



CONTENT ANALYSIS OF SUICIDE CASES REPORTED DURING LOCKDOWN PERIOD IN KERALA

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Abstract: The study entitled ‘Content Analysis of Suicide Cases Reported During Lockdown Period in Kerala’ ‘The rise of Covid 19 pandemic has brought widespread psychological problems in people of the society. Committing Suicide is one of the concerning among them, this paper tries to understand the nature of suicides, gender difference in suicides, methods used in suicides by analysing the secondary data reported in three prevalent newspapers of Kerala. The researcher used a content analysis method to analyse the cases. This study finds that the nature of committing suicide is anomic, egoistic and fatalistic in this pandemic. The study also points out that most of individuals have committed suicide is men, and common method used is by hanging.

Index Terms – Suicide cases, Newspaper reports, Covid 19 pandemic, Lockdown

1.INTRODUCTION

The Coronavirus Pandemic

On December 31, 2019, the World Health Organization (WHO) contacted China about media reports of a group of viral pneumonias in Wuhan, later attributed to a coronavirus, presently named SARS-CoV-2 which is highly transmittable and pathogenic viral infection (Shereen, Khan, Kazmi, Bashir, & Siddique, 2020). By January 30, 2020, hardly a month later, WHO proclaimed the infection to be a public health emergency of international concern (PHEIC)— the most elevated alert the association can sound. Thirty days more and the pandemic was growing; the COVID-19 had spread to almost seventy nations and domains on six mainland’s, and there were about more than 4.3 million affirmed cases worldwide of Coronavirus, the disease caused about by the COVID-19 (Nicola et al., 2020).

The capacity to marshal early activity relies upon countries and worldwide establishments being ready for the direst scenario of an extreme pandemic and prepared to execute on that readiness before that worst-case outcome is certain. The virus rapidly spreads and continuously evolves in the human population (Liu, Kuo, & Shih, 2020).

The fast spread of the COVID-19 and its overwhelming loss of life and financial mischief have uncovered a failure of worldwide, domestic readiness and implementation, lack of coordination across countries, a breakdown of consistence with set up standards and peaceful accords, and an interwoven of fractional and misused reactions (Hiscott et al., 2020).

Impact of Covid19 and Lockdown on people

Studies found that the depression during the COVID-19 lockdown increased largely and it is due to various reasons. Lockdown restrictions that keep us indoors, away from our dear ones and daily activities, have had an impact on the psychological health of people. This extended period of isolation is particularly difficult for those suffering from depression (Zhong, Huang, & Liu, 2021).

It may be difficult to deal with any additional stress and feelings of anxiety that being alone and confined to a single room can trigger. It is important not to let yourself get swallowed by the uncertainty and negative news that is usually making it tough for you to disengage.

The research, conducted by Austrian, British and Belgian scientists, found out that during lockdown in the month of April, the people reporting depression and anxiety problems hiked to 52% – three times more than the before Covid-19 average of 17% (Glowacz & Schmits, 2020). According to a recent global health survey done by the International Labor Organization (ILO), one in two youngsters were vulnerable to experiencing symptoms of anxiety and depression, with over 17% were suffering due to the consequent impact of COVID-19.

Social isolation, anxiety, fear of getting Covid positive, uncertainty of the situation, chronic stress and economic difficulties may lead to the development of stress-related disorders and suicidality in vulnerable populations including individuals who has been already facing psychiatric disorders, low-resilient individuals, individuals who reside in high COVID-19 prevalence areas and people who have a family member or a friend who has died of COVID-19 (Hammond et al., 2020).

The southern state Kerala, which had initially won worldwide applause for the initiatives they have taken to handle the pandemic situation (World Health Organization: 2020). As the virus continued to spread, The Kerala state government has taken different steps to solve this issue. Since June 25, 2020 even before the announcement of the exam results for class 10 and 12 students, several multi-level initiatives have been taken to provide mental support to children to help them deal with anxiety and other problems. The scope of these programs has now been extended to include all school-going children. Government school counsellors, who are already part of the psychosocial support network and trained to be available to listen to mental health concerns, form part of the support group. The other support group is the health workers who have been provided an in depth checklist to continuously identify and report emotional issues among the children (Suicide Awareness Voices of Education, 2020). Government of Kerala has also taken the initiative for a teleconsultation facility for children who were facing stress (for instance, *Ottakkalla Oppamundu*—you are not alone, we are with you, “CHIRI”—a tele- counselling service, etc. as part of ORC (our responsibility to children) is a planned community intervention programme that connects people (Times of India., (2020)

DEFINITIONS OF SUICIDE

The word suicide originated from Latin words SUI (of oneself) and CAEDERE (to kill) in 17TH century. The word “suicide” was first used by Sir Thomas Browne- an English physician and philosopher in 1642 in his book “*Relegio Medici*”. Definition of Suicide is as an act of intentionally terminating one’s own life (Shneidman et al,1985) However, this definition does not do justice to the complexity of the concept and the numerous usages of terms. Thus, the naming for suicidal ideation has been a subject for considerable international attention and debate.

The nomenclature of suicide behaviours without fatal outcome varies as well. Sometimes they are called as "suicidality" while other times as "suicide-related behaviours" or "suicidal behaviour". The WHO defines the act of suicide as “the injury with varying degrees of lethal intent and that suicide may be defined as a suicidal act with fatal outcome” (WHO, 1968) National Crime Records Bureau (NCRB) defines the term suicide as termination of life. The important features of a suicide are: (i) It must be an unnatural death, (ii) The desire to die must come from him/herself, (iii) There should be a reason for stopping the life. (NCRB adsi-2014).

Definitions of suicidal thoughts and behaviour developed by O’Carroll et al. (1996) & adopted by the Institute of Medicine (2002) is most accepted definition. Suicidal ideation refers to thoughts of injuring or killing oneself. Suicide attempt is a non-fatal, self-inflicted destructive act with explicit intent to die. A suicide attempt should have the following characteristics: (a) self-initiated, injurious behaviour; (b) presence of intent to die; and (c) nonfatal outcome.

Suicidal behaviour is defined as a set of non-continuous and heterogeneous spectra of behaviour which includes, suicidal ideation, threats, gestures, self-cutting, low lethal suicide attempts, interrupted suicidal attempt, near fatal suicide attempt and actual suicide (Apter et al., 2008). Suicide (also referred to as “completed suicide”) is given the definition as “death arising from an act inflicted upon oneself with the intent to kill oneself” (Rosenberg et al., 1988). Although that definition might seem very straightforward, its implementation requires two judgments to be made: (a) that the death was self-inflicted and not caused by someone or something else; and (b) that the deceased person intends their actions should lead to death.

THEORETICAL MODELS OF SUICIDE

Theories of suicide or Suicidal theories are explained in different perspectives, including cognitive behavioural, biological, psychodynamic, social and developmental theories.

According to Biological theories suicidal behaviour results from the dual presence of a biologically-based diathesis (such as dysregulation of the serotonergic system in the ventromedial prefrontal cortex) and an activating psychosocial stressor.

Psychodynamic theories explain that suicide can be caused by unconscious drives, intense affections, need for escape from psychological pain, existential drives for meaning, and disturbed attachments.

Cognitive-behavioural theories proposes the reason behind suicide to hopelessness, cognitive triad, the suicidal cognitive mode, autobiographical memory deficits, perceptions of entrapment, and emotion dysregulation.

Developmental theories focus causal roles for disturbed social pressures and family systems as a reason for suicide. Individuals who die by suicide have numerous risk factors, rather than a single risk factor.

1.Sociological model

Emile Durkheim has explained that suicide is a social phenomenon which is committed by a person being influenced by societal causes and these causes always exist in social environment due to various action and reaction (Durkheim, 1951).

He categorized suicides in to four basic types each of which is described by the extent to which individuals were integrated and regulated by the constraining moral forces of society.

1. Egoistic suicide: Low Integration into society. This type of suicide occurs when the degree of social integration is low. Individuals experience a sense of meaninglessness. These individuals are internalized into the self. Example: Unmarried individuals have higher rates of suicide than married people.

2. Altruistic suicide: High Integration into society. When social integration is too strong, the person is themselves forced into committing suicide. With Altruistic Suicide, death is for the sake of others. Altruistic suicide involves a person whose sense of identity is affectionate to the group or community, and the suicide may represent a sacrifice for the good of the community. Example: - policeman dying in line of duty, suicide bombing (Pape,2005), Sati customs (L Vijayakumar, 2004).

Altruistic suicide is divided into three types: optional, obligatory and acute altruistic suicide (Stack, 2004). Optional altruistic suicide happens due to societal pressures and supported by public opinion (Stake, 2004). Obligatory altruistic suicide is considered as a duty (where respect and honour play an important factor) of an individual in the specific situations of cultural norms of the group (Stake, 2004). Acute altruistic suicide occurs when an individual kill himself to save another life (UK Essays, 2017, 12 July).

3. Anomic suicide: Low Regulation by society. This occurs as a result of any crisis with which a person feels unable to cope with and thus uses suicide as a solution. Durkheim introduced the term “anomie” to refer to a societal condition in which pre-existing norms no longer control behaviour because of rapid societal change. The crisis arises when the individual is left alone to deal with change, without the benefit of guidance by social convention. Example: Suicide from great loss (lay-off)

4. Fatalistic Suicide: This type of suicide is due to over domination in society. Under the over domination of society, when a servant or slave commits suicide, when a barren woman commits suicide, it is the example of fatalistic suicide (Marci Littlefield, (2020)

Although Durkheim's theory of suicide has contributed much about the understanding of suicide, because of his stress on social rather than on biological or personal factors, the main drawback of the theory is that he has laid too much stress on a single factor, namely social factor and has forgotten other factors, thereby making his theory defective. (Marci Littlefield, (2020)

2.Psychological models

Psychodynamic Models

Freud (1917) referred to “retroflexed rage” inherent in suicidal behaviour, that is, the redirecting toward oneself of an aggressive impulse that was initially focused on a significant other (e.g., parent, lover) i.e., hostile aggression turned inward. It is thought that suicide is a cause of unconscious drives (Menninger, 1938).

Cognitive Models

Beck and colleagues (1987) proposed that the diathesis for depressive and suicidal symptoms consists of cognitive self-schemas that contain certain negative beliefs, including dysfunctional attitudes and cognitive distortions. An example is any person who, after making one small mistake at a public speaking event, becomes convinced that every attendee thinks he is stupid. Hopelessness plays a key role in Beck's model,

along with the negative triad of negative thoughts about oneself, others, and the future (Beck et al, 1990). Like any other depressed individuals, suicidal Individuals misconstrue their situation in negative ways. But the suicidal person is hopeless about the situation, hence looks at suicidal behaviour as the only possible solution.

Social-learning models

These suggest that suicidal behaviour can be learned or promoted through direct or indirect exposure to people who have suicidal behaviour. An example for this model might be suicide “cluster,” which the Centre for Disease Control and Prevention defines as a group of suicides or suicide attempts that occur closer to each other in time and space than they normally be expected (O’Carroll et al, 1988).

Psychological and interpersonal models

These models use both internal psychological processes and interpersonal dynamics in describing and explaining suicidal behaviour. David Jobes and colleagues (1997) described two classes of suicidal individuals:

- Individuals with an “intrapsychic” orientation is focused on their psychological distress, are less drawn to provide treatment than others, tend to be disproportionately male, and may be at higher risk for completed suicide than attempted suicide.

Those with “inter-psychic” orientation tend to be females, who are more oriented toward the relational aspects of their problems, more likely to seek treatment, and at higher risk for attempted than completed suicide.

Joiner (2006) developed an “Interpersonal-Psychological” theory of both attempted suicide and completed suicide.

Briefly, according to the theory, the most dangerous form of suicidal desire is caused by the simultaneous presence of two interpersonal constructs—thwarted belongingness (I am alone) and perceived burdensomeness (I am a burden)—and further that the capability to engage in suicidal behaviour is separate and completed suicide.

Need for the study

The decline rate in social gathering due to COVID-19 pandemic has raised various mental health problems among the individuals. Committing suicide is one of the most taken steps among youths. Committing suicide is a matter of grave concern due to COVID-19 in India. It has been pointed out that suicide may become a more serious issue as it is increasing through the spread of pandemic and has longer-term effects on the common population, financial stability and vulnerable people (Gunnell et al., 2020)

Various reports and studies have pointed out that there are two main reasons behind committing suicide in this pandemic; first is fear of infection and second is nationwide lockdown due to COVID-19. It has been found in a report that around 80 people have committed suicide due to loneliness and fear of infection from coronavirus from 18 March 2020 to 2 May 2020 in India (Thejesh and Sharma, 2020). COVID-19 brought an impact to all aspects of our life. The extended period of isolation is particularly difficult for those suffering from depression. However, studies have not been conducted to find out the suicidal rates in Kerala during Covid-19.

The media has reported on several heart-breaking suicides believed to be linked to the COVID-19 pandemic and its impacts that is taking on individuals. The reasons can be the lockdown has locked up various ways which people previously used to cope with stress. Moreover, many people suffer isolation, loss of jobs, women face domestic violence, children face child abuses, problems with substance abuse etc.

Newspaper reports on suicide cases during the Covid 19 pandemic and lockdown following this has been used to investigate, since a crucial part of the way the public understands about suicide cases is through newspaper accounts.

Statement of the Problem

A content analysis of Suicide cases during lockdown period reported in Kerala Newspapers.

Aim

To analyse the suicide cases during lockdown period reported in Malappuram edition Malayalam newspapers.

Objectives

- To know and analyse the increase in suicide cases during lockdown period reported in Malappuram edition Malayalam newspapers.
- To explore the factors affecting committing suicides during lockdown period

11. RESEARCH METHODOLOGY

The researchers have used secondary data for the present study. Data was obtained from news reports of Madhyamam, Malayalammanorama, and Deshabhimani newspapers. These were selected because these are widely read newspapers in Kerala. Reports are taken from the first date of lockdown in India '24 March 2020' to '1 August 2020' where Unlock 3 has come into effect. The present study has used a content analysis method to analyse cases related to suicide due during lockdown period

Procedure

The topic was selected. Data were collected from three different newspapers in which Malayala Manorama stands first in Malayalam newspaper dailies by circulation. currently has a readership of over 20 million (M., (2019), Madhyamam is the third largest Malayalam daily in India in terms of circulation and advertising volume (First International Indian Newspaper | Largest Malayalam Daily | Madhyamam, 2021) and Deshabhimani is the third-largest Malayalam language newspaper by circulation (Highest Circulated Daily Newspapers (language wise),(2020) also Kerala's first and only Internet News Portal on Malayalam.

Following reviewing the content of the included news reports, data were extracted in a structured format under the following headings: date of publication of news report, name of the newspaper, particulars of the deceased (age, gender, education or occupation), mode of suicide, presence of mental illness/not. Quality checking of data was done by two investigators (first and second author) and duplicate entries were removed. During data cleaning, duplicate suicide reports were removed by matching date & place of suicide, names (if available), age and gender.

Then 6 categories are made based on the theme of the topic. The categories are victim's age group, victim's gender, whether working or studying, whether diagnosed with mental illness or not, method of committing suicide and immediate reason behind suicide. These categories are again divided into sub-categories.

Based on the reports the frequency of above-mentioned categories is tally marked. The total and its corresponding percentage were found. The discussion was done by considering the percentage of each category.

III. RESULT

Table 1: Frequencies and Percentages of various categories of dimensions of the newspaper data

SL. No:	CATEGORIES		FREQUENC Y	PERCENTAG E
1	Age group of suicide victims	Below 18	14	15
		Between 19-40	43	46
		Between 41-60	27	29
		Above 61	9	10
2	Gender of suicide victims	Male	68	73
		Female	25	27
3	Educational qualification	Student	40	43
		Workers	53	57
4	Whether diagnosed with Mental illness?	Yes	12	13
		No	81	87
5	Method of committing suicide	Hanging	56	60
		Immolation	17	18
		Drowning	11	13
		Poison	6	6
		Jumping from building	3	3

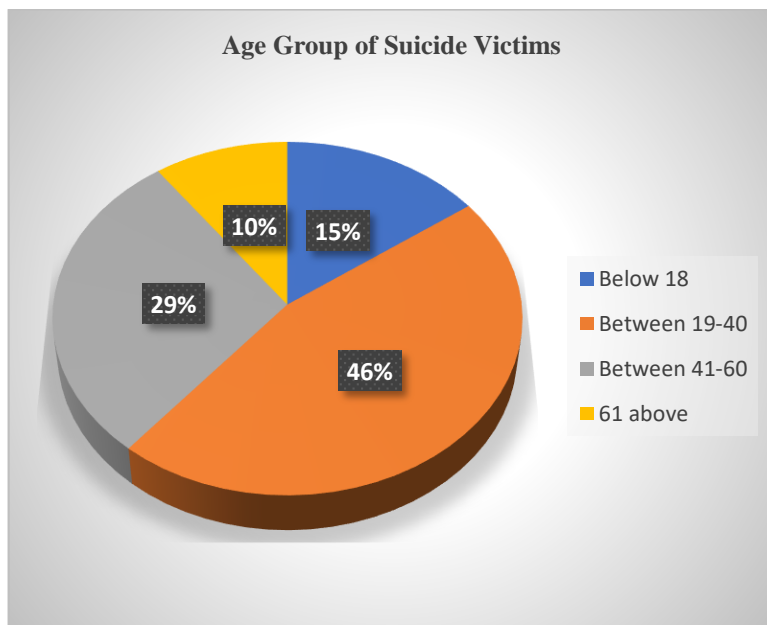


Fig 1

Victim's age group

Figure 1 reveals that maximum of 46% of people who belong to the age group of 19-40 years have committed suicide. While 29% incidents of suicide belong to 41-60 years age group, 15% incidents of suicide have been committed by age group of below 18 years and 10% individuals have committed suicide, who belong to the age group of 61 years or above age group.



Fig 2

Figure 2 shows that 73% of men have committed suicide as compared to 27% women have committed suicide

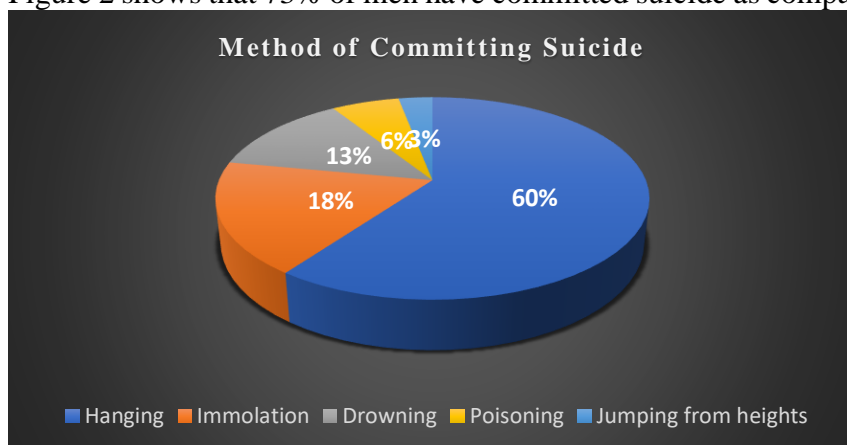


Fig 3

Method of Committing Suicide

Figure 3 shows the method of Committing Suicide, A 60% of the cases reported suicides by hanging, followed by 18% reports suicides by Immolation, 13% reports suicides by Drowning, 6% reports shown suicides by poisoning and 3% reported suicides by jumping from heights.

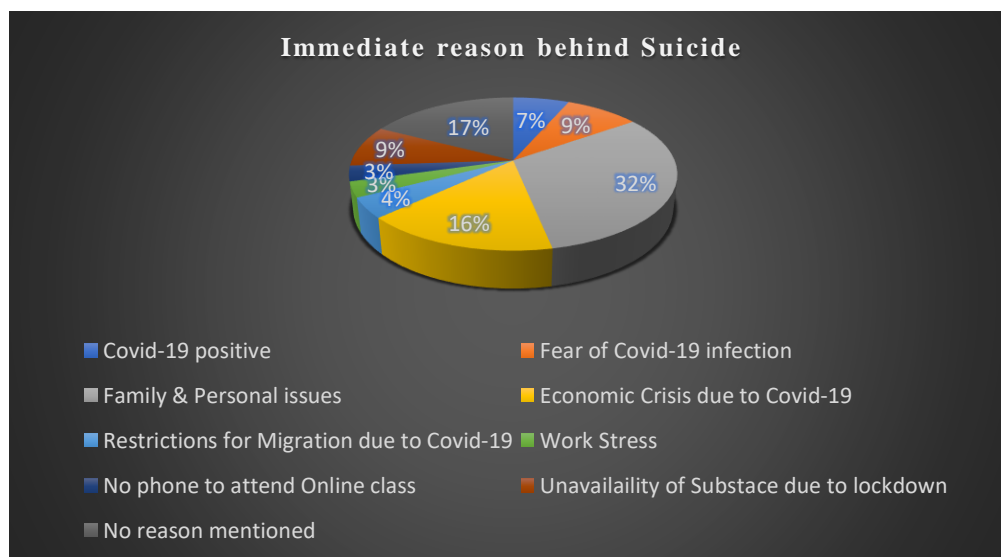


Fig 4

Immediate reason behind suicide

Figure 4 shows that most of the suicide cases 32% have been committed due to family and personal issues which is followed by 17% of suicide cases were reported without mentioning their cause, 16% of suicides due to economic crises during COVID-19, 9% of suicide cases due to fear of COVID-19 infection, another 9% of suicides were reported due to unavailability of substances due to lockdown, 7% suicided as when they diagnosed with COVID-19 Positive, 4% suicides were due to restrictions for migration due to lockdown, 3% suicides due to unavailability of phone to attend online classes, and another 3% suicided due to their work stress during COVID-19.

IV.DISCUSSION

Those who have committed or are committing suicide during the pandemic, it can be analysed and examined under the Durkheim's perspective of suicide such as anomic suicide, egoistic suicide, altruistic suicide and fatalistic Suicide. Hence, this paper has discussed the nature of suicide in selected societal area during the current pandemic through Durkheim's perspective of suicide.

Anomic nature of Suicide

By analysing the reasons behind suicide, it can be seen there is 46% of Anomic nature of Suicide, the pandemic has shifted people suddenly into unexpected changes like all markets, factories, government offices shutdown leading to huge unemployment, cut in salaries etc also brings disappointments and frustration in them. As these rises in to its peak level and couldn't cope up they push themselves towards committing suicide. The researcher has found there are many reasons for committing suicide. Figure has shown the causes of suicide such as economic crisis (16%), unavailability of substance (9%), restrictions for migration (4%) due to COVID-19 pandemic.

Stranded Workers Action Network (SWAN) has assumed and estimated in its study that around one-third of India's households are faced with a relentless livelihood crisis immediately after the pandemic declared. Moreover, SWAN has pointed out in the study of migrant workers that around 90% of migrant workers did not get paid by their employers and also did not receive any relief from the government after lockdown was declared in various states of India (The Hindu Data Team, 2020a). Moreover, the Centre for Monitoring Indian Economy (2020) stated that the unemployment share increased to 24.2% while urban employment was merely 26% for those who had barely any source of income to tide over. The Centre for Monitoring Indian Economy (2020) has found in its report that around 90% of workers who left their job between 14 and 26 April 2020, did not get any cash assistance from the government.

The study found that due to the current pandemic, all business sectors, industries, factories, restaurants, construction sites and other various sectors were completely shut down for two months. Centre for Monitoring Indian Economy (CMIE) (2020) has pointed out that the unemployment rate increased in the last week of March 2020 from 8.4 to 23.8% and also real term unemployment also rose from 32 to 38 million. It has been found in a study that 285 million people were working in the first week of lockdown out of 1,003 million

workforces. However, just before the lockdown, it was 404 million which means around 119 million lost jobs in the first week of lockdown (Khan and Mansoor, 2020). Moreover, many of them have not received salary even after work or half their salary was released from their organization. The economic decline affected the daily way of life of every people and their well-being; therefore, many people have committed suicide in this corona pandemic

Egoistic nature of Suicide

The present study has found that 31% of cases of suicide have been reported as anomic suicide. We can understand the causes of suicide in this global pandemic based on egoistic suicide. When an individual is infected from coronavirus or he/she is a corona suspect, family members, relatives and neighbours begin to maintain social distance from such a person. Due to such infection or suspected to be corona positive, they lose emotional, mental and social support from their native members/societies which make them feel alienated and loneliness due to this they compel to commit suicide. Moreover, many times infected persons or suspects are sent in institutional isolation and quarantined by government officials. Those who are corona infected or suspect, they have to live alone for 14 days, and they are not allowed to meet their near and dears, some of them feel that they lost their care from their family members which lead towards depression and increase suicidal tendency among them. The study has pointed out there are two major reasons behind committing suicide under egoistic suicide such as isolation and quarantine and family issues.

In any individual ignored quarantine they have to face insult and rejection from the society and family members. Consequently, this insult and rejection compelled them to commit suicide. In one case, for instance, a retired railway employee committed suicide in-home quarantine (Dainik Bhaskar, 2020, 29 April). It was found in this case that a retired person was suspected of COVID-19, and he was quarantined due to that. He most probably worried that he has been boycotted by his family members and society after quarantined, in compulsion he committed suicide. Another case, for instance, a 17-year-old girl committed suicide due to lack of money to buy a smartphone for online classes (World Asia, 2020, 9 June). This case happened in Punjab in which a girl was asking for a smartphone from their parents to attend online classes, as due to a lockdown all the regular classes were converted to online classes. Unfortunately, due to financial weakness, the family members were not able to afford a smartphone. The family members were said to adjust with others, but the proposal was not acceptable to the girl. Because of frustration and helplessness, she committed suicide.

Fatalistic nature of Suicide

Analysis of the present study has pointed out that there is Fatalistic nature of suicide in 22% of cases of suicide due to COVID-19. Individuals who were working smoothly have been forced to shift into work from home situations, hectic work schedules especially in the case of medical sectors, and higher economic crises lead to work stress, frustrations, and a feeling of helplessness. This led to an increased tendency to end life. The overdominance and power from higher authorities on lower employees, along with sudden changes in schedules, timings and wages provided has created a poor mental wellbeing in employees.

V.CONCLUSION

The researcher collected suicide reports from print medias popular in Kerala, and has found that the COVID-19 Pandemic and resultant lockdown has become a ground for increased suicides. The current study analysed the nature of suicide through anomic, egoistic and altruistic suicide which were first examined by Emile Durkheim in the study of suicide as a social phenomenon. As digging up into the other aspects behind the suicide, it was seen that individual of age group between 19-40 years has major suicide rates, suicides among men is far higher than women, most common method of suicide found is by hanging and anomic nature of suicide is the highest.

This study sheds light to the importance of mental health care to be provided during such emergency lockdowns. Common people facing such an immediate lockdown is committing suicide due to rapid economic and social fall out and fear of corona infection which are leading to various mental disorder problems such as chronic stress, anxiety, depression and alcohol dependence. It is necessary to implement a national-level program for suicide prevention during such pandemics. The government should run mental health programs in collaboration with psychologists and NGOs to reduce the cases of suicides in future.

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