

“Study of Risk Factors for Suicidal Behavior in Nepal.”

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ABSTRACT:

Background: On the most fundamental existential level we pay attention to suicide because it is there, has a kind of riveting compulsion to it and is an unavoidable, sometimes devastating life issue.

Aims and objectives: The major focus of this study is to find out the familial status of suicidal victim depending upon the marital status, marital adjustments and type of family and to identify the dominance of age group of suicidal victims according to sex.

Material and Methods: Descriptive study of 100 fatal suspected suicidal cases brought for postmortem examination at BPKIHS, Dharan from January 2007 to April 2008. Pre-tested questionnaire was used to obtain data by direct interview with the visitor of the victim and information available on police record.

Results: Majority of suicidal victims (47%) were married living with spouses while over one third (37%) victims were unmarried. Out of 51 male victims 24(48.98%) victims were married and 19 (38.77%) were unmarried whereas amongst in females 23 (45.10%) victims were married and (18or 35.29%) were unmarried. Out of remaining victims, widows were 8(15.69%) and widowers were 4(8.16%). It is observed that out of 63 married victims including divorced and separated, over half of the victims (34 or 53.97%) had very poor marital adjustment while 6(9.52%) of the victims relations with their spouses were already broken (divorced or separated).

Conclusion: This study illustrates that age is a potent factor in increased suicide rates especially the adults are because as the age advances we generally experience more loses and dearth from physical to social to the cognitive to the financial aspects. Similarly the majority suicide among the married victims with poor marital and familial adjustment entails a disturbed family life is a stressor abetting suicide.

KEY WORD: Marital adjustment, Postmortem, Suicide, Victim.

INTRODUCTION :

Among those aged between 15 and 44 years, suicide is the fourth leading cause of death, and violence against the self is the sixth leading cause of disability. ¹As we age, of course, the closer we are to death. It should not surprise us that the likelihood of suicide grows with age for some groups. The Hemingway quote suggests that not only does our life tend to run out, but also its quality tend to diminish over time. There are important variants to these generalizations when the data are examined by age group, race time and interactions

among this variables.²

Suicide is also now a major public health problem, as evidenced by epidemiologic data. According to WHO, taken as an average for 53countries, the age-standardized suicide rate at year 2000 was 14.5 per 100 000. The rate for males was 22.9 per 100 000 and for females 6.8 per 100 000. The rate of suicide is almost universally higher among men compared to women by an aggregate ratio of 3.5 to 1.²

Currently, suicide is the most severe complication of major depressive disorders in both developed and developing

countries. From the forensic experience, it is known that a completed suicide is more common among those with more severe and/or psychotic symptoms, with late-onset, coexisting mental and addictive disorders, as well as among those who have experienced stressful life events, who have medical illnesses, and/or who have a family history of suicidal behavior. Suicide is not only a topic for forensic medicine but it also represents a serious public health problem. Since the identification of suicidal risk factors concerning the age, gender, marital life and family life can help in developing effective, preventive strategies to deal with suicide.

MATERIAL AND METHODS :

This prospective study was conducted in all suspected cases of suicide the year January 2007 to April 2008 coming for medico legal post mortem examination at BPKIHS Dharan Nepal. A total of 358 postmortem were out of which there were 100 suicide cases. A detailed history from Police & relatives, pre-tested questionnaire with variables regarding the sex, age, marital status, and marital adjustment were recorded.

Finally the computation of data was done with the help of *Microsoft Excel and SPSS* program in tabular forms and observations were recorded, analyzed and discussed.

RESULTS

Slightly more than half (51%) suicidal victims were females as compared to males (49%). Maximum suicidal victims (39%) belonged to age group 24-44yrs followed by age group 15-24 yrs (30%) and 45-64yrs (21%). Surprisingly 5% victims were children below 14yrs of age and all of these were over 10 years of age. Amongst females, most frequently (21 or 41.18%) suicide was committed within the age group of 15-24yrs, followed by age group 25-44yrs (17 or 33.33%), whereas most frequently male victims belonged to age group 25-44yrs

(22 or 44.9%) followed by within, the age group 45-64yrs (11 or 22.45%). Thus it is observed that over two third of suicidal victims (69%) were aged between 15-44yrs followed by those (21%) in the age group of 45-64yrs. However, victims above 65yrs and below 14 years have equal prevalence (5%).

Further it revealed that three fourth (38 or 74.5%) female victims committed suicide at a younger age i.e. between 15-44yrs while over two third (33 or 67.3%) male victims committed suicide at older age i.e. between 25-64 yrs of age. Thus it revealed that females more frequently committed suicide at younger age as compared to males.

The foregoing tables revealed that nearly majority of suicidal victims (47%) were married living with spouses while over one third (37%) victims were unmarried. Out of 49 male victims 24(48.98%) victims were married and 19 (38.77%) were unmarried whereas amongst in females 23 (45.10%) victims were married and (18 or 35.29%) were unmarried. Out of remaining victims, widows were 8(15.69%) and widowers were 2(4.08%).

Thus it revealed that suicide is more frequently committed by married (47%) persons as compared to unmarried ones (37%) and almost half of the male suicidors were married (24 or 48.98%) which is more common than the female married suicidors (23 or 45.10%).

The widows, divorced or separated females tend to commit suicide more often (12 or 23.53%) than the male widowers, divorced or separated suicidal victims (4 or 8.16%).

It is observed that out of 63 married victims including divorced and separated, over half of the victims (34 or 53.97%) had very poor marital adjustment while 6(9.52%) of the victims relations with their spouses were already broken (divorced or separated). Among the rest of the victims (19 or 30.16%) had average marital adjustment and only 4 (6.35%)

had happy married life.

Thus, it was observed that females having unhappy married life had firm tendency to commit suicide. Over two third of female victim's (24 or 68.57%) marital adjustment was either very poor or broken, which was more frequent as compared to the male victims (16 or 57.15%) while 4 (14.29%) male victims had happy married life but still they committed suicide, may be due to other reasons.

Table 1: Distribution of age and sex among the suicidal victims

AGE	Male	Female	Total
	N (%)	N (%)	N (%)
0-14 yrs	3(6.12)	2(3.92)	5
15-24 yrs	9(18.37)	21(41.18)	30
25-44 yrs	22(44.9)	17(33.33)	39
45-64 yrs	11(22.45)	10(19.61)	21
>65 yrs	4(8.16)	1(1.96)	5
Total	49(100)	51(100)	100

Table 2: Marital status of the victims in relation to gender

MARITAL STATUS	Male	Female	Total
	N (%)	N (%)	No/ (%)
Married	24(48.98)	23(45.10)	47
Unmarried	19(38.78)	18(35.29)	37
Divorced/separated	2(4.08)	4(7.84)	6
Widow/ widower	2(4.08)	8(15.69)	10
Total	49(100)	51(100)	100

Table 3: Marital adjustments in relation to gender

MARITAL ADJUSTMENTS	Male	Female	Total
	N (%)	N (%)	N (%)
Very poor	12(42.86)	22(62.86)	34(53.97)
Broken	4(14.29)	2(5.71)	6(9.52)
Average	8(28.57)	11(31.43)	19(30.16)
Good /Happy	4(14.29)	0	4(6.35)
Total	28(100)	35(100)	63(100)

DISCUSSION

Our study on age distribution of suicidal victims are in accordance with findings of most of the investigators on suicide, Dasgupta and Tripathi recorded (69.2%) victims belonging to the age group 15-44yrs and only 2.6% victims were children below 14yrs of age^[3] In a similar study, by N.C.R.B in India, in its successive annual reports for 1988-92 reported highest number of suicides committed by persons in the age group as: 1988-44.4%; 1989-44.6%; 1990-44.2%; 1991-43.9%; 1992-43.9%.^[4]^[5]

Rao observed that 50% suicide victims were in the age group 16-30yrs.^[6] According to Phal analyzing suicide cases during the period from 1956 to 1975, the highest incidence of suicide was in the age group 21-30yrs.^[7] Sharma and Krishna reported that the majority of suicides were in the age group 25-44yrs.^[8]

According to Maris United States, the greatest suicide rate discrepancy between the sexes is among the older age groups males ages 65-74 were almost six times as likely to complete suicide as same aged females: those age 75-84 were nine times as likely to completed suicide.² Similarly in our study males above 65 yrs old completed suicide four times than the females though the rate of suicide in older generation is surprisingly equal to the age

less than 14 years. This may be associated with the fact that children and aged person are not to bear any kind of responsibility and mental tensions in the family. Similarly, the decrease in the rate of suicide in older age group may be explained by the fact that with the increasing age, level of maturity and perseverance increases and people commit suicides less frequently as compared to immature younger persons.

It is further noted in the present study that about three fourth (38 or 74.5%) female victims committed suicide at younger age i.e. between 15-44yrs while two third (33 or 67.3%) male victims committed suicide at older age i.e. below 25-64yrs of age.

Dasgupta and Tripathi also recorded highest (77.4%) female suicide age group between 15-44yrs of age.^[3] Gupta reported that amongst female victims of suicide, highest number (32.2%) was in age group 15-24yrs followed by (19.4%) in the age group 25-44yrs; whereas more males (23.72%) were in the age group 25-44 yrs, followed by those (16.9%) in the age group of 15-24yrs. Thus their findings were quite similar to the findings of present study.^[9]

Higher suicidal rate being two third (38 or 74.51%) of the female victims were from adolescent and early young females as revealed in our study indicate the level of frustration and mental tensions in the females belonging to

the age group 15 to 44 yrs as they are generally newly married women burdened with many problems in the new place and environment of in-laws houses. Scolding of parents/teachers and failure in studies accounted for many suicides in cases of unmarried females at adolescent age as most of their family could not support them financially in their studies.

Higher suicidal incidence by males (31 or 63.27%) in the age group of 24-44 yrs may be accounted for the increased family responsibilities and other social obligations among men of this age group.

Present study revealed that suicide is more frequently committed by married persons (47%) as compared to unmarried ones (37%). Almost half of the male suicidors were married (24 or 48.98%) which is more frequent as compared to married female suicidors (23 or 45.10%). However 19 (38.78%) male and 18 (35.29%) female victims were unmarried. Thus suicide is more prevalent in married persons which may be due to increase socioeconomic and physical burden after marriage especially after birth of children.

The Police Research Bureau of India showed that amongst 76 suicide cases, 43 were married and 33 were unmarried.^[10]

Higher incidence of suicide amongst married males may be accounted for more responsibilities, liabilities and hence more stress and strain in married persons as compared to unmarried who are more care free and less burdened. Similarly higher incidence in unmarried females may be associated with the multiple factors such as they remained still unmarried, burden of studies and scolding by parents as well as teachers, less opportunities to study as compared to males in the same family who are given more privilege in a lower class families. Similarly unmarried females are likely subjected

to sexual harassment including rape and out of social stigma they tend to commit suicide more commonly than males.

In the present study it again revealed that widows, divorced or separated females tend to commit suicide (10 or 19.61%) more often than the male widowers, divorced or separated victims (6 or 12.24%). Similarly Stack reported that a number of studies have shown that, while marriage appears to add a statistical protection against suicide for both genders, divorce with its raised anxiety and trauma is more strongly associated with suicide.^[11]

In table 3, it is observed that out of 63 married victims, including divorced and separated, more than half of the victims, (34 or 53.97%) had very poor marital adjustment, while 6 (9.52%) of the victim's relationship with their spouse were already broken (divorced or separated). However as many as 19 (30.16%) victims had an average marital adjustment and 4 (6.35%) victims had even happy married life. Thus, it was observed that females having unhappy married life had more firm determination to commit suicide. Almost in two third of female victims (24 or 68.57%) marital adjustment was either very poor or broken, which was more as compared to the male victims (16 or 57.15%). The poor marital adjustment might have cause/ effect relation on suicide and the main cause of their suicide may be linked with this poor adjustment problem. On the contrary, suicidal tendency might have adversely affected the marital adjustments. Thus a vicious circle appears to be formed in these cases which may precipitate suicidal attempts.

CONCLUSION

Abridgement of our study is unmarried females or newly married of younger age group tend to commit suicide more often than the males whereas middle aged married males having more social responsibility have propensity towards suicide, likewise unhappy marriage is one of the precipitating

factors for such a stride towards death among the married people in both the genders.

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