

# Reducing pesticide-related suicides through using a centralized pesticide storage facility

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		<input type="checkbox"/> Protocol
<b>Registration date</b> 18/04/2012	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan
		<input checked="" type="checkbox"/> Results
<b>Last Edited</b> 19/09/2014	<b>Condition category</b> Injury, Occupational Diseases, Poisoning	<input type="checkbox"/> Individual participant data

## Plain English summary of protocol

### Background and study aims

Studies have shown that delaying access to pesticides by storing them in a safe facility which is not in the home can help reduce pesticide-related suicides. This study was therefore undertaken to assess the effectiveness of a central pesticide storage facility as a preventive intervention strategy in reducing pesticide-related attempted and completed suicides.

### Who can participate?

The study was conducted in four villages in Kattamannarkoil Taluk in Tamilnadu State in Southern India.

### What does the study involve?

The four participating villages were randomly allocated to either the control or the intervention group. In the two control group villages people continued with the routine practice of storing their pesticides in the fields and in their homes. In the two intervention group villages a centralized pesticide storage facility (one for each village) was set up, in which farmers could store their pesticides safely. A household survey was carried out before setting up the storage facility and again a year and half after the intervention to examine the effectiveness of the storage facility in reducing pesticide-related suicides. At the start of the study a door-to-door survey of all the households in the selected intervention and control villages was carried out. An adult (over 18 years of age) who was either the head or the main earning member of the household or an adult son or wife of the head of the household constituted the key respondent to the survey. Only one such member from each household was interviewed. In addition to documenting the characteristics of the household, information on types and quantities of pesticides bought and used, knowledge of methods of pesticide storage, disposal, knowledge about the health risks of pesticides, medical management of acute toxic effects of pesticide poisoning, information on any attempted or completed suicides, and/or accidental deaths occurring in the family over the last one and a half years were ascertained. All assessments carried out in the intervention sites were also carried out in the control sites. A surveillance involving monthly visits to GPs, health workers, hospitals and police stations located in the study area was carried out by a field project supervisor throughout the one and a half year of the intervention to document any reports of attempted suicides or completed suicides occurring during that time. The supervisor also monitored the functioning of the storage facility.

What are the possible benefits and risks of participating?

There were no risks involved in participation in the study. All respondents were assured of confidentiality. The benefits of the study entailed the setting up of a centralized facility easily accessible to farmers in the village where their pesticides could be safely stored. Apart from preventing access to a particularly lethal means of suicide, it also helped prevent accidental poisonings. In addition, loss of pesticides that frequently occurred when stored in the fields, which incurred considerable financial loss to farmers, was avoided. Setting up of the facility also resulted in increased awareness about suicides and the harms of pesticide exposure.

Where is the study run from?

The study was a collaborative project between Samarth, Sneha, the Voluntary Health Services in Chennai, and the Biostatistics Resource and Training Centre at Christian Medical College, Vellore (India).

When is the study starting and how long is it expected to run for?

The study commenced in September 2009 and was completed in June 2011.

Who is funding the study?

World Health Organization (Switzerland).

Who is the main contact?

Dr Lakshmi Vijayakumar

## Contact information

### Type(s)

Scientific

### Contact name

Prof Lakshmi Vijayakumar

### Contact details

No. 25 Ranjith Road

Kotturpuram

Chennai

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600 085

## Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers

WHO Registration 2009/27949-0

## Study information

**Scientific Title**

Pilot study to assess the acceptability and effectiveness of central storage of pesticides in preventing suicides

**Study objectives**

Storage of pesticides in a centralized facility in a community will reduce suicides and attempted suicides by pesticides.

**Ethics approval required**

Old ethics approval format

**Ethics approval(s)**

Research Ethics Committee of the Voluntary Health Services, 16/09/2009

**Study design**

Randomized community controlled trial

**Primary study design**

Interventional

**Secondary study design**

Randomised controlled trial

**Study setting(s)**

Other

**Study type(s)**

Prevention

**Participant information sheet**

Not available in web format, please use the contact details below to request a patient information sheet

**Health condition(s) or problem(s) studied**

Attempted and completed suicides by pesticide poisoning

**Interventions**

In the two intervention villages a centralized pesticide storage facility (one for each village) was set up. Firstly, with the help of the Panchayat (local self-government), existing buildings were identified within which - similar to a bank locker - 100-200 pesticide storage boxes were constructed. These boxes were two feet by two feet in size, made of wood and were fixed to the wall and thereby could not be removed from the facility. Each box could be locked. Secondly, four managers (two for each facility), were identified by the local community and were put in charge of managing the facility. The managers were paid a basic salary, worked in shifts and were provided training which included information on the need for safe storage and methods of safe storage and disposal. Thirdly, with the help of the Panchayat and other key persons in the villages, public meetings were organized to bring about awareness among people in the villages about the storage facilities, their purpose and benefits.

In the two control villages people continued with the routine practice of storing their pesticides in the fields and in their homes.

Six research assistants were trained for the purpose of carrying out the data collection. They carried out a baseline door-to-door survey of all the households in the selected intervention and control villages using a structured interview schedule. This baseline survey was done before the setting up of the storage facilities. An adult (over 18 years of age) who was either the head or the main earning member of the household or an adult son or wife of the head of the household constituted the key respondent to the survey. Only one such member from each household was interviewed. In addition to documenting the sociodemographic characteristics of the household, information on types and quantities of pesticides bought and used, knowledge of methods of pesticide storage and disposal, knowledge about the health risks of pesticides and medical management of acute toxic effects of pesticide poisoning were obtained. Lastly the survey also documented information on any attempted or completed suicides, and/or accidental deaths occurring in the family over the last one and a half years. All assessments carried out in the intervention sites were also carried out in the control sites. The survey was repeated at the end of one and a half years of the intervention in both the intervention and control sites. A surveillance system involving monthly visits to GPs, health workers, hospitals and police stations located in the study area was carried out by a field project supervisor, throughout the one and a half year of the intervention to document any reports of attempted suicides or completed suicides occurring during that time.

**Intervention Type**

Other

**Phase**

Not Applicable

**Primary outcome measure**

1. Attempted and completed suicides by pesticide poisoning elicited through survey
2. Assessments were made at baseline and following completion of one and a half years of intervention. This was measured using a structured interview schedule. In addition, surveillance was carried out throughout the intervention period to obtain information from varied sources regarding attempted and completed suicides

**Secondary outcome measures**

Acceptability of the centralized pesticide storage facility measured using a structured interview schedule

**Overall study start date**

30/09/2009

**Completion date**

30/06/2011

**Eligibility****Key inclusion criteria**

An adult (over 18 years of age) who was either the head of the household and main earning member of the household or an adult son or wife of the head of the household

**Participant type(s)**

Patient

**Age group**

Adult

**Lower age limit**

18 Years

**Sex**

Both

**Target number of participants**

3004 households

**Key exclusion criteria**

Non residents (i.e., not living in the villages for the last 2 years)

**Date of first enrolment**

30/09/2009

**Date of final enrolment**

30/06/2011

**Locations****Countries of recruitment**

India

**Study participating centre**

No. 25 Ranjith Road

Chennai

India

600 085

**Sponsor information****Organisation**

Samarth NGO (India)

**Sponsor details**

No. 100 Warren Road

Mylapore

Chennai  
India  
600004

**Sponsor type**  
Charity

**Website**  
<http://www.samarthngo.org/>

## **Funder(s)**

**Funder type**  
Government

**Funder Name**  
World Health Organization (Switzerland), ref: 2009/27949-0

**Alternative Name(s)**  
, , Всемирная организация здравоохранения, Organisation mondiale de la Santé, Organización Mundial de la Salud, WHO, , ВОЗ, OMS

**Funding Body Type**  
Private sector organisation

**Funding Body Subtype**  
International organizations

**Location**  
Switzerland

## **Results and Publications**

**Publication and dissemination plan**  
Not provided at time of registration

**Intention to publish date**

**Individual participant data (IPD) sharing plan**

**IPD sharing plan summary**  
Not provided at time of registration

**Study outputs**

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Results article</a>	results	16/09/2013		Yes	No