

Essay

Efforts to Decriminalize Suicide in Ghana, India and Singapore

Deborah L. Kahn¹ & David Lester^{2,✉}

¹ Southwestern Law School, Los Angeles, USA

² The Richard Stockton College of New Jersey, USA

Submitted to SOL: 15th January 2013; accepted: 26th August 2013; published: 9th December 2013

Abstract: In recent years, many nations have decriminalized suicide and attempted suicide, including Canada, Ireland and Sri Lanka. The present paper discusses three countries that are moving toward decriminalizing suicidal behavior (India, Ghana and Singapore) and notes the different pressures for this change – in India from the Supreme Court, in Ghana from NGOs and healthcare professionals, and in Singapore from the legislature.

Keywords: Decriminalization, Suicide, India, Ghana, Singapore

Copyrights belong to the Author(s). Suicidology Online (SOL) is a peer-reviewed open-access journal publishing under the Creative Commons Licence 3.0.

“Suicide has been denounced as a great sin by some and eloquently defended as a natural right of man.” (Wright, 1975, p. 156)

In early 2009, Davinder Singh was injured in a serious accident and could not afford proper medical care. After the accident, he was having a difficult time supporting his family and could not afford vital surgery on his right leg. To obtain money for his operation, he took out a loan from his younger brother and was paying installments. One morning, he got into a heated argument with his brother regarding the loan, which resulted in a physical altercation. Upon leaving his brother's home, Singh obtained a canister of diesel fuel and a box of matches. Later, when police found and arrested Singh, they found the box of matches and realized he was doused in diesel fuel and in the midst of committing suicide. Singh was soon taken into custody where he would await sentencing for

attempted suicide.¹ Singh's arrest is not all that rare. In some countries today, attempting suicide is still prosecuted and treated as a criminal offense. Why have these countries not revised their statute books? This article addresses why countries should repeal their anti-suicide laws and analyzes methods to promote social change.

Harsh treatment of suicide offenders has been a common trend throughout history and is still prevalent today (Murray, 2000). Much recent legal attention has been given to assisted suicide and euthanasia, but suicidal individuals are still persecuted in some parts of the world.² Historically, suicide has been treated as a crime with legal consequences that were enforceable against the so-called “perpetrator,” such as prohibition of burial in church graveyards (Bailey, 1988) and forfeiture of the deceased's property (Marks, 2003). But criminalizing and punishing people who have hurt themselves,

✉ David Lester, Ph.D.
Distinguished Professor of Psychology
The Richard Stockton College of New Jersey
Galloway, NJ 08205-9441
USA
Tel: +1 609-652-4254
Email: David.Lester@stockton.edu

¹ Reported in the Ludhiana Tribune, August 30, 2009: www.tribuneindia.com/2009/20090830/ldh1.htm (accessed 8/12/2011).

² Gormally, L. (1997). Euthanasia and assisted suicide: seven reasons why they should not be legalized. <http://www.linacre.org/newsle~1.htm> (accessed 8/12/2011).

perhaps as a “cry for help” (Farberow & Shneidman, 1961), may not necessarily serve as deterrent.

However, in order to reform these laws, more is involved than just changing words in a statute book. Reform requires a long and arduous process of social evolution and change. In recent years, some countries have repealed laws with disproportionate penalties, such as death by stoning for adulterous acts and the criminalization of homosexuality. These behaviors should not be criminal issues, but rather social and psychological issues. For example, the modern trend is for nations to abolish capital punishment, a trend that is encouraged by the United Nations, regardless of whether capital punishment is a deterrent or not and regardless of whether the majority in the nation support capital punishment or not (Lester, 1998).

In recent years, many countries have decriminalized suicide.³ Although these countries still discourage suicide, they also promote an understanding of the act, and they try to control the social and environmental causes of suicide, rather than punishing individuals who attempt suicide. As previously discussed, effacing a law criminalizing suicide from a statute book appears to be a simple legal solution, but there is much more that is needed to make a successful transition. After all, revising a Criminal or Penal code can only do so much when the real problem lies in a country’s societal norms and beliefs.

This paper will examine the methods being used to achieve change in countries that still criminalize suicide. The three countries discussed (India, Ghana, and Singapore) all have some movement or discourse toward the possibility of repealing their respective laws. For example, in India, the Supreme Court has been vocal in discussing a move toward decriminalizing suicide. In Ghana, NGOs (Non-Government Organizations) and health care professionals have been vocal in aiding Ghana in decriminalization. Finally, in Singapore, the country’s legislature has made efforts to change the legal practices regarding suicide.

The Experience of Countries that have Decriminalized Suicide

Today, only a handful of countries still criminalize suicide,⁴ and Neeleman (1996) has

reviewed the timing and nature of decriminalization in fourteen countries. Lester (2002) examined the impact of decriminalization of suicide in seven nations (Canada, England and Wales, Finland, Hong Kong, Ireland, New Zealand, and Sweden) and found that suicide rates were higher in the five years after decriminalization than in the five years before. The average rate in these seven nations rose from 9.66 per 100,000 per year to 11.24. However, this may not indicate that the actual suicide rate increased. It may mean that coroners and medical examiners were more likely to certify suicidal deaths accurately (and not disguise them by labeling them as accidental or undetermined). It is not possible at the present time to decide which of these possibilities is valid. Lester’s study also failed to take into account other socioeconomic changes that occurred during the periods of decriminalization.

Canada

Canada repealed its laws criminalizing suicide about 35 years ago.⁴ The offense of attempted suicide was listed in Canada’s original *Code* at s.238 and continued unaltered until its repeal in 1972 by the Criminal Law Amendment Act (1972 c.13, s.16) (Young, 1998). The Minister of Justice explained that Canada had removed the offense of attempted suicide because of the belief that suicide is not a matter that requires a legal remedy and that deterrence based on the legal system is unnecessary.

Lester (1992) examined suicide rates for the ten years prior to decriminalization and for the ten years afterwards and reported that the mean annual Canadian suicide rate from 1962 to 1971 was 9.3 suicides per 100,000 people per year, but from 1973 to 1982 the mean rate was 13.6, which was significantly higher. One simple explanation for this increase in the official suicide rate after decriminalization is that coroners and medical examiners may certify suicidal deaths more accurately. Suicides that were perhaps “covered up” and classified as accidental death or as open verdicts (or undetermined), to spare the surviving family members stigma, may now be classified (and counted). However, Cantor, et al. (1996) found no evidence that there were changes in reporting practices in Canada during the period 1960 to 1989 (although they did find evidence of under-reporting of suicides in Ireland).

³ For example, England and Wales 1961, New Zealand 1961, Hong Kong 1967, Canada 1972, and Ireland 1993 (Lester 2002).

⁴ Law Commission of India, (2008). *Humanization and decriminalization of attempt to suicide*

<http://lawcommissionofindia.nic.in/reports/report210.pdf> (accessed 8/12/2011).

⁴ Mental Health Division, Health Canada, (1994). *Suicide in Canada: Update of the report of the task force on suicide in Canada* www.phac-aspc.gc.ca/mh-sm/pdf/suicid_e.pdf (accessed 8/12/2011).

Lester (1992) noted, however, that the suicide rate in Canada was increasing during the period of 1962-1982, and he found that the rate of increase was less after the decriminalization of suicide in 1972. This suggests that socio-economic factors were influencing the Canadian suicide rate during this period, and that decriminalizing suicide did not worsen the impact of these socio-economic changes.

Ireland

In 1993, Ireland became the last country in Western Europe to decriminalize suicide (Walker, 2008), passing the *Criminal Law Suicide Act of 1993*, which abolished the 1871 law that made suicide an offense and amended the statute to enforce only being an accomplice to suicide as an offense. Today, section 2(1) of the *Criminal Law Suicide Act of 1993* reads, "Suicide shall cease to be a crime."

Directly following the change in law, Ireland made changes to promote public awareness of suicide and prevention strategies (Walker, 2008). Ireland coordinated suicide prevention initiatives across the country to provide information for more local support, creating two-day workshops that trained people on how to perform emergency suicide intervention. Even with the aforementioned developments, the number of suicides in Ireland doubled between 1987 and 1998 (Corcoran, et al., 2006). However, Cantor, et al. (1996) found evidence that at least part of this increase was a result of more accurate recording and counting of suicidal deaths.

Sri Lanka

Although attempted suicide was a crime in Sri Lanka,⁵ the suicide rate in Sri Lanka increased six-fold between 1950 and 1985, and a Presidential committee was established in 1997 to address the high rate of suicide. The committee recommended the removal of the crime of suicide from the statute book. Besides decriminalization of the attempted suicide law, the committee also recommended an increase in medical services (including those for the management of serious mental illness) and discouraged widespread media reporting of the prevalence of suicide incidents. In May 1998, the Parliament implemented an act to repeal the country's strict laws on taking one's own life.

Sri Lanka also reduced the ready access to materials (especially pesticides) used to commit

suicide (Gunnell, et al., 2007). Implementation of all of these tactics in Sri Lanka during this time seemed to be successful because they were accompanied by a decrease in suicide rates. From 8,514 suicides in 1995, the number declined to 5,412 in 2000 (Hawton, 2005). Because several tactics were employed to address the high suicide rate, it is, of course, difficult to determine which tactics were the most effective, and no study has appeared to examine the role of social and economic changes on the suicide rate in Sri Lanka.

Countries Moving toward Change

India, Ghana, and Singapore have each made individual efforts towards a revision of their respective criminal and penal codes. However, the stigma associated with suicide still remains deeply rooted in each country's culture and traditions, and so these countries have found it difficult to change the law and attitudes of the population. In each of the respective countries, attempted suicide is still regarded as a criminal offense.

India

In India, more than one hundred thousand lives are lost to suicide every year (Vijaykumar, 2007). In the last two decades, the suicide rate has increased from 7.9 per 100,000 per year to 10.3. An estimated one in 60 people in India are affected by suicide if we include those who have attempted suicide and those who have been affected by suicide of a close family member or friend. Thus, suicidal behavior is a major public health and mental health problem that demands urgent action.

One reason why Indians view suicide with disapproval is its characterization as a crime in the Indian Penal Code itself. The Indian Penal Code was formulated by the British during the British Raj Regime of 1860 and is founded primarily on English law, with modifications and adaptations to Indian conditions (Keeton, 1970). Great Britain once criminalized suicide also (Neeleman, 1996) and, through colonization and adoption of British customs, India in turn also adopted the law regulating suicide. India's suicide law is based on the principle that the State is the protector of the lives of the people and the State is under an obligation to prevent people from taking their own lives just as it prevents citizens from taking the lives of others (Gaur, 2004).

Aside from the fact that suicide is criminalized in India, some of the censure that accompanies suicide is also caused by Indian culture itself. Indian culture (whether Hindu, Islamic or other cultural system) imposes strong degree of social regulation on its members. Survivors of attempted

⁵ World Health Organization, *Suicide prevention: Emerging from darkness*
www.searo.who.int/en/Section1174/Section1199/Section1567/Section1824_8089.htm (accessed 8/12/2011).

suicide are viewed as tainted members of society (Mojica & Murrell, 1991). In addition, because of the strictness of the Penal Code and the cultural shame of follow-up police visits, it results in gross underreporting, refusal to help the affected person, and fear of notifying the proper authorities (Joseph, et al., 2003). In turn, individuals and their families conceal the facts involved in the attempt, and as a result, the affected person does not receive proper medical or psychiatric help. Additionally, the social structure of the culture impacts the primary motives for suicide in India which often involve friction with parents, in-laws and spouses (Lester, Agarwal & Natarajan, 1999).

In India, the Supreme Court has begun moving towards decriminalizing attempted suicide. Currently, there has been heavy debate regarding the humanitarian aspect of this law and the courts have continually commented on the constitutionality and desirability of this provision,⁶ but judicial opinion on suicide has been varied and contradictory. The Supreme Court of India at one point even declared Section 309 unconstitutional on the grounds that it amounted to punishing the accused victim twice.⁷

In the 1994 case, *P. Rathinam v. Union of India*, the Supreme Court held that Section 309 of the Penal Code should be effaced from the statute book in order to humanize Indian penal laws because it is a "cruel and irrational provision" and is against religion, morality, public policy, and has "no beneficial effect on society."⁸ The Supreme Court in *Rathinam* argued that Section 309 of the penal code does not violate Article 14 (equal protection of the law), but does violate Article 21 of the Indian Constitution, which protects life and personal liberty. The Court argued that the "right to die" is implied in Article 21.

Although the court made several valid points in *Rathinam*, the case was overturned in 1996. In *Smt. Gian Kaur v. State of Punjab*, the Supreme Court of India reversed its previous judgment, stating that Section 309 is constitutionally valid but is not desirable nor is it serving any purpose.⁹ The opinion stated that Section 309 does not violate Article 14 nor

Article 21 of the Indian Constitution, and one of the reasons the Court gave is that, in practice, the accused has been dealt with compassion under Section 562 of the Code of Criminal Procedure (where an offender can be released on probation only before he is sentenced to any punishment). Whether the previous assertion of compassion is true, the court also argued that Article 21 cannot be construed to include the "right to die" as a part of a fundamentally guaranteed right.

Since 1996, the Indian Supreme Court has not heard any other cases involving Section 309, although the 210th Law Commission of India Report has recommended an elimination of Section 309.¹⁰ Although ultimately the Indian Supreme Court has not decriminalized attempted suicide at the present time, the fact that it did decriminalize the law briefly in 1994 is progress nonetheless.

Ghana

Suicide has recently been recognized as a major public health problem in Ghana.¹¹ GhanaWeb recently estimated that about 1,800 Ghanaians died from suicide each year¹² which, based on a population of 25 million, is equivalent to an annual suicide rate of 7.3 per 100,000. There has been especial concern on a rising incidence of suicide in young people in Ghana.¹³ For a small country with the goal of reaching a middle-class status by 2015, this statistic is a disappointment.¹⁴ Human development is indexed in part by adequate mental health services, and suicide prevention is an important task for Ghana.

The Ghana Criminal Code originated from British common law imposed when the British gained possession of the Gold Coast in 1872.¹⁵ After revisions, in 1960 Ghana codified their Criminal Code, and Clause 2 of Section 57, which discusses the crime of suicide, was officially enforced (Read, 1962). Since then, the Ghanaian Supreme Court has not ruled on Section 57 of the Criminal Code.

¹⁰ See footnote 6 above.

¹¹ R. Ollenu, (2010). *Ghana: Suicide rate hits alarming proportions.*

<http://allafrica.com/stories/201001181271.html> (accessed 8/12/2011).

¹² www.ghanaweb.com, May 22, 2012, accessed January 1, 2013.

¹³ allafrica.com/stories/201209060756.html accessed January 1, 2013.

¹⁴ B. P. Yaro, (2010). *Ghana: Reflections on the mental health situation in Ghana.*

<http://allafrica.com/stories/201002081541.htm>. (accessed 8/12/2011).

¹⁵ V. Essen, (2005). *Researching Ghanaian law.* <http://www.nyulawglobal.org/globalex/Ghana.htm>. (accessed 8/12/2011).

⁶ S. Vishven, *Analysis of anti-suicide law in India.* <http://ssrn.com/abstract=1305022> (accessed 8/12/2011).

⁷ ExpressIndia.com, Agencies, *Why punish those who attempt suicide?* <http://www.expressindia.com/latest-news/Why-punish-those-who-attempt-suicide/323047/> (accessed 8/12/2011).

⁸ *P. Rathinam vs. Union of India* (1994) 3 S.C.C. 394 (India) <http://www.indiankanoon.org/doc/542988/> (accessed 8/12/2011).

⁹ *Smt. Gian Kaur v. State of Punjab* (1996) 3 S.C.C.339 (India) <http://www.rishabhdara.com/sc/view.php?case=13922> (accessed 8/12/2011).

In traditional Ghanaian culture, if someone had committed suicide, the community's ancestors would not admit his spirit to the "land of the dead" (Schott, 1987). It is believed that the ancestors would drive his spirit back to Earth, and he would wander around as a ghost, threatening his surviving relatives. In ancient times, those who committed suicide would receive the same burial treatment as thieves, adulterers, and witches. According to Justice Ocran of the Ghanaian Supreme Court (2006), in ancient times, suicide was considered to be a serious offense with serious consequences such as decapitation and confiscation of all personal private property. Thus, the stigma of committing suicide is deeply rooted in traditional Ghanaian culture. Rattray (1969) has noted that, in the past, the Ashanti ethnic group saw suicides as seeking to evade punishment for crimes or sins that they had committed, and so they tried the corpses and administered punishments such as decapitation.

In Ghana, NGOs are trying to have the suicide law effaced from the Ghanaian Criminal Code. The Network for Anti-Suicide and Crisis Intervention (NACI), an internationally recognized NGO, has called on the Ghanaian legislature, the Attorney General and the Minister of Justice to repeal clause 2, section 57 of the 1960 Criminal Code.¹⁶ NACI's petition made three suggestions: (1) Ghana should have a close look at what is done in other jurisdictions in decriminalizing suicide and attempted suicide; (2) Ghana should speed up the passage of the new Mental Health Bill to improve on the nation's mental health system and help eliminate the high level of stigma attached to mental illness; and (3) Ghana should take measures to make the nation's hospitals distinguish suicide attempts and suicide deaths from other injuries and deaths in order to help track the number of suicide attempts in the country.¹⁷ NACI has also sent a similar petition to the President of Ghana. However, neither the President nor the legislature has responded to NACI's petition, and no plans have been made for negotiating a solution.

Osafo, Knizek, Akotia and Hjelmeland (2012) found that psychologists in Ghana tend to see suicide as a mental health issue, but nurses tend to hold a moralistic view and view suicide as a crime. Nonetheless, NACI and the International Association for Suicide Prevention (IASP, a scholarly organization) celebrate *World Suicide Prevention Day* in Ghana

¹⁶ Staff, (2007). *Be soft on suicide*.
<http://www.modernghana.com/newstthread/146947/5/28763> (accessed 8/12/2011).

¹⁷ Staff, (2010). *Ghana: Anti-suicide body advocates reform of criminal code*.
<http://allafrica.com/stories/201002011570.html> (accessed 8/12/2011).

each year.¹⁸ On this day the NGOs publicize suicide and suicide prevention and ask for immunity for the people who are serving sentences in Ghanaian prisons for attempting suicide. They also use this day to ask for support from local, national, international organizations and philanthropists to fund research, intervention programs, school suicide prevention plans, and training for the media on how to report suicide. Although NACI has been unsuccessful in its efforts so far, the organization continues to work to create change in Ghana.

The NACI noted that health care is affected by the law on suicide is because "hospitals refuse to admit [individuals] who have attempted suicide, unless [they] produce a police report," even if the patient is admitted for unrelated reasons.¹⁹ Adinkrah (in press) studied 21 cases where attempted suicides had been prosecuted. Of these five were given prison sentences ranging from 3 to 36 months, one was fined the equivalent of \$10,000, one given two years on probation, and two were referred to the psychiatric authorities. (The outcome for the other 12 defendants was unknown.) Some attempted suicides feel that they deserve punishment because of the stigma and shame of attempting suicide in a country where it is still a taboo subject.²⁰ Patients are often too ashamed to admit that they have suicidal thoughts and, when patients cannot share their feelings of depression, it is difficult for the medical community to know how serious the problem of depression and suicide is in Ghana.

Singapore

Unlike India and Ghana, there is a great deal of published epidemiological research on suicide in Singapore. Chia and Chia (2008) reported a suicide rate of 12.5 per 100,000 per year for men in Singapore and 6.4 for women, similar to the rates in India. Suicide is responsible for 2.4% of all deaths in Singapore, and this percentage is highest for those 20-29 years of age. The suicide rate has remained steady between 1993 and 2003.

The Singapore Penal Code was established in 1871 and is essentially the Indian Penal Code of 1860, which originated from the modified codification of

¹⁸ See footnote 12.

¹⁹ Staff, *Repeal criminal law on suicide*.

<http://www.ghanaweb.com/CrusadingGuide/article.php?ID=7819> (accessed 8/12/2011).

²⁰ S. Hayward, (2010). *Alternative medicine in Ghana: part three: the crime of killing yourself*.
<http://www.jhr.ca/blog/2010/10/alternative-medicine-in-ghana-part-three-the-crime-of-killing-yourself/> (accessed 8/12/2011).

English common law.²¹ Therefore, similar to India and Ghana, Singapore adopted its suicide law as a result of British colonization.

Singapore's culture is very diverse. Singapore is a "melting pot," consisting of Chinese, Malays, and Indians, who observe different religions and cultural practices (Kok, 1988). Those who are Buddhists have no strong beliefs against taking one's life, while the Muslims (who are primarily Malays) strongly condemn suicidal behavior. The Indian residents are mostly Hindus, and they believe in reincarnation and rebirth, and suicide is not forbidden. The Malays have the lowest suicide rate and the Chinese have the highest suicide rate, especially among the elderly (Chia & Chia, 2008).

Although Singapore has not repealed its suicide law, the country's administration has humanized enforcement practices. The Singapore legislature deals with attempted suicide incidents very differently compared to India and Ghana. Although attempted suicide still remains a criminal offense under the law, the state only presses charges in three circumstances: (1) when the person repeatedly tries to kill himself; (2) when resources are wasted in preventing him from taking his life; or (3) where the person trying to kill himself has committed other offenses in the process, such as injuring another person.²² In these more serious cases, offenders can be jailed up to a year or fined \$10,000 or both. In addition, the police may also encourage the individual to seek counseling or refer them to the Institute of Mental Health for treatment. Patients admitted to a government hospital for treatment for attempting suicide have to be reported to the police so that law enforcement can document and keep records (Chia & Tsoi, 1974). Most individuals who attempt suicide are arrested, but in 2007 only 11 individuals were charged in court.²³ Therefore, Singapore's implementation of the attempted suicide law is very different than India's and Ghana's.

An example of how this practice is implemented is illustrated by a Singaporean "Community Court" case. In this case, a 50-year-old woman climbed onto the railing of the Benjamin Sheares Bridge near the Changi Airport at 5:45 pm.²⁴

The barefooted woman gestured furiously several times during a two-hour standoff, resulting in a massive traffic jam and delayed flights as the Police Coast Guard and the Singapore Civil Defense Force tried to talk her into coming down. At about 8 pm, the woman relented and was pulled to safety. She was later arrested for attempted suicide. In this case, the courts would be able to charge the woman with violating Penal Code Section 309 because her suicide attempt satisfies exception two of the law ("when a lot of resources are wasted in preventing the individual from taking his life"). The woman could be sentenced to time in prison, a fine, or both. However, the police regularly refer individuals to counseling or mental health treatment, and so she might be able to obtain help.²⁵ Thus, although Singapore has not repealed the law against attempted suicide from its Penal Code, it has taken steps in the right direction by charging individuals only in limited circumstances.

The Possibilities for Change

In order to move toward effective suicide prevention, there are several steps needed. First, each country's legislature should repeal the nation's laws that criminalize suicide. The next challenge is to change the cultural values held toward suicide. Cultural changes do not just occur overnight, and leaders in each country must educate their citizens to understand that suicide is not a crime but is more appropriately viewed as a public health problem that must be addressed (e.g., Rockett, 2010). This education needs to be customized to fit with a country's diverse resources and population.

Epidemiological studies increase information about the extent of suicidal behavior, both fatal (completed suicide) and non-fatal (attempted suicide). This information is useful in identifying high-risk groups and changes in their suicidal behavior over time and in providing baseline data for testing the outcomes associated with specific intervention and prevention programs. Governments should provide funding for these studies and other research into suicide. The media should also be encouraged to adhere to media guidelines for responsible reporting of suicidal behavior (Pirkis, et al., 2006) since media reporting affects the incidence of suicide and the methods used. For example, in Hong Kong, after the media reported that charcoal burning was a novel method of suicide, this method became increasingly common (Pan, et al., 2010). Media reports often romanticize death, resulting in more people killing themselves. Instead, traditional media outlets (such

²¹ *Celebrating the 150th Birthday of Singapore's penal code law*. nus.edu.sg/about_us/news/2010/newsPenalCodeSymposium.pdf (accessed 8/12/2011).

²² M. Toh, (2008). *When all hope is lost* <http://www.asiaone.com/Health/News/Story/A1Story20080811-81770.html> (accessed 8/12/2011).

²³ See footnote 21.

²⁴ Staff, (2008). *Woman arrested for attempted suicide at Benjamin Sheares Bridge*. <http://www.mummysg.com/forums/f65/woman-arrested->

[attempted-suicide-benjamin-sheares-bridge-3522/](http://www.mummysg.com/forums/f65/woman-arrested-attempted-suicide-benjamin-sheares-bridge-3522/) (accessed 8/12/2011).

²⁵ see footnote 21.

as newspapers) and new media outlets (such as the Internet) can disseminate information about suicidal behavior and its prevention.

Prevention services already exist in many countries, such as the Samaritan-sponsored telephone suicide prevention services,²⁶ and information on these and other suicide prevention services should be disseminated to the general public. Efforts to restrict access to lethal methods for suicide should also be implemented, such as fencing in places from which people jump to their death and restricting access to poisons such as pesticides (Lester, 2009).

India

India has already begun widespread studies on suicide (Vijaykumar, 2010). From 1958 to 2009, 54 articles on suicide were published in the *Indian Journal of Psychiatry*. These articles have studied the incidence and prevalence of suicide, risk factors for suicide, suicides in specific communities, and suicide prevention strategies.

Taking a localized approach to prevention could be a problem for India. This is because there are many rural communities in India where the ability to obtain funding and find educated individuals to spread awareness may be problematic. India may not have the resources available at this point in time to accommodate all of the small rural villages, but it can certainly strive to do so. Perhaps this can be made possible with the help of the World Health Organization, which has already taken interest in helping India decriminalize suicide (Vijaykumar, 2010).

India is aware that ingestion of toxic chemicals is a common method for committing suicide (Vijaykumar, 2010) and that there is a need to control the availability of toxic chemicals. India has considered the methods employed in Sri Lanka to decrease ingestion suicides. These methods including encouraging organic farming, reducing the level of toxicity of pesticides, providing compounds that cannot be readily absorbed in humans, and adding emetics and other agents to make the liquids repulsive.²⁶ However, progress has been slow (Vasavi, 2010).

Discouraging the Indian media from publicizing suicide will most likely not be a difficult task. The Indian government is aware of the problem that the media presents since wide exposure of

certain suicides have led to recognizable suicide clusters. The Indian media tends to glamorize suicide, which provokes copycat suicides. This phenomenon has occurred on many occasions, but especially after the death of a celebrity. This is a serious problem in India where film stars wield enormous influence, especially over the young who often look up to them as role models.

Ghana

It appears that the decriminalization of suicide will be more difficult to achieve in Ghana than in India. Epidemiological studies are difficult because of the costs involved. Ghana does not have a free national health service and employs a so-called "cash and carry" system where one pays for health care only at the time that it is needed (Avevor, 2007). As a result, some facilities have huge volumes of patients, and there is inadequate training of health care workers in the assessment and treatment of self-harm. In addition, most physicians are underpaid, and Ghana has difficulty finding qualified individuals who are willing to spend the time and money to invest in researching suicide.

In order to take a localized approach to increasing awareness, Ghana will need continued help from NGOs and other non-profit agencies. The Network for Anti-Suicide and Crisis International (NACI) and IASP have been trying to spread awareness in Ghana about suicide prevention for years.²⁷ The NACI has called on the Ghanaian Legislature to repeal the suicide law, and the organization will continue to assist in local awareness and prevention. Likewise, the IASP believes that suicide prevention is one of the most urgent social issues facing Ghana and has urged that it should be given greater priority.

There has been little work done to reduce the use of pesticides and other farming agents for suicide. Since only citizens in southern Ghana use poisons to any great extent for suicide,²⁸ Ghana may chose to concentrate its prevention resources elsewhere. Finally, the role of the media in suicide contagion seems to be quite limited in Ghana.

Singapore

Singapore has already supported sound epidemiological studies of suicide, and so research is quite advanced (Chia & Chia, 2008). However, the population in Singapore has diverse social, cultural, and economic backgrounds, and there has been a

²⁶ A list of centers in these countries can be found at www.befrienders.org (accessed 8/12/2011).

²⁶ S. Mishra, (2006). *Suicide of farmers in Maharashtra*. mdmu.maharashtra.gov.in/pdf/FinalReport_SFM_IGIDR_26Jan06.pdf (accessed 8/12/2011).

²⁷ Staff, *Ghana: 1,556 Suicides in 2008*.

<http://allafrica.com/stories/200909141234.html> (accessed 8/12/2011).

²⁸ See footnote 11.

lack of research with the Indian and Malaysian populations. The Samaritan telephone crisis service in Singapore²⁹ has worked to increase the public's awareness of the country's suicide problem and provide telephone-based crisis intervention.

Reducing the availability of methods for suicide is difficult in Singapore since Singapore has a large number of high-rise buildings and jumping is one of the most popular methods for committing suicide (Lester, 1994). Furthermore, the use of medications for suicide is a common problem where psychiatric services are available and psychiatric medications are prescribed. Public health officials in Singapore are well aware of the role of the media in glamorizing suicide, but getting media to adhere to recommended guidelines is difficult.

Discussion

This paper has raised several issues which require further research in suicidology. We have good documentation of the role of the media and the values held by the citizens of countries in affecting the suicide rate (e.g., Stack, 2003; Stack & Kposowa, 2011), but we have very little research on the impact of laws on suicide. As noted above, Lester (2002) and a few others (e.g., Neeleman, 1996) have examined the impact of the decriminalization of suicide on suicide rates in a few nations, and Lester (1988) studied the association of state laws on suicidal behavior on the state suicide rates in the United States, but much more research is warranted on this important issue. In particular the role of laws, the media and cultural values on barriers to providing services for suicide prevention and on the willingness of suicidal individuals to seek help has not been studied, either in Western nations where most suicide research is conducted or in other nations.

By employing and customizing these methods for social change, India, Ghana, and Singapore can begin to move toward decriminalizing suicide. As this note has argued, the law criminalizing suicide does not further any of the three theories of criminal punishment - deterrence, reformation, and retribution.

India, Ghana and Singapore can no longer justify the reasons for continuing to enforce the criminalization of suicide. Each country's creation of the law began with British colonization, but the United Kingdom itself has decriminalized suicide. Today, many countries recognize that those who are suicidal require psychiatric services, social support and compassion, rather than handcuffs or a jail cell.

Change may occur soon in India and Singapore, but will likely face problems in Ghana. Ghana lacks specific resources (which, at the present time, only NGOs can provide) and has a diverse population of many ethnicities. Because tactics are successful in one country does not mean that these tactics will be successful in other countries. Customization is necessary to modify tactics taking into account cultural and subcultural differences.

References

- Adinkrah, M. (2013). Criminal prosecution of suicide attempt survivors in Ghana. *International journal of Offender Therapy & Comparative Criminology*, in press.
- Avevor, E. D. (2007). Self-harm: a culture bound syndrome? Ghana and UK experience. *The Psychiatrist*, 31, 357.
- Bailey, V. (1998). "This rash act." Stanford, CA: Stanford University Press.
- Cantor, C. H., Leenaars, A. A., Lester, D., Slater, P. J., Wolanowski, A. M., & O'Toole, B. (1996). Suicide trends in eight predominantly English-speaking countries 1960-1989. *Social Psychiatry & Psychiatric Epidemiology*, 31, 364-373.
- Chia, B. H., & Chia, A. (2008). Singapore. In P. S. F. Yip (Ed.) *Suicide in Asia*, pp. 101-120. Hong Kong: Hong Kong University Press.
- Chia, B. H., & Tsoi, W. F. (1974). A statistical study of attempted suicide in Singapore. *Singapore Medical Journal*, 15, 253-256.
- Corcoran, P., Arensman, E., & O'Mahony, D. (2006). Suicide and other external-cause mortality statistics in Ireland. *Crisis*, 27, 130-134.
- Farberow, N. L., & Shneidman, E. S. (1961). *The cry for help*. New York: McGraw-Hill.
- Gaur, K. D. (2004). *A textbook on the Indian penal code*. Dehli, India: Universal Law Publishing Company.
- Gunnell, D., Fernando, R., Hewagama, M., Priyangika, W. D. D., Konradsen, F., & Eddleston, M. (2007). The impact of pesticide regulations on suicide in Sri Lanka. *International Journal of Epidemiology*, 36, 1235-1242.
- Hawton, K. (2005). *Prevention and treatment of suicidal behavior*. New York: Oxford University Press.
- Joseph, A., Abraham, S., Muliylil, J. P., George, K., Prasad, J., Minz, S., Abraham, V. J., & Jacob, K. S. (2003). Evaluation of suicide rates in rural India

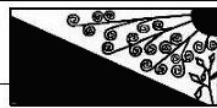
²⁹ www.samaritans.org.sg

- using verbal autopsies. *British Medical Journal*, 326, 1121-1122.
- Keeton, G. (1970). *The Republic of India: The development of its laws and constitution*. Westport, CT: Greenwood.
- Kok, L. P. (1988). Race, religion and female suicide attempters in Singapore. *Social Psychiatry & Psychiatric Epidemiology*, 23, 236-239.
- Lester, D. (1988). State laws on suicide and suicide rates. *Psychological Reports*, 62, 134.
- Lester, D. (1992). Decriminalization of suicide in Canada and suicide rates. *Psychological Reports*, 71, 738.
- Lester, D. (1994). Suicide by jumping in Singapore as a function of high-rise apartment availability. *Perceptual & Motor Skills*, 79, 74.
- Lester, D. (1998). *The death penalty: Issues and answers*. Springfield, IL: Charles C. Thomas.
- Lester, D. (2002). Decriminalization of suicide in seven nations and suicide rates. *Psychological Reports*, 91, 898.
- Lester, D. (2009). *Preventing suicide: Closing the Exits revisited*. Hauppauge, NY: Nova Science.
- Lester, D., Agarwal, K., & Natarajan, M. (1999). Suicide in India. *Archives of Suicide Research*, 5, 91-96.
- Marks, A. H. (2003). Historical suicide. In C. D. Bryant (Ed.), *Handbook of death and dying*, Volume 1, pp. 309-318. Thousand Oaks, CA: Sage.
- Mojica, S., & Murrell, D. (1991). The right to choose: when should death be in the individual's hands? *Whittier Law Review*, 12, 471-504.
- Murray, A. (2000). *Suicide in the Middle Ages*. New York: Oxford University Press.
- Neeleman, J. (1996). Suicide as a crime in the UK. *Acta Psychiatrica Scandinavica*, 94, 252-257.
- Ocran, M. (2006). The clash of legal cultures: the treatment of indigenous law in colonial and post-colonial Africa. *Akron Law Review*, 39, 465-481.
- Osafo, J., Knizek, B. L., Akotia, C. S., & Hjelmeland, H. (2012). Attitudes of psychologists and nurses toward suicide and suicide prevention. *International journal of Nursing Studies*, 49, 691-700.
- Pan, Y. J., Liao, S. C., & Lee, M. B. (2010). Suicide by charcoal burning in Taiwan, 1995-2006. *Journal of Affective Disorders*, 120, 254-157.
- Pirkis, J., Blood, R. W., Beautrais, A., Burgess, P., & Skehan, J. (2006). Media guidelines on the reporting of suicide. *Crisis*, 27, 82-87.
- Rattray, R. S. (1969). *Ashanti law and constitution*. New York: Negro Universities Press.
- Read, J. S. (1962). Ghana: the criminal code. *International & Comparative Law Quarterly*, 11, 272-279.
- Rockett, I. R. H. (2010). Counting suicides and making suicide a public health problem. *Crisis*, 31, 227-230.
- Schott, R. (1987). Traditional law and religion among the Balsa of Northern Ghana. *Journal of African Law*, 31, 58-59.
- Stack, S. (2003). Media coverage as a risk factor for suicide. *Journal of Epidemiology & Community Health*, 57, 238-240.
- Stack, S., & Kposowa, A. (2011). Religion and suicide acceptability. *Journal for the Scientific Study of Religion*, 50, 289-306.
- Vasavi, A. R. (2010). Contextualizing the agrarian suicides. In R. S. Deshpande & S. Arora (Eds.) *Agrarian crisis and farmer suicides*, pp. 70-85. New Dehli, India: Sage.
- Vijaykumar, L. (2007). Suicide and its prevention: the urgent need in India. *Indian Journal of Psychiatry*, 49(2), 81-84.
- Vijaykumar, L. (2010). Indian research on suicide. *Indian Journal of Psychiatry*, 52(Supplement 1), S291-S296.
- Walker, R. M. (2008). *Suicide among the Irish traveller community 2000-2006*. Wicklow, Ireland: Wicklow County Council.
- Wright, D. M. (1975). Criminal aspects of suicide in the United States. *North Carolina Central Law Journal*, 7, 156-163.
- Young, J. G. (1998). A coroner's view regarding the 'right to die' debate. In A. A. Leenaars, S. Wenckstern, I. Sakinofsky, R. J. Dyck, M. J. Kral & R. C. Bland (Eds.) *Suicide in Canada*, pp. 427-440. Toronto, Canada: University of Toronto.

Suicidology Online

open access journal

www.suicidology-online.com



ISSN 2078-5488

Editorial Office
Assoc. Prof. Dr. Nestor Kapusta
Suicide Research Group
Department of Psychoanalysis and Psychotherapy
Medical University of Vienna
Waehringer Guertel 18-20
1090 Vienna, Austria
office@suicidology-online.com
<http://www.suicidology-online.com>

Suicidology Online is published under the following **Creative Commons License:**
Attribution-Noncommercial-No Derivative Works 3.0 Austria.
<http://creativecommons.org/licenses/by-nc-nd/3.0/at/deed.en>



This license regulates that articles from **Suicidology Online** are free to be **Shared** — to be copied, distributed and transmitted **under the following conditions:**

Attribution — You must attribute the work in the manner that its source **Suicidology Online** is mentioned. The most appropriate way to do this is by following scientific citation rules. (But not in any way that suggests that Suicidology Online or the authors endorse you or your use of the work).

Noncommercial — You may not use this work for commercial purposes.

No Derivative Works — You may not alter, transform, or build upon this work.