

SUICIDE AS PROTEST

BY SI-SI LIU

Suicide is often used in China, especially among women, as a means of protest against an oppressive reality.

People who have the power and resources to make choices and changes in their lives are usually also able to express their views in a variety of moderate and socially acceptable ways. For those who lack the power or resources to address the sources of their discontent, however, suicide may provide a last resort.

While western biomedical culture associates suicide with unfulfilled needs and feelings, hopelessness, helplessness and solutions for an escape,¹ suicide holds different meanings for Chinese people, especially for women positioned at the lower end of the power balance. In the Chinese context, life is considered the most valuable gift granted by parents. The Chinese saying, “We receive our body, including hair and skin, from our parents, and we dare not injure them if we are filial” (*shenti fafu shou zhi fuwu, bu gan huishang, xiao zhi shi ye*), conveys the value placed on life and the physical body. However, Chinese consider suicide acceptable for reasons of honor. A classic example of heroic suicide was the patriotic poet Qu Yuan, who killed himself in protest against the corrupt ruler of his times. The Dragon Boat Festival eventually developed as an occasion for the public to commemorate and honor this national hero.

A more typical and contemporary example is the case study of a socially-isolated woman, treated as an outsider by her husband's family, who committed suicide after repeated beatings by her husband. In this case, suicide was adopted as a strategy in the woman's unattainable life goal, to be accepted as a member of the family. It was also employed as revenge for her mistreatment and abuse by imposing guilt and regret on her oppressors.² In such a case, suicide becomes a powerful tool, not only for escape from immense stress, but also for protest and revenge.

International statistics on suicide usually show higher rates for males than for females. China is the only country where recorded statistics show a higher suicide rate for women. Many quantitative studies have analyzed the gender disparity in suicides among the Chinese population. Some researchers have examined the issue from a public health angle, while others

have looked for sociological or anthropological explanations. This article focuses on factors that may contribute to an apparent “suicide epidemic” among China's women. It will also examine women's right to health under international human rights standards, and how these standards can be applied to make Chinese women less vulnerable to suicide.

Lack of transparency throughout the data collection process has posed limitations in writing this article. Suicide has long been considered a sensitive topic in China, as it can be regarded as a reflection of Chinese people's dissatisfaction with their lives, and as a subtle act of resistance against a repressive society. The high incidence of suicide during various political upheavals such as the Anti-Rightist Movement and the Cultural Revolution certainly reflects the grim horror of those times. It was only in 1989 that the Chinese government began releasing mortality figures that included suicide among other causes of deaths to the World Health Organization (WHO). However, given the sensitive nature of suicide, it is difficult for outsiders to monitor the accuracy of China's official death statistics.

The problem

In China, an average of 287,000 deaths per year are caused by suicide, comprising 3.6 percent of all fatalities. The suicide rate in rural areas is three times higher than in the urban areas; that is, 75 percent of deaths caused by suicide occur in rural China, possibly a reflection of the gap in living standards between the poor inland regions and rich coastal cities. The female suicide rate is 25 percent higher than that of males,³ making China unique among countries that submit mortality statistics to the WHO. Suicide is currently the number one killer of people aged 15–34 in China, accounting for 30 percent of deaths in this age range, and especially among young rural women.⁴

Underlying trends are difficult to assess, given the lack of published data prior to the 1990s, but a variety of sociocultural factors have been proposed to explain the prevalence of suicide among Chinese women. Some researchers believe the higher suicide rate reflects the lower social, economic and educational status of women.⁵ In addition, violence against women and girls is pervasive in China, with countless daily occurrences of domestic violence, sex-selective abortion, abandonment of baby girls, female infanticide and trafficking of women and babies. A survey by the government-sponsored All

China Women's Federation found that more than 50 percent of respondents admitted to having been beaten by their partners at least once in the past six months.⁶ Statistics also indicate an increasing margin of newborn boys over girls. China's most recent national census, carried out in 2000, shows about 12.77 million fewer girls than a natural sex ratio would generate.⁷ It is difficult to obtain reliable official data on the fate of these "missing girls," and some are believed to simply be hidden from official statistics because of the restrictions imposed by China's family planning police. However, experts have recently estimated that at least two-thirds of the girls nominally absent in the 2000 census have been genuinely removed from the population by means of sex-selective abortion, abandonment leading to death, female infanticide or other unnatural causes.⁸

Discrimination in education and employment continues to exist. Women generally earn less than men, with a recent study indicating that urban female workers' income was only 73 percent that of men in 1999.⁹ One possible explanation of the income gender gap might be the concentration of women in low-wage employment. In addition, there are signs that the increase in education costs borne by families has been particularly detrimental to girls, who are generally regarded as an inferior long-term investment for the family. The female illiteracy rate increased in the 1990s from 68 percent to 71

percent,¹⁰ and an estimated 80 percent of China's new illiterates are girls.¹¹

Rural women have come under further pressure to take up physically demanding farm work as men are increasingly abandoning the countryside for higher paid jobs in the cities. Some researchers have also pointed out an increasing correlation between the quality of medical treatment and the ability to pay for it, particularly after the collapse of the health insurance system in the countryside.¹² Rural residents who lack financial resources are often deprived of medical treatment, including psychiatric services, and given the feminization of poverty, women have been more negatively affected in this regard.

The most common method employed for suicide is poisoning, very often by pesticides or rat poison. Both are readily available in rural households, especially during the farming season.¹³ Inadequate emergency medical facilities in the countryside make it all the more likely that attempted suicides will be successful.

Official response

Suicide has more recently gained recognition as "an urgent problem to be solved in the field of public health" in the Communist Party's main newspaper, the *People's Daily*.¹⁴ The Chinese government has begun confronting the problem by working



Women at a Chengdu labor market notorious for the abduction of women and girls. Photo: Sinopix

with organizations and foreign experts to hammer out a national suicide prevention strategy.

However, experts say the resources allocated fall far short of what is needed. The country's first suicide prevention centre, the Beijing Suicide Research and Prevention Centre, opened at the end of 2002,¹⁵ now operates a 24-hour national suicide hotline that gives immediate counseling services to 70 distressed people a day. The Ministry of Culture has also pledged to help relieve the current suicide rate by restricting access to pesticides.¹⁶ However, these measures can hardly be expected to adequately address the needs of China's 1.3 billion people.

More critically, despite the statistical prevalence of suicide among women, and the particular vulnerability of women and young girls, China has yet to develop a gender-sensitive suicide prevention program, even though a number of UN agencies, including the United Nations Development Programme (UNDP) and the World Bank, have pointed out this deficiency.¹⁷

It is particularly disappointing to note the lack of reference to the high female suicide rate in the Chinese government's response to a questionnaire by the UN Division for the Advancement of Women.¹⁸ This questionnaire is part of the official review process for the implementation of the Beijing Platform of Action agreed by 189 governments at the Fourth World Women's Conference in 1995. Failure to mention the

issue in this important review of women's human rights in China suggests that the government lacks suicide intervention and prevention strategies that take gender factors into consideration. The omission may also signal a retreat by the Chinese authorities from their initial public acknowledgement of the problem of female suicide.

International obligations on women's health

Building on the definition of health in the WHO's constitution, the Beijing Platform for Action¹⁹ adopted at the United Nations Fourth World Conference of Women in 1995 recognizes that:

“. . . health is a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity. Women's health involves their emotional, social and physical well-being and is determined by the social, political and economic context of their lives, as well as by biology.”²⁰

In other words, apart from biological factors that may lead to differences in the health status of women and men, societal factors may also be determinative, and can vary among women themselves. The Platform for Action acknowledges that all factors specifically affecting women's health throughout their lives should be taken into consideration. The prevalence of poverty and economic dependence among women, their experience of violence and discrimination, the limited power many women have over their lives, and their lack of influence in decision-making, are all sociocultural realities that can have an adverse impact on women's health.

The Beijing Platform for Action also outlines the factors that adversely affect women's mental health. These include sexual and gender-based violence, including physical and psychological abuse, the growing incidence of domestic violence, trafficking in and sexual exploitation of women and girls, marginalization, powerlessness and poverty, as well as overwork and stress.²¹

As one of the 189 governments that committed themselves to implementation of the Beijing Platform for Action, China is obligated to achieve all the strategic objectives outlined in the document by following the prescribed steps to be taken by governments. Some of the obligations relating to the promotion of women's mental health include:

- Adopting specific preventive measures to protect women from any abuse and eliminating violence against women, sexual exploitation, sexual abuse and by recognizing these practices are violations of human rights and ethical medical principles;²²
- Integrating mental health services into primary health-care systems. Developing supportive programs and training primary health workers to recognize and care for girls and women of all ages who have experienced any form of violence especially domestic violence, sexual abuse or other abuses.²³

In order to meet its obligations under the Beijing Platform for Action, the Chinese government should not only refrain from violating the rights of girls and women, but must take proactive steps to prevent, investigate and punish acts of vio-

The Butterfly Lovers

(Liang Zhu)

The story of Liang Shanbo and Zhu Yingtai provides an example of suicide used as last resort to protest and escape a reality that people feel powerless to change. Although fictional, the story and its enduring popularity reflect Chinese social attitudes toward suicide both at that time and in the present.

Zhu Yingtai, a young lady eager to explore the world, was born to a rich but conservative family during Eastern Jin Dynasty (A.D. 317–420). Under the feudal system, schools barred girls from admission. As a result, Zhu and her maid had to disguise themselves as boys in order for Zhu to receive an education. Zhu eventually met Liang Shanbo at school, and they became good friends, eventually becoming lovers when Liang discovered that Zhu was a girl.

Zhu's father had already arranged a marriage for his daughter, and rejected the couple's repeated entreaties because Liang was not a rich or powerful man. The heart-broken Liang finally died of sorrow and illness. Grief-stricken, Zhu visited Liang's grave before her wedding. While she wept, the tomb suddenly opened, and Zhu jumped inside and ended her life in order to be with Liang forever. Afterwards a pair of butterflies emerged from the tomb, signifying that Liang and Zhu would never be parted again.

lence against women by private individuals. These acts include domestic violence, sex-selective abortion, female infanticide, abandonment or maltreatment of girl children, and trafficking of women and girls. It should also ensure women's access throughout their life cycle to appropriate, affordable and adequate health care and information.

Another applicable human rights agreement is the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), which China ratified in 1980. As a signatory, China is obliged to implement and report on policies relating to CEDAW's principles, including Article 12, which requires that "State parties shall take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health-care services, including those related to family planning."²⁴

The CEDAW Committee also adopted General Recommendation No. 24, which in reference to the Beijing Platform for Action notes states' obligation to address distinctive features and biological, socioeconomic and psychosocial factors specifically affecting the health of women.²⁵

In reviewing the Chinese government's last submission, the CEDAW Committee expressed concern over the high rate of suicide among rural women. It requested that the Chinese government urgently address the female suicide rate through measures such as the provision of mental health services and research into the underlying causes of suicide.²⁶

The CEDAW Committee will soon be reviewing China's fifth and sixth periodical report, which may provide an opportunity to revisit the limited efforts China has made to address its high female suicidal rate.

While China's rapid economic growth over the last two decades has undeniably resulted in a vastly improved quality of life for many Chinese people, it is important to remember the hundreds of thousands of women who have ended their lives in despair. Perhaps international agreements such as the Beijing Platform for Action and CEDAW will finally oblige China to confront the needs of women who are still contemplating this desperate act.

1. E.S. Shneidman, a well-know expert in western biomedicine, defines suicide as a 'conscious act of self-induced annihilation, best understood as a multidimensional malaise in a needful individual who defines an issue for which the act is perceived as the best solution.' For more explanation of the concept of suicide in western medicine, see Shneidman, *Definition of suicide*, New York: Wiley, 1985, quoted in Ji, Jianlin, Kleinman, Arthur, and Becker, Anne, "Suicide in contemporary China: A review of China's distinctive suicide demographics in their sociocultural context", in *Harvard Rev Psychiatry*, Vol. 9, 2001, p.1.
2. Liu, Meng, "Rebellion and revenge: the meaning of suicide of women in rural China", *International Journal of Social Welfare*, Vol. 11, 2002.
3. Statistics quoted in a Chinese magazine *Banyuetan*, "Suicide intervention: For the sake of 280,000 lives a year (*Zisha ganyu: weile mei nian 28 wan tiao shengming*)", 2004, Issue 11, quoted by *Voice of America*, "High suicidal rate amongst rural women" (*Zhongguo Nongcun funui zisha lu gao*), December 8, 2004.
4. "Suicide becomes largest killer of young adults in China", *Voice of America*, April 20, 2004.

5. See Zhao, S., Qu G., Peng, Z., and Peng, T., "The sex ratio of suicide rates in China", in *Crisis*, Vol. 15, 1994; He, ZX and Lester D., "The gender difference in Chinese suicide rates", in *Arch Suicide Res*, Vol. 3, 1997; Qin, Ping and Mortensen, Preben Bo, "Specific characteristics of suicide in China", in *Acta Psychiatr Scand*, Vol. 103, 2001.
6. "Dramatic rise in violence against women revealed in new study", *South China Morning Post*, November 19, 2003.
7. Department of Population, Social, Science and Technology Statistics, National Bureau of Statistics of China, "Figures of the Population Census in 2000" in *China Population Statistics Yearbook 2003*, October 2003, p. 71.
8. Cai, Yong and Lavelly, William, "China's Missing Girls: Numerical Estimates and Effects on Population Growth" in *The China Review*, Vol. 3, No. 2, Fall 2003, p.13-29.
9. *China Information News*, February 2, 2000, quoted in World Bank, *China: Country gender review*, June 2002, p. 14.
10. *Education for All: The Year 2000 Assessment. Final Country report of China*, available at www.unesco.org/education/efa/wef/countryreports, quoted in Tomasevski, Katarina, Report submitted by the Special Rapporteur on the Right to Education, para. 26. Available at: [http://www.unhchr.ch/Huridocda/Huridoca.nsf/\(Symbol\)/E.CN.4.2004.45.Add.1.En?OpenDocument](http://www.unhchr.ch/Huridocda/Huridoca.nsf/(Symbol)/E.CN.4.2004.45.Add.1.En?OpenDocument).
11. Ji, L., *Gender as determinant in income differentials*, Academy of Educational Sciences, Beijing, 2001, quoted in Tomasevski, supra note 10.
12. Pearson, Veronica, "Goods on which one loses: women and mental health in China", in *Social Science and Medicine*, Vol. 41, No. 8, 1995.
13. "An antidote to China's suicide epidemic", *South China Morning Post*, November 25, 2003.
14. "Suicide prevention centre opens in China", *Asia Times*, December 2, 2002.
15. *Ibid.*
16. "Suicide rate rings alarm for the young", *China Daily*, November 20, 2003.
17. See UNDP, *Millennium Development Goals: China's Progress 2003*, and World Bank, *China: Country gender review*, June 2002.
18. *Report of the People's Republic of China Regarding the Questionnaire on the Implementation of the Beijing Declaration, the Platform of Action and the Outcome of the 23rd Special Session of the General Assembly on Women's Issues, 2004*
19. *Beijing Platform for Action*. Available at: <http://www.un.org/women-watch/daw/beijing/platform/index.html>
20. *Ibid.*, para. 89.
21. *Ibid.*, para. 99-100.
22. *Ibid.*, para. 107a & q
23. *Ibid.*, para. 106q
24. *Convention of Elimination of All Forms of Discrimination Against Women*, adopted by General Assembly G.A. Res. 34/180, 18 December 1979, UN GAOR 34th Session, Supp. No. 46 at 193, UN Doc. A/34/46.
25. *General Recommendation No. 24, 20th session, on Women and Health*, para. 11. Available at: [http://www.unhchr.ch/tbs/doc.nsf/\(symbol\)/CEDAW+General+recom.+24.En?OpenDocument](http://www.unhchr.ch/tbs/doc.nsf/(symbol)/CEDAW+General+recom.+24.En?OpenDocument).
26. *Concluding Comments on China's Third and Fourth Periodic Reports*, para 303. Available at: <http://www.unhchr.ch/tbs/doc.nsf/0/1483ffb5a2a626a980256732003e82c8?OpenDocument>.