suicide in Sri Lanka. The study finds that suicide in Sri Lanka has been increasing even in the later part of the colonial period but steadily increased after the 1950s to the mid-1990s. During the following decades, the suicide rate reduced significantly, mainly due to the means of restrictions such as restricting the importation and selling of the most dangerous pesticides. Nevertheless, Sri Lanka still reports higher rates of suicides and nonfatal deliberate self-harm attempts, which challenges the sustainability of the achievement of suicide prevention. This review finds that socioeconomic and political changes that occurred after colonialism and independence must be carefully analyzed when answering, why Sri Lanka has a high suicide rate. The negative consequences of social modernization that occurred since the 19th century, such as an increase in individualization, violence, social disarticulation, poverty, unemployment and generational gaps between parents and children, have increased the psychosocial risk of suicide and deliberate self-harm and have weakened the social support system for people at risks.

This review finds that studies have situated suicidal behaviour in Sri Lanka primarily as an aggressive response and problem-solving method related to everyday social discourses and social structural factors rather than mental problems like in the West. However, it does not mean that the contribution of mental disorders to suicide is insignificant. Issues surrounding love, sex, virginity, pregnancy, family disputes, domestic violence, financial crisis, unemployment, and alcoholism seem to be central triggering factors of mental problems and suicide. More specifically, masculinity and feminine properties of Sri Lankan culture are essential factors in describing violence, including suicide and self-harm behaviours. However, suicidal behaviour could be described along with a single risk factor. They are essentially interconnected with individual, relational, familial, and social domains, requiring a holistic approach to address the problem.

Though the relevant literature vehemently stressed the importance of social and cultural factors that influence the higher suicide rate in Sri Lanka, there is doubt about whether those sociocultural factors have been considered sufficiently in forming preventive mechanisms. It seems that the medicalized approach and means of restriction have been prominent in suicide prevention, which seems to be insufficient in addressing the problem. A broader understanding of sociocultural risk factors is required to form sustainable preventive mechanisms. In this regard, an integrated effort is required to develop social and cognitive restrictions on suicide while following evidence-based preventive measures such as means restrictions. Enhancing social and life skills in individuals, promoting help-seeking behaviour, and empowering community-based systems are primary requirements for developing social and cognitive restrictions against this dangerous public health problem.

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