



Between Life and Death: Suicide amongst the Indian Labour in Colonial Malaya, 1900-1941.

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Abstract

Until today, the study of the history of the Indian community in Colonial Malaya is described as linear, with focus on two situations: their arrival in Malaya as immigrants, and their involvement in the estates. Other aspects of the history of Indians in Malaya during the colonial period are not given proper attention, especially in matters considered taboo, such as suicide. In consideration of this fact, this study focuses on the aspect of suicide among the Indian estate workers in colonial Malaya, especially within the period 1900-1941. This study is carried out using primary sources not used by previous researchers.

Keywords: *suicide, sudden death, Indian labour, colonial period, Malaya*

Introduction

The history of the colonial era is still an interesting research topic, especially in the context of Malaya. There are still many aspects not given the proper attention, especially in the context of social history due to the overemphasis on the political aspect and the position of the elite in Malaya. This means social issues such as health and disease, toddy, gambling, urbanisation, crime, or prostitution have not been explored in full. Even the life of the working class and the subalterns are overlooked. This situation becomes more complex when it involves various community groups, including the Indian community that began to arrive in Malaya in large numbers at the end of the 19th and early 20th centuries. In the history of the Indian community in Malaya, historical research is very linear, with much focus given to matters pertaining to their arrival and their involvement in the estate and labour sectors. The history of the community is still much unexplored, and even though there are some aspects of their social life touched upon, it remains a side issue. One aspect considered still unknown in detail is matters considered as taboo to the Indian community, especially in the estates. There are no detailed studies on the consumption of toddy and samsu (hard liquor), as well as suicide, most associated with the Indian community. The main question is, is this aspect important in the context of the social history of the Indian community, or should it be left untouched and suppressed as it touches on the sensitivity of the community that is the research subject? As historians, it is very difficult to evaluate this issue, as the main point forwarded by the researchers is on the reality of the situation. The truth about the life of Indian labourers in Malaya is the main goal of this research.

At the same time, the researchers feel there is still a large gap in understanding the social history of the colonial-era Indian community, making this work more significant. It directly highlights the difficulties and challenges faced by the Indians in Malaya. The stress they suffered led them to make some drastic decisions. This is consistent with the view espoused by a scholar who stated that suicide was a tragedy that not only affected the individual, but his or her kin and community. Suicide was seen as the only solution to a pressing problem, though the act itself goes against man's instinct to live and the individual chooses to reject this instinct and choose death.¹ In many cases, as will be explained in this study, the problem of suicide also involved the ruling authorities, who neglected to provide basic necessities for estate workers, such as health facilities. This led to an individual who was dejected choosing suicide. Even though this study focused on suicide among Indian labourers as the main subject, it also depicts the reality of an estate labourer life during the colonial period in Malaya. Generally, an individual would consider the option of suicide if he or she faced mental or physical tension. He will end his life, thinking it will end his problems. In this situation, based on Stone's manual to the Justices, the act of suicide is described as 'the self-killing of a person of sound mind and years of discretion, which means it is done voluntarily and intentionally.'²

In Malayan historiography, there is a lack of in-depth study of the aspect of suicide and it is difficult to draw generalisations, especially in relation to race. The main perception is that suicide rarely happens among Malay-Muslims, as suicide is considered a mortal sin. Nevertheless, studies on this perception needs to be carried out, especially in the context of Malay social history, whether incidents of suicide existed during the colonial era. There is also a lack of study on this matter among the Chinese. Therefore,

it is very difficult to link suicide with the Chinese community. However, Indians are often linked with suicide³. From a religious perspective, Indian estate workers are Hindus, and Hinduism discourages suicide. However, faith alone was not enough to prevent suicide among the labourers in Malaya. Light can be thrown on the problem by taking two matters into account - the background of the labourers, and their lives in the estates. Most Indian estate workers who came to Malaya were illiterate and had not studied the Hindu religious texts and the teaching of Hinduism. In order to carry out their religious or ritual obligations, they depended on priests brought in from India. This also meant religion did not play an important role in solving or, even addressing the problems faced by an individual. Furthermore, Indian civilisation was seen as indifferent to suicide.⁴

As a whole this research is crucial in answering the question why the ratio of suicide cases is higher. This issue will be explained thoroughly in the following discussion examining a number of factors to influence the rate of suicide in the context of the colonial. Amongst the factors of discussion in this essay is poverty, mental stress, social problems, alcoholism, fragmentation (social fragmentation), the issue of caste, the infection suicide (suicide contagion) as well as the absence of belief in culture that wholly bans suicide, the status of women in India and the behaviour of suicide as a moral objection.

Definition

Suicides are a tragedy, not only for the individuals concerned, but also for their relatives and society in which they are part. Suicide seems to be an only permanent solution to those committing suicide when one encounters problems in his life, which is temporary in nature. It is also deemed to be a confusing phenomenon to us because usually people have the desire to live and not to die. A person who chooses to suicide seems to reject society and this world in all aspects. Recently, there is an upsurge in the suicide rate and suicide have become a major problem in society.

There are many differences between the experts in this field when it comes the term to explain a wide range of behaviours related to suicide cases. This difference occurs because we are often unable to ensure the actual intention of someone who dies after injuring himself. Why do they have to die? What makes them commit suicide? These questions will remain as unanswered questions because the subject dies before we can enquire them and without leaving a note or other marks that can show the intention of actually committed suicide. Generally the term of behaviour of suicide (suicidal behaviour) can be interpreted as encompassing the following behavior⁵:

- a. The intention to commit suicide (suicide ideation).
- b. Plan to commit suicide
- c. Injuring oneself (without knowing he will surely die)
- d. Attempt to commit suicide (with the intention to die).
- e. Commit suicide (complete suicide).

Amongst the above-mentioned behaviours, the less lethal is the idea of committing suicide and most lethal is to commit suicide.⁶

Emil Durkheim, a renowned sociologist, explains that where there are three types of suicides, which are altruistic and egoistic, anomic. For example case anomic suicides take place when the integration or communication of those intending to commit suicide with the community gets affected. Anomic people feel as if they are isolated or alienated in society and ultimately address committing suicide as a mechanism to solve their problems. Self-

killing occurs when a person is egoistic do not interact with the family or community, while cases of altruistic refers to individuals who commit suicide for the benefit of others. For instance, Akain, the Japanese kamikaze aircraft pilot killed himself for the philosophy of 'Kamikaze' during the World War II. But it is identified that there are flaws in the theories of Durkheim, for his theories disregard the role of disease in suicide cases.⁷

Why suicides are deemed inferior in the class system of Indians? The Indian community look down upon someone who died by suicide. Therefore, family members of the deceased are concerned that they will become victims of this stigma. Some families ought to move to another place, if there are families having someone to have taken his own life. In addition, it is stipulated in the laws that attempting suicide is a criminal offence and religious principles also prohibit families of those died of committing suicide from come forward to lodge a police report as it is regarded shameful. For most of the deaths in Malaya in the colonial period, death certificates would not be issued by a registered medical practitioner, even in cases with medical reports, sometimes, the procedures were not followed. This caused many suicide cases to be classified as 'death caused by violence' or death caused by unknown reasons.⁸

Suicide

Life as an estate worker in Malaya is also important when studying this issue of suicide. There seems to be a strong link between life in the estate and suicide. The majority of Tamil workers brought from south India worked at European-owned estates and lived difficult lives. They were forced to accept terms that could only described as cruel, such as lack of medical treatment imbalanced meal and misery. Low wages, long contract periods, and great stress affected the Indian labourers negatively. This situation caused mental stress and directly affected their physical health as well. In most cases, Indian labourers felt depressed, dejected, and ill, thus leading to domestic problems that led to death.⁹ The stress they faced as well as the exploitation of Indian labourers was reported by Subbaya Naidu (Agent of the Government of India) in a meeting in Klang, on 29 October 1928, which among other things mentioned, "A general feeling of depression and discontent, an untidy and none too strong appearance and a rather stunted life – these were prominently noticeable in some places."¹⁰ As whole, suicide attempts and completion are emotionally, mentally, and physically taxing for family members and friends.¹¹

The plantation system was abusive towards the Indian labourers, and often drove them to end their lives. In Malaya, 95% of Indians were labourers in the Estates.¹² The labourers that arrived in Malaya were sent to rubber estates and there they were provided basic necessities such as living quarters, clothing, and food by the employers, including the grocery shops. These were provided to ensure the labourers did not escape across the estate border. However, the labour living quarters were flawed and unfit for living. In reality, Indian labourers were not allowed to cross the estate border where they worked. Communication and transportation system at the time made the situation even more difficult. Outsiders were also not allowed to go into the estates. In other words, Indian labourers lived in a situation where their contact with the outside world was severed.¹³ This act by the British prevented not only social mixing of estate labourers with other ethnic groups, but also between Indian labourers and other Indian communities in Malaya. The estate workers were forced to live as isolated communities, maintain their original culture with no room for change. Pressures of work, including long working

hours and a heavy workload, led to a constrained life. Labourer welfare was ignored by the manager. For example, they were not provided old age insurance, unemployment compensation, land allocation, et cetera. The estate system was an appalling institution. In addition, the social life of illiterate and uneducated labourers made it easier for colonial authorities to practise any policy on

Table 1: Indian population in british malaya as per classification per year from 1914-1923.

Classification	1914	1915	1916	1917	1918	1919	1920	1921	1922	1923
Estate Labour	109,809	119,621	129,433	139,245	149,057	158,869	168,681	178,493	188,305	198,117
Agricultural Labour	2,231	2,572	2,823	3,074	3,325	3,576	3,827	4,078	4,329	4,580
Other Labourers	40,280	43,989	47,698	51,407	55,116	58,825	62,534	66,243	69,949	73,658
Dependents (women & children)	21,481	24,168	26,855	29,542	32,229	34,916	37,603	40,290	42,977	45,664
Other Employment	70,365	77,835	85,305	92,775	100,245	107,715	115,185	122,655	130,125	137,595
Total Population	244,256	168,185	292,114	316,043	339,972	363,901	387,830	411,759	435,685	459,614
No. of suicide per year	9	20	39	36	32	27	40	50	50	46

Source: No.10 of 1925: Paper to be laid before Federal Council. *Suicide Among Indians, in Selangor Secretariat File, SEL.SEC.1550/1925, p. 3.*

Table 1 indicates the position of Indian labourers in estates, large in quantity, compared to the number of Indian labourers in other places within the period of 1914 to 1923. Studies also showed that estate workers throughout Malaya were most involved in suicides, for example, in the period 1914-1923, 158 estate labourers committed suicide, as opposed to six agriculture workers, 34 other labourers, 35 unemployed, and 116 from various occupations. The number of suicide cases shown in this table is small, because many deaths, particularly in the rural areas were not registered at all, partly because of an inefficient registration system and partly because families feared the social and legal consequences associated with suicide.

Observation made on the annual report of the Federated Malay States 1931-1938 described consistent suicide patterns in the colonial period that occurred among Indian labourers. This could be seen from the methods used by Indian labourers to kill themselves. Easy access to farm pesticides and lack of medical care and facilities were important factors related to the death of impulsive attempters in the male and female population¹⁴ In the context of suicide among Indian labourers in colonial times, it was dependent on simple and available methods in the life situation of labourers when they chose to commit suicide. The study showed the most popular method of suicide among Indian labourers was by hanging. Other than hanging oneself, the high risk of suicide in rural areas, especially the estates, were linked to the easy availability methods, especially the use of paraquat and other lethal biocides. This can be seen from the number of suicide cases occurring in the Federated Malay States between the period of 1914-1923 and 130 suicide cases could not be traced and from this total number of cases, the mode of committing suicide of Indian labourers was hanging themselves.¹⁵

Besides hanging, perhaps, the large number of suicide cases took place in the colonial period is associated with the easy availability of paraquat and other lethal biocides¹⁶ Drinking paraquat was one of the methods often used by Indian estate labourers to kill themselves. As rope used to hang, this paraquat was also easily available to them as it was used in their daily work. Committing suicides by drinking paraquat records the second largest method of killing oneself after hanging. They might bring the paraquat on their way back after work without anyone's knowledge. When this poison was drunk in high dose, they would either die or become weak as the effects of this poison are extremely worse and strong.

labourers to achieve their economic objectives in Malaya. The poor labourer family endured sadness and suffering due to the troubles they faced in the estates, and many labourers decided to commit suicide after giving up on life. The position of the majority Indians with the suicide ratios can be seen in the below table 1.

Similar to other countries, self-poisoning and hanging were observed as the most common methods of suicide attempts. Suicide by pesticide poisoning is a common method adopted by developing countries, particularly in China, India, and Sri Lanka.¹⁷ Pesticides (rodent poisons, insecticides, weed killers, and fungicides) and other chemicals used in agriculture were the most common poisons used by persons in rural areas. The existence of potent pesticides in most farmers' homes without security arrangements made pesticides easily accessible.¹⁸

Indian labourers also used the river or the sea nearby their estate to commit suicide. Some documents also show some cases of suicide by jumping into the river. In addition, cutting, stabbing or injuring body parts were also favourite methods undertaken by Indian labourers on farms in order to kill themselves. They would use sharp weapons such as hoes, long knives, machetes, daggers and other types of weapons for those purposes. In estates, labourers normally would bring back the sharp weapons used at work to home and keep them in the store or small barn in the estate. In most cases, as far the suicides on the farms are concerned, if there are disputes or family problems labourers would use this method to commit suicide. It is vivid that emotional stress, human relation problems and personality disorders are considered to be the most important factors leading to suicide cases.¹⁹

Unknown

Why are the statistics of suicide cases in the colonial period less precise? The reason was that most cases were classified as unknown or undetermined deaths.²⁰ When the data of these suicide cases were thoroughly examined, it is ascertained that these cases are purely suicide cases and they must have been recorded as 'suicide cases' instead of unknown death cases. Therefore, we can conclude that the majority, perhaps even almost all were suicide cases.

This research tries to depict the reality faced by the Indian labourers in Malaya, with focus on the relationship between life in the estate and suicide. This study also forwards the idea that the difficult life in the estate was the main contributor to acts of suicide among the Indian labourers in colonial Malaya. Among the suicide cases reported by the colonial authorities were two cases in Perak in 1915. One was the case of an Indian labourer named Palaniyayee, a Tamil woman, who was married and living happily with her husband. She committed suicide in the Chersonese Estate in Perak. Palaniyayee committed this act, due to the stress she

faced and a life in the estate that was not helpful to her. She felt suicide was the only way out of her problems. There was also another labourer suicide case in Gapis Estate, Perak where a man named Raman Nair hanged himself. He had recently arrived from India and stayed in the estate for only nine days. The authorities could not identify the reason Raman Nair committed suicide, and classified it as unknown.²¹ In other cases, a Tamil labourer, Ramasamy, committed suicide through self-inflicted injury in Kuantan, Pahang, on 5 October 1935, reasons unknown.²² In 1940, Vellasamy, a South Indian labourer committed suicide by hanging in Panching, Sungai Lembing, Kuantan, Pahang, reasons unknown.²³

A prolific author of colonial Malaya, J. M. Gullick, mentioned the provocations faced by the Indian labourers in the colonial era. According to him, murder and suicide were normal in the life of an Indian estate labourer. When a labourer decided to murder someone, it usually involved adultery. For example, when a man found out his wife was having an affair, he would murder his wife or her lover, and would then commit suicide. The act of murder would be carried out when he was anxious, restless, worried, and full of shame. This confusion of emotions would lead him to act in that manner, in order to protect his family's pride so that their standing in community would not be sullied.²⁴

Based on this statement, one reason suicide was rampant among Indian labourers during the colonial era was the result of sexual liaisons involving the labourers. Among them was one case in 1916, when a Tamil labourer, Nanjan, committed suicide after murdering his unfaithful wife in the Bagan Datoh Estate, Perak.²⁵ There was also another case in 1919 in Sussex Estate, Perak, when a Tamil labourer, Ramasamy, committed suicide by stabbing himself after murdering a woman.²⁶ In 1932, a Tamil labourer stabbed himself after murdering his wife named Sinnamah, at 5th Mile Stone, Jalan Jeniang Gurun, Johore.²⁷ In Selangor, a Tamil estate coolie stabbed a man who was in his wife's room and then committed suicide.²⁸ In 1935, Karpiah @ Munisamy, hanged himself after murdering a woman in Sentul, Selangor.²⁹

The studies carried out on the incidents of suicide among the Indians in Malaya generally showed a smaller number among non-estate workers. The documents studied showed Indian labourers as the group with the highest potential for committing suicide. Eventually, this issue reached a serious level and attracted the attention of the British when it was discussed in the Federal Council meeting in 1925. In this discussion, various matters pertaining to suicide among the Indian labourers were debated. Even though the studied records mentioned suicide clearly, there was also a situation where suicide was classified as accidents, thus making it difficult to determine the true number of suicides. Nevertheless, collected data was enough to show that the act of suicide involving Indian labourers in colonial era was quite significant and a serious social problem. Even though the reasons for suicide were mentioned in the documents, in certain cases, causes of deaths were only written as 'unknown', and this made studies on suicide very difficult.³⁰

The stress and the estate life were significant factors in this problem. One important aspect one should understand is the estate system itself. The entire life of a labourer in the estate is subordinate to the estate. The life of a labourer, his family, health, finance, relations with kin, neighbours and colleagues, love and marital unions happened within the confines of the estate. Various problems that emerged from the life situation of the estate workers serve as the main reason for suicides. This statement underscores the number of suicides in the Malayan estates at the time. More

importantly, as a labourer could not escape from the estate system, it is clear to us that estate life was the main contributor to suicide cases in the colonial period in Malaya.

Social Deprivation

Poverty was one of the most important factors contributing to the problem of suicide. On the whole, in the colonial period almost all classes of Indian workers were very poor.³¹ Poverty brought about a variety of effects to physical health, nutrition, emotional stress, etc. This may affect mental health which might cause one more likely to commit suicide. Mental illness was another factor found amongst the victims of suicide. In the colonial era, many labourers suffered from emotional stress and mental illness. This is due to the farm life system created by the British at that time.

The Indian labourers that came to Malaya were poor and uneducated. However, in most cases, their efforts to earn a decent income and escape from poverty were unsuccessful, as they were trapped in a more oppressive estate system, and finance became the main problem that would haunt their lives in Malaya. This was because the wages earned by the labourers were not worth the workload. Indian labourers were often exploited by the British government in matters of wages. This issue was mentioned in the Annual Report of the Government of India 1927 that mentioned, *"In some of the estates, complaints were made about the difficulty of the tasks especially in silt pit digging. Failure to come up to the prescribed task on any day entailed half-name or half-wage both for men and women irrespective of the number of hours worked by the labourers."*³²

Most estate labourers generally had many children and supporting their daily needs, including clothing, food, and education, was not easy. They were day wage earners who had to wait a month before receiving their pay. Sometimes, they would have to borrow from Chettiers, the clerks, and estate managers to support their families. At that time, they would face the pressure to repay their loans, including interest. This led to mental stress. This problem was aggravated by the consumption of toddy among the estate labourers. This could be seen in each estate, where Indian labourers spent a large portion of their wages on toddy and became indebted. The consumption of toddy affected most Indian labourers' domestic lives as they would then not care for their families. According to the Report no Indian Labour Emigrating to Ceylon and Malaya, *"Some estates pay weekly as they find that this conduces to thrift on the part of their labourers and serves to prevent their getting into debt with the bazaar men or spending their money in the toddy shops on pay days."*³³ Various pressures in the life situation of Indian labourers show "how they can not possibly exist as ordinary human beings."³⁴

This was seen from a number of suicide incidents in Malaya due to financial problems. In 1936, Sinnapan, a Tamil in Sungei Lima, Perak, and Krishnan Nair, a Malayalee, in Bidor, Perak, committed suicide due to financial problems,³⁵ while a Ponnusamy, an unemployed Tamil in Bukit Tengah, Penang, committed suicide by throwing himself on the railroad, also due to financial problems. In the same year, another labourer, Rengasamy, committed suicide at 8th Mile, Coast Road, Negeri Sembilan, due to debt problems.³⁶ There were also other suicides due to financial problems in 1938. Among them were Kanniah, a Tamil labourer in Bidor Estate, Bidor, Perak, and Mariayee, a Tamil woman, occupation unknown, in Taiping Perak, which committed suicide by hanging.³⁷

Alcohol

Alcohol, especially toddy, was a serious issue during the colonial era. This problem had emerged since the early arrival of the Indian labourers to Malaya.³⁸ It could be said that the consumption of toddy was a serious problem and the main source of stress among labourers. Most Indian labourers consumed toddy even though they realised how financially ruinous it was. But drinking toddy was the only way for them to tolerate the stress they felt. Unfortunately, the toddy blunted their concern for the welfare of their families. Most of the money they earned from work was spent on toddy, exacerbating their problems. This is the proper description of life in the estate at the time. Uncontrolled consumption of toddy led to intoxication, and in this context, fights often occurred, and many killed themselves while in this state. Analysed carefully, it cannot be denied that the British encouraged the drinking of toddy among Indian labourers to suppress their mental and physical tension, and fulfil British economic objectives. The rising stress would eventually drive them to suicide. Moreover, labourers that were merely leisure drinkers while in India became toddy addicts after their arrival in Malaya due to the easy availability of toddy in the estates. This situation was reported in the Annual Report of the Agent of the Government of India in British Malaya, 1928, as such, *“Even abstainers and occasional drinkers in India become confirmed daily drinkers after their arrival here and freely indulge in it.”*³⁹ Employers encouraged Indian labourers to become addicted to toddy as the labourers became so much easier to exploit. In fact, employers argued that toddy shops should be kept open to prevent labourers from being involved in other social problems. It was actually a ruse. They realised how easy it was to manage toddy-addicted labourers. According to Gamba, *“Some managers said that in their experience, a toddy drinking Tamil was much more manageable and less troublesome than an abstemious Tamil. Thus, they supported estate toddy shops.”*⁴⁰ According to Rajeswari Ambalavanar, *“The social and economic consequences unleashed by drunkenness are very obvious. It was an important factor for depressing the standard of living of the Indian worker, enmeshing him into greater indebtedness and resulting in more suicides and murders.”*⁴¹

Toddy-drinking among Indian labourers created many problems in their lives, suicide being one of them. For example, in 1915, there were two cases in Perak: a Muthu, a Tamil labourer, hanged himself while intoxicated in Errol Estate, and Sinnasamy, also a labourer, hanged himself in Chersonese Estate, because he was banned from drinking toddy by his family.⁴² There occurred another case in Sungei Duri Estate, Kedah, in 1934 where Krishna, a Tamil rubber tapper committed suicide after consuming hard liquor and was involved in a fight with his wife.⁴³

Domestic problem

Domestic problems were also among the main causes of suicide among Indian labourers in the colonial era. Various problems in estate life, such as the long and tiring working hours, financial problems, spousal and family quarrels, mistresses, divorce, love and marriage problems, and emotional distress were among the main causes that would lead them to kill themselves. Marital and love problems that often occurred in the life of an Indian estate labourer was also a problem at the time.

Various problems and pressures faced by the Indian labourers in their estate lives were the main reason some of them decided to take their own lives. Domestic troubles were also among the main problems faced by Indian labourers that committed suicide. During the colonial era, fights and disputes were the norm among Indian labourers, especially those in the estate. Intoxication was the main

reason most of them got involved in fights that eventually led to deaths and injuries. This is one example of a familiar scenario in most estates in Malaya. A man with heavy familial responsibilities spent most, if not all, of his earnings at the toddy shop with no thought of family needs. It could not be denied, then, that the number of cases of alcohol intoxication among Indians at the time was higher compared to other races. Each estate would have a toddy shop near the labourers' living quarters. Furthermore, most quarrels at the time were caused by spousal jealousy. This was due to the fact they lived as a cluster, and their houses were in one long line with no privacy between them. For example, if a wife was seen talking to another man, the jealous husband could use that as an excuse to start a fight, especially while in a drunken state.

The stress they faced in life would most likely lead them to decide to end their lives. This could be seen from a number of incidents that occurred. For example, in 1915 a Tamil labourer, Mari, committed suicide by hanging himself in Gula Estate, Perak, after quarrelling with his wife. The victim was intoxicated when he committed suicide. In 1918, Nagan, a Tamil labourer, also in Gula Estate, Kuala Kurau, Perak, hanged himself. The victim had fought with his wife before committing suicide. A Tamil labourer, Rajah, committed suicide in Kent Estate, Selangor, in 1916. Before committing suicide, he left a letter stating the victim wanted to do something in haste. There was also a suicide case due to family problems, a Karruppayee (female) in Sungei Gadut Estate, Negeri Sembilan, in 1917.⁴⁴

In 1935, Mubolu, a Tamil, hanged himself at No.2825, Tranquerah Road, Malacca, after a dispute with his wife. A Tamil labourer, Subramaniam, also killed himself after a domestic quarrel in Segamat, Johore. In 1935, Minatchi, a female Tamil labourer, killed herself by hanging in Tanah Merah Estate, Port Dickson, Negeri Sembilan, after a quarrel with her husband, and Kannappan, also a Tamil labourer, committed suicide in the same manner in New Labu Estate, Negeri Sembilan after a fight with his father.⁴⁵ In Kerilla Estate, Kelantan, a Tamil labourer, Mullavan, killed himself for the same reason in 1936. In the same year, Subarayan, a Tamil labourer, killed himself in Sitiawan, Perak, due to domestic quarrels, and Muthiah, a Tamil labourer in Labu Estate, Negeri Sembilan, and Veeramah, a female Tamil labourer in Senawang Estate, Negeri Sembilan, committed suicide due to quarrels with their spouses.⁴⁶

Caste

Other than financial problems and disputes, marital and love problems played a role in seeing this suicide issue. The social circle of the estate community that lived in clusters, and the mixing of groups from different castes, influenced this matter even further. For example, if a man from a lower caste had a romantic liaison with a woman from a higher caste, it would lead to family disputes. Family members would prevent them from seeing each other. This problem would be more serious if the families detested each other. A family would prefer marriage within the same caste, as this would prevent disputes. This was the situation in most estates at the time. In Malaya, Indian labourers continued with certain practices from their homeland, including the caste system. Caste was one primary source of disputes among estate labourers. Disputes and fights often occurred between untouchables and the clean castes, especially in matters of love, marriage and so on.⁴⁷ This problem might lead many labourers to choose to commit suicide.

The Census Report of Madras (1931) reported this matter, *“He takes his own world with him and sets it down in his new*

*surroundings.*⁴⁸ Caste taboos also existed in estate housing areas. Labourers from the untouchable or lower castes, numbered over 1/3 of the total labourers, and would be placed in a different row and far from those of a higher, or the clean caste.⁴⁹

In 1935, Kasiamah, a female Tamil labourer, hanged herself in Bungsar Road, Kuala Lumpur, due to marital problems. In the same year, Nadesan, a Tamil rubber tapper, hanged himself in Batang Estate, Malacca, due to love problems, and Muthu, also a rubber tapper, killed himself in the same manner in Division No. 2, Merlimau Estate, Malacca, due to domestic problems.⁵⁰

Sexual Jealousy

Suicide among Indian labourers also happened due to sexual jealousy. This was caused by the difference in the sex ratio among Indian immigrants in the early 1920s when the number of men and women were disproportionate. The Indian government tried to solve this problem in late 1924.⁵¹ Even though efforts were made, in 1926 the number of male Indian labourers were 76,852, easily outnumbering 25,303 female workers. There were three males for every female.⁵² On this, S. Arasaratnam stated,

It was noted very clearly that a high proportion of crimes among Indian labourers were committed for reasons of sex. In a community where men greatly outnumbered women, marriage became a very flimsy institution. Marital infidelity, enticement of married women, and prostitution became frequent. Officers of the Labour Department were often called up to adjudicate in such family disputes. In the inter-war period, this was a major social problem that kept cropping up in the way of ugly incidents on estates and difficult cases before the courts.⁵³

There are many instances found in examining this issue. In 1935, Kuppamah, a home worker, hanged herself in Bukit Lembu Estate, Sungai Petani, Kedah, after another woman stole her lover.⁵⁴ It is clear that the most serious social problem in the colonial era was sexual jealousy that usually led to drastic incidents, such as suicides. Other than the difference in sex ratio, extra-marital affairs were also causes of suicides. Sexual abuse inflicted on female labourers was widespread during the colonial era. For example, there was a case in Sungai Lalat Estate, Kedah, where the son of a rubber tapper wrote a letter to the Estate Resident about the abuse suffered by an illiterate female rubber tapper, who was coerced into sexual relations by some members of the estate administration. The feeling of being pressured and the shame led many women to commit suicide.⁵⁵

Studied in depth, the reason jealousy raised its ugly head among male or female labourers was due to their living in clusters in one long line, with no privacy. This situation led to jealousy, as most married couples live in the line houses, and an illiterate coolie would detest his wife for talking or mixing with other men. This was common among labourers at the time, as recorded in the Report of the Commission to Enquire Health of Estates,

Partition between rooms were low, and there was no privacy at all for families. In other words, "no more than six coolies should be put into each room, but the planter need have no apprehensions on the subject of mixing the sexes, as the Tamil cooly (sic) is most philosophical in this respect, a young unmarried woman not objecting in the least to reside with a family or even to sharing her quarters, if necessary, with quite a number of the opposite men."⁵⁶

Moreover, lack of basic facilities caused the spread of diseases among labourers, according to the Report of the Commission to Enquire Health of Estates, "*Besides, one room for an entire family*

resulted in overcrowding and unhygienic living. Disease which broke out in one family soon spread through the entire line."⁵⁷

In 1936, there were two suicide cases, a Thiruvengadan, a Tamil, a supervisor of P&T Stores, P.W.D. Lines Brickfields Road, Selangor, and Sithambaram, a Tamil labourer in Kingsland Estate, Negeri Sembilan committed suicide, who was involved in a forbidden love affair. Other than that, Palamuthu, a Tamil labourer killed himself by hanging in United Patani Estate, Kedah, due to financial constraints while intending to marry.⁵⁸ These cases continue in 1938. Among them was Ellappan, a Tamil labourer that injured his stomach due to failure in romance in Batu Kawan Estate, Simpang Ampat, Penang. Sinnasamy @ Kaliappan, a Tamil, native physician, killed himself by hanging for the same reason in Pondok Tanjung, Perak. Sabaratnam, a Tamil, P.W.D. Overseer, also committed suicide by shooting himself in Tronoh, Perak, for the same reason.⁵⁹ There were also two suicide cases due to sexual jealousy in 1938 in Kedah, when a Muniandy, a Tamil, a coolie of the estate shot himself with a firearm in Abu Bakar Estate, Kedah, and Perumal, a Tamil labourer, stabbed himself in Naga Lilit Estate, Kedah.⁶⁰

Disease

From the research, one also finds health problems as another factor contributing to suicides among Indian labourers in the colonial era. A heavy workload was the main factor of illness among young Indian labourers. In relation to that, a number of suicide incidents during the colonial period occurred, where in 1915, Palani Malai of Rantau Panjang Estate, Selangor, and Ramasamy of Sungai Tinggi Estate, Selangor, committed suicide after suffering from malaria. In 1917, two Tamil labourers, Kalian of Kampung Dew, Perak, and Marimuthu of 3 ½ Mile, Selama Road, Chinese Estate, Perak, hanged himself after suffering a serious stomach ache for a few continuous days. Rengasamy, a Tamil labourer in P.W.D., Kuala Sentul, Pahang, killed himself while on the way to a hospital while suffering a serious venereal disease. His corpse was discovered a few weeks later.⁶¹ In 1934, Saminathan, a chronic patient committed suicide in the Government Hospital, Sungai Bakap, Penang, due to his painful illness.⁶²

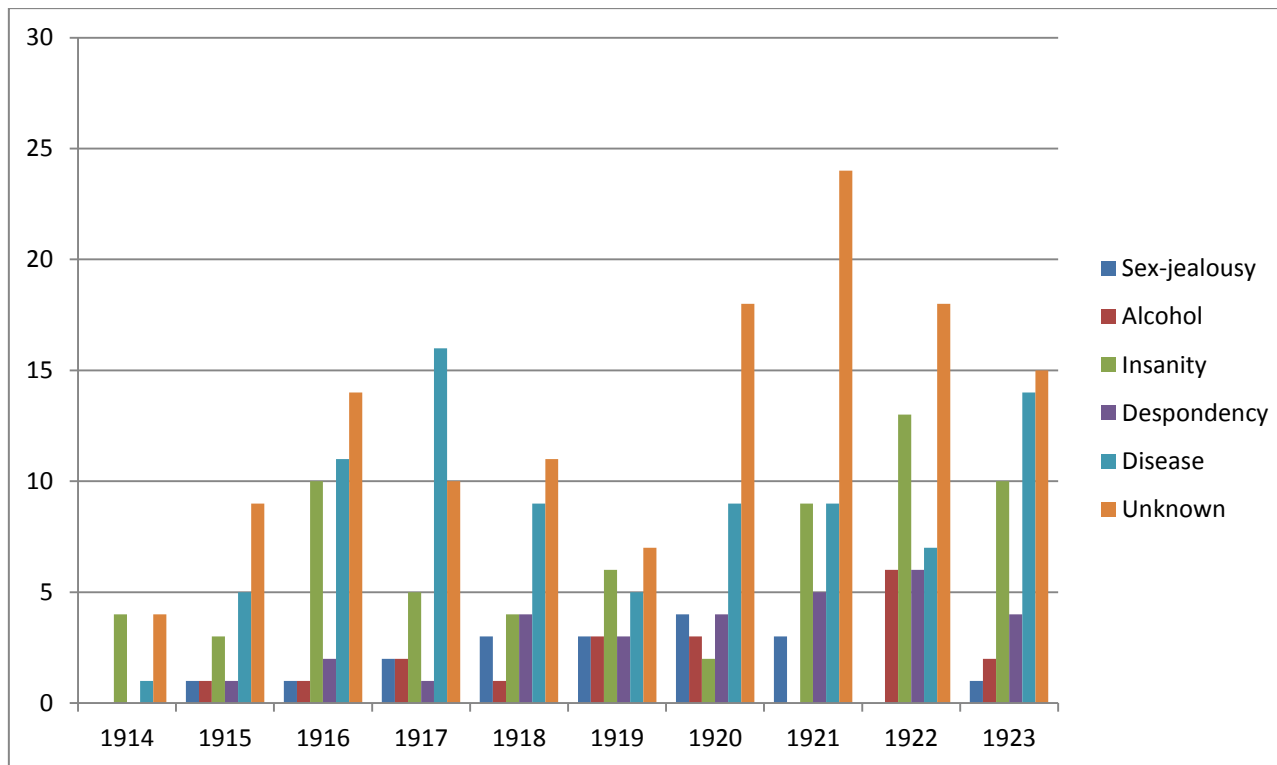
On the whole, financial and administrative factors constrained the development of sanitary and public health services in estates. Moreover, planters complained that larger estates were being forced to provide these services while smaller estates and smallholdings were exempted from these rules. The nature, and delivery, of health services in the rural plantation sector was based on these broad principles. First, individual plantations were located in large isolated areas where the labour or land ratio was low. Second, and as a consequence, plantation workers were widely dispersed in rural settlements and required health services that were equally dispersed across the sector, and yet particular to each plantation to be effective. Third, and most important, it was necessary for the industry to 'keep and maintain' the workforce and its expatriate managerial staff in good health in order for the plantation to be economically successful. Establishment of 'hospitals' was one thing, staffing them with qualified personnel, another. The hospital assistants or 'dressers' who were in charge of the essentially 'garden dispensaries' were unqualified and untrained.⁶³

Discussion clearly reflects the fundamentals to have driven Indian labourers to suicide. In order to highlight the suicide cases, some important data should be examined in detail to gain a deep understanding of suicide cases took place in the plantations.

Table 2: Predisposing causes of suicides of Indians from 1914-1923.

Classification	1914	1915	1916	1917	1918	1919	1920	1921	1922	1923	Total
Sex-jealousy	-	1	1	2	3	3	4	3	-	1	18
Alcohol	-	1	1	2	1	3	3	-	6	2	19
Insanity	4	3	10	5	4	6	2	9	13	10	66
Despondency	-	1	2	1	4	3	4	5	6	4	30
Disease	1	5	11	16	9	5	9	9	7	14	86
Unknown	4	9	14	10	11	7	18	24	18	15	130
Total	9	20	39	36	32	27	40	50	50	46	349

Source: No.10 of 1925: Paper to be laid before Federal Council. Suicide Among Indians, in Selangor Secretariat File, SEL.SEC.1550/1925, p.4.

**Figure 1 Predisposing Causes of Suicides of Indians From 1914-1923.**

Source: No.10 of 1925: Paper to be laid before Federal Council. Suicide among Indians, in Selangor Secretariat File, SEL.SEC.1550/1925, p. 4.

Table 2 and figure 1 showed the total number of suicides in Malaya for 10 years between 1914 until 1923. In these returns as 349, of whom 311 were men and 38 women and the rate per mile among amongst men and women works out at 0.15 and 0.027 respectively for a period extending over ten years. Of these 349 Malayan suicides, 18 or 5.16 per cent of the total suicides were ascribed to sex-jealousy; 19 or 5.44 per cent to alcohol; 66 or 18.91 per cent to insanity; 30 or 8.57 per cent to despondency; 86 or 24.64 per cent to disease; 130 cases or 37.25 per cent no cause could be discovered or was assigned. From the total number of suicide cases, the unknown death cases were higher as they were not properly recorded due to the poor communication system.

The figure in the table 2 taken from Annual Report of the Labour Department for the years 1914-1923. The classification of the predisposing "causes of suicide" has been drawn up by the Superintendent, Central Mental Hospital, Tanjong Rambutan, Perak, Federated Malay States. The exact figures for the Indian population of Malaya are only ascertainable in respect of the census years, 1911 and 1921, but the figures for the intercensal years have been calculated on the lines usually followed by the Health Department and have been checked by the records of emigration and immigration kept by the Controller of Labour. The Table 3 Classification of Indian Labour in Suicides 1914-1923.

returned furnished have been very carefully scrutinised and it is evident that in a large number of cases it has been impossible to ascertain the cause of suicide. It is also possible that so-called suicides were in reality murder or accident, e.g., the deaths by drowning read, some of them, very like accidents. All these, however, have been classed as suicides. Sex-jealousy is a term rather difficult to define in all cases. For instance, the case of a man who was deserted by his wife and children seems hardly to come under that category, but rather under under that of 'despondency'. The three categories, disease, despondency and insanity are obviously liable to be interwoven. Thus a man suffering from malaria suddenly goes off his head and jumps into the river or the sea. Cases of this sort have been classed as insanity. Again, a man suffers from cancer, or is incurably blind and hangs himself. This can be classed either as disease or as despondency, but has been put under the former. Where the disease is known to have been venereal disease the fact has been stated, and the case given as "disease" but it might be classed as "despondency".

The researcher also examined the suicides of both genders. It helps us to gain a deep comprehension about suicide cases involved both men and women estate labourers.

Class	Sex-jealousy		Alcohol		Insanity		Despondency		Disease		Unknown		Total		Grand Total
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Tamils	16	1	17	-	55	6	18	6	67	13	75	8	248	34	282
Telugus	-	-	-	-	1	-	1	-	-	-	-	1	2	1	3
Malayalees	1	-	2	-	2	-	3	-	2	-	4	-	14	-	14
Others	-	-	-	-	2	-	2	-	4	-	39	3	47	3	50
	17	1	19	-	60	6	24	6	73	13	118	12	311	38	349

Source: No.10 of 1925: Paper to be laid before Federal Council. Suicide among Indians, in Selangor Secretariat File, SEL.SEC.1550/1925, p. 5.

It is found from the table 3 that Tamil labourers were more involved in suicides, for example, 282 Tamils committed suicides in the period 1914-1923, compared to three Telugus, 14 Malayalees, and 50 of other groups. This study also showed the number of suicides from 1914 to 1923 was 349, of which 311 were male, and 38 were female. The majority of male suicides might be due to the hard work and pressures faced by men compared to women in estate life.

The researcher has also taken into consideration the progress of suicide cases occurred after the year of 1923. In order to comprehend the suicide cases took place between 1925 to 1938, it is important to look at Table 4.

Table 4: Suicides Among The Indian Labour In Malaya, 1925-1938.

Year	Federated Malay States	Straits Settlements	Unfederated Malay States	Total
1925	16	10		26
1926	42	9	13	64
1927	47	9	14	70
1928	43	19	21	83
1929	45	21	13	79
1930	45	13	15	73
1931	44	16	12	72
1932	40	15	9	64
1933	21	16	11	48
1934	40	18	10	68
1935	46	14	24	84
1936	50	17	26	93
1937	48	16	18	82
1938	42	11	20	73

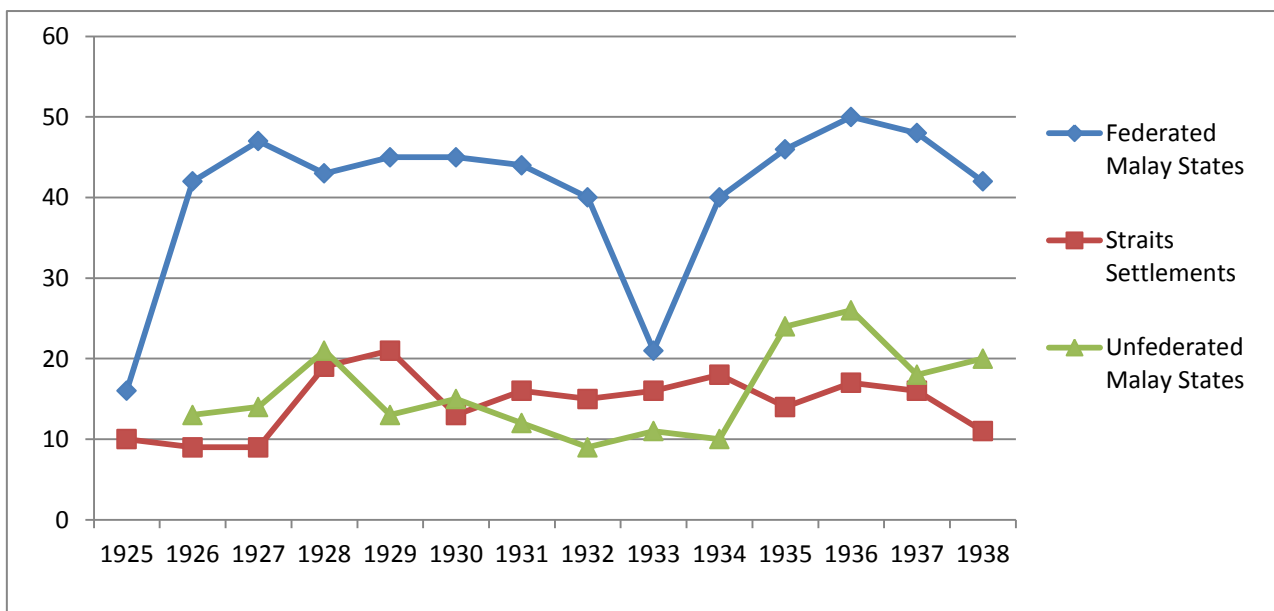


Figure 2: Suicides among the Indian Labour in Malaya, 1925-1938.

Source: Federated Malay States, Annual Report of The Labour Department Malaya For The Year 1931-1938, Kuala Lumpur: F.M.S. Government Press, 1932-1939 & Annual Report of The Agent of The Government of India In British Malaya For The Year 1926-1932, Calcutta: Government of India, Central Publication Branch, 1927-1933 & No.10 of 1925: Paper to be laid before Federal Council. Suicide among Indians, in Selangor Secretariat File, SEL.SEC.1550/1925.

Table 4 and figure 2 indicate the number of suicide cases took place amongst Indians in Malaya between the period of 1925 to

1938. From the total number of cases, Federated Malay States records the highest number of cases as they were more

plantations compared to Straits Settlements and Unfederated Malay States.⁶⁴ It means states having many estates also have Indians as the majority of population. Although this table shows the number of cases took place in estates, many suicide cases took place during the colonial era went unnoticed as they were not recorded due to the poor record system. This might be due to the factors such as distance, remote areas and the absence of accurate information about a victim. However, it is undeniable that, the number of cases occurred between the years of 1925 until 1938 were regarded significant as only these amounts were recorded regularly in the "Annual Report of The Agent of The Government of India In British Malaya".

Sociocultural Factors

The absence of belief in faiths that strictly forbid suicide has also become the most important reason for suicide. Religion is one of the largest barrier for individuals who think of committing suicide. Culture of the Indian people did not so strictly prohibit the behaviour of suicide such as Islam or Christianity.⁶⁵

In addition, the 'infection' or influence of the suicide culture (suicide contagion) is also the most important reason for the Indian labourers to have involved themselves in suicides. When suicides often occur in a given society, this would seem to encourage others having trouble to choose suicide as a means of solving problems.⁶⁶

The status of Indian women was still not on par with that of men, especially during the British era. Although many changes occurred after the Indian labourers were brought in to Malaya, sometimes the wives were debased as second-class citizens, and there was a common notion that the husband could do anything including physical violence against his wife without being questioned by anyone. This situation can, most likely, cause emotional stress and depression that can propel the unfortunate women to commit suicide as a way to extricate from their problems.⁶⁷

The study about suicide aimed at Malaysia Indians in Malaya during the colonial period proves that there is not only one factor or fact contributed to this problem and it became an authorization in suicide cases. There is no one cause of suicide, it requires interactions between many factors to allow a person to be on the edge of the gap and opt for suicide.

Conclusion

This study is significant in the context of the history of Indian community in Malaya as there is still no study of suicide in the historical research perspective. The overall discussion of this article discussed suicide in the colonial period, due to multiple problems such as domestic troubles, work stress, poverty, financial problems, sexual jealousy, consumption of alcohol and others. All these problems centred around one basic factor: life in the estates. The system imposed on the Indian labourers had serious weaknesses, and one who faced these problems had no way out of despair except through committing suicide. This study clearly reflects the difficulties faced by the Indians in their family life, and even in the estate life, for instance terrible basic facilities, low wages, constricting caste system, heavy workload, poor health facilities, and exploitation of Indian labourers through low. Generally, the pressures that emerged from these problems caused the labourers to despair easily and lose hope in the face of unending problems, thus leading them to end their lives. It is also ascertained in the research conducted that Indian estate labourers

focused on 'simple' and 'available' methods when it comes to the decision of committing suicide.

One of the most important information derived from this study was the collection of data on suicide cases. All parties involved in the study of suicide need to ensure the way the causes of death were recorded exactly so that the quality of the collection of statistics about suicide are on par with that of developed countries. The doctors of all disciplines including treatment should be aware about this problem and need to be provided with training in order to handle patients suffering from depression or refer the patients to a psychiatrist if required.

Notes

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