

# Grinding rural poverty leads to suicide in Sri Lanka

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**28 December 2001**

In a remote village of southeastern Sri Lanka, D.M. Karunawathie, a 36-year-old mother of six, last month drank a lethal concoction of pesticides in a cornfield near her house. She was rushed to the nearest rural hospital at Uraniya and then transferred to the main district hospital at Badulla. But the poison had already damaged her vital organs and the medical staff was unable to save her life. She died four days later.

The tragedy is not an isolated one. Four other close family members have taken their lives over the past decade and the suicide rate is on the rise throughout the country. Karunawathie's fate highlights the grinding poverty and hardships confronting broad layers of Sri Lanka's rural population. She decided to kill herself as a way out of what had become an unbearable situation.

To reach the village of Baladangolla in Uva Province, one has to travel 45km by bus from Badulla to Kuravilgolla junction. Then one walks—5km along a gravel footpath that hardly merits the name. Most of the houses have mud walls and thatched roofs; a few belonging to wealthier villagers are covered with tiles.

Karunawathie's house was among the most pitiful—a small hut just 12 by 10 feet with walls of Madu leaves (a long leaf gathered from the jungle) and a hay roof. There was no door to the house, only a sheet of wood. Inside there was not a single chair or table.

The hut provided virtually no protection from the cold, rain or the snakes which are abundant in the nearby jungle. This type of construction is normally used by farming families as a temporary shelter to be near their fields during the harvest. But for Karunawathie, it was all her family could afford.

Her husband, D.M. Sudubanda, 48, has been unable to work since falling from a tree and breaking his leg, leaving Karunawathie the only breadwinner. Their eldest son D.M. Jayawardena, aged 20, committed

suicide last year because he could not find any work. Their eldest daughter, Pathmalatha, just 16, is working as a domestic servant in a bungalow of a wealthy family in Badulla. Four younger children are aged from four to 11 years.

Karunawathie worked as a casual domestic servant in various houses in the village. She was constantly worried about her eldest son's death. The family could not afford even to bring her dead body from Badulla hospital to the village. The employer of her eldest daughter Pathmalatha sponsored the funeral at Badulla cemetery.

Sudubanda pointed out the situation his family now confronts. "These days we are solely dependent on rice granted by the Funeral Aid Society in the village. The only other relief for us is the grant of 1,100 rupees [\$US12] from Samurdhi [a limited government welfare program] once in three months."

Karunawathie had eight brothers and sisters, three of whom committed suicide in similar circumstances. In 1989, her brother D.M. Jayasekera, having failed to make a living from farming, ended his life by taking poison when he was 19. Two years later, her sister Premawathie, 28, took her own life by swallowing corn flour mixed with pesticide when drought destroyed the crop. Her brother Ariyadasa, 32, moved to his wife's village, Medaoya, but failed to find work and also took his life.

Most villagers in Baladangolla face a difficult situation. They depend on growing corn in the 60 acres of paddy field around the village but lack any irrigation and so are highly vulnerable to variations in rainfall. Last season they were unable to grow anything due to the country's drought.

Most villagers eat corn flour porridge for their main meal—in many cases their only meal for the day.

According to my guide, Sarath Wickremesinghe, children regularly collapse in school because they have not had anything to eat.

One villager explained: “We have to eat corn just like pigs. If only we could manage to find some daily work, we could have a meal in the evening. There is no hope for tomorrow.” Another commented: “Our unemployed children do not even have qualifications to join the army. They have to leave school at year 2-4.” Another villager added: “Children are absent from school in rainy days because they don’t have umbrellas. It is three and a half miles to the nearest school at Kuruwigolla.”

There is no transport. If someone falls sick or has an accident they have to be carried to the rural hospital at Uraniya on a primitive stretcher—a sack tied to two parallel poles—carried by four people. Water is scarce and is drawn from wells more than 15 metres deep so it is often impossible to even wash patients. Some villagers explained: “If someone falls ill while working in the field, we have to take him to the hospital without even washing the mud from his body. Then the hospital staff criticise us.”

The villagers spoke with contempt about government officials. “In a meeting of Samurdhi beneficiaries, officials from the Divisional Secretariat [local administrative office] and Samurdhi officers ask us ‘why don’t you make progress when you are provided with aid?’ They blame us, saying ‘you are so lazy’. But we work very hard whenever we can. How can we live with that pittance [the Samurdhi benefit]? We are indebted to the tune of about 2,000 rupees over a three month period even when we don’t eat properly.”

The incidence of suicide in this remote village is a sharp expression of a more general trend. Sri Lanka has the world’s highest suicide rate, over 55 per 100,000 people—well above the average, which ranges between 10 and 25 per 100,000. This rate has jumped dramatically over the past half century—from 6.5 in 1950 to 9.9 in 1960, 19.1 in 1970, 35.1 in 1980, 43.3 in 1993 and to the current estimate of more than 55.

There has also been a significant change in the age of those committing suicide. In 1950-60, the highest rate was recorded among older people—above 55 years, but in the next decade the group aged 30 to 55 years recorded the highest rate. Since 1970, the highest rate has been among young people 15-30 years and, in the

1980s, suicides among even younger children have started to increase.

The connection to the social problems generated by widespread poverty is clear. Badulla district is among the 10 districts that have suicide rates above the national average. Karunawathie’s village, Baladangolla, is located in the Ridimahaliyadda Divisional Secretariat Division, which has the highest poverty level in the Badulla district. About 80 percent of people in the division are dependent on some form of welfare, either Samurdhi or Janasaviya, another poverty program. Tragically, a number conclude, like Karunawathie, that the only way out of their plight is to take their own lives.



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