

Original Research

Evaluation of profile of suicide attempters among the rural community: An observational study

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ABSTRACT:

Background: Suicidal behaviours are complex and can be challenging to foresee even among patients receiving medical and psychiatric care. Hence; under the light of above-mentioned data, the present study was conducted for evaluating the profile of suicide attempters among the rural community. **Materials & methods:** Over the course of a year, we assessed every attempted suicide case that was recorded and admitted. When the attempt had been initially recovered from, the patients were forwarded for psychological assessment. A total of 50 cases were enrolled. All cases were assessed using a semi-structured pro forma after getting the patient's or their relatives' written agreement. The evaluation included information on the demographic profile, attempt modality, and attempt motivation. Depending on the clinical diagnosis of the instances, the treating psychiatrist provided the proper treatment. Suitable statistical techniques were used to analyze the data. **Results:** Among 50 cases included in the present study, mean age was 33.7 years. Among the 50 suicide cases, 68 percent of the cases (34 cases) were farmers while 8 cases were labourers. Major factor for the attempt among the farmers was financial constraints and altercation among the family members due to financial loss. The most common mode of attempt was poisoning by pesticide (20 cases), followed by slashing of the wrist or hanging. History of depression/depressive disorder was seen in 84 percent of the cases. **Conclusion:** Our research demonstrated that significant proportion of rural population attempt suicide due to financial constrain.

Key words: Suicide, Rural community

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INTRODUCTION

Suicidal behaviours are complex and can be challenging to foresee even among patients receiving medical and psychiatric care. Suicide is the second leading cause of death among 15–29 year olds worldwide, with an even greater prevalence of non-fatal suicidal behaviour. Attempted suicide, defined as self-harm behaviour with intent to die, may occur up to 20 times more frequently than completed suicide.¹

²Attempted suicide is associated with adverse, long-term outcomes, including psychiatric and medical comorbidity, hospitalization, repeated suicide attempts, poverty, chronic stress, and stigma. Considering the personal and public health burden of suicide on global and local scales, it is necessary that

preventative and rehabilitative strategies be developed to manage those presenting with suicidal behaviour.^{3,4} Suicide, attempted suicide, and different form of suicidal behavior are on the rise worldwide. Suicide is the leading cause of death globally among all the age groups. According to World Health Organization (WHO) 2002 on violence on health, about 815,000 people died due to suicide all over the world in the year 2000 itself. The psychological and social impact of suicide on the family and society is immeasurable. On average, single suicide intimately affects at least six other people. If a suicide occurs in a school or workplace it has an impact on hundreds of people.⁵⁻⁷ Hence; under the light of above-mentioned data, the present study was conducted for evaluating the profile of suicide attempters among the rural community.

MATERIALS & METHODS

The present study was conducted for evaluating the profile of suicide attempters among the rural community. Over the course of a year, we assessed every attempted suicide case that was recorded and admitted. When the attempt had been initially recovered from, the patients were forwarded for psychological assessment. A total of 50 cases were enrolled. All cases were assessed using a semi-structured pro forma after getting the patient's or their relatives' written agreement. The evaluation included information on the demographic profile, attempt modality, and attempt motivation. Depending on the clinical diagnosis of the instances, the treating psychiatrist provided the proper treatment. Suitable statistical techniques were used to analyze the data.

RESULTS

Among 50 cases included in the present study, mean age was 33.7 years. Out of 50 cases, 32 cases (64 percent) were males while the remaining were females. 64 percent of the cases (32 cases) were unmarried. Among the 50 suicide cases, 68 percent of the cases (34 cases) were farmers while 8 cases were labourers. Major factor for the attempt among the farmers was financial constraints and altercation among the family members due to financial loss. The most common mode of attempt was poisoning by pesticide (20 cases), followed by slashing of the wrist or hanging. History of depression/depressive disorder was seen in 84 percent of the cases.

Table 1: Demographic details

Variable	Number	Percentage
Males	32	64
Females	18	36
Mean age	33.7 years	

Table 2: Profession

Variable	Number	Percentage
Farmers	34	68
Labourers	8	16
Housewives	4	8
Others	4	8

Table 3: Incidence of depression/depressive disorder

Depression/depressive disorder	Number	Percentage
Present	42	84
Absent	8	16

DISCUSSION

While individuals with psychiatric illnesses represent the vast majority of the individuals who attempt suicide, only a small proportion of those with psychiatric illnesses attempt suicide. Known risk factors for suicidal behaviours are largely based on studies of general community populations and these factors include prior suicide attempts, underlying psychiatric and substance use disorders, single marital

status, unemployment, and major life stressors. Suicide is the third leading cause of death among persons aged 10-14, the second among persons aged 15-34 years, the fourth among persons aged 35-44 years, the fifth among persons aged 45-54 years, the eighth among persons aged 55-64 years, and the seventeenth among persons 65 years and older.⁸⁻¹⁰ Hence; under the light of above-mentioned data, the present study was conducted for evaluating the profile of suicide attempters among the rural community.

Our results were in concordance with the results obtained by Mishra et al who also reported similar findings. In their study, authors assessed the socio-demographic profile of suicide attempters among rural population. All the cases of attempted suicide who were admitted and referred for psychiatric evaluation and management to a rural medical college. Total 68 cases were evaluated during the study period. 43% of the cases were involved in farming. Among 85% of the study population pesticide consumption was the common mode of attempt, which is easily available among the agrarian community of rural India. Interpersonal conflict in the family due to indebtedness, financial loss due to crop failure was the commonest reason for attempt.¹⁰

In another similar study conducted by Kar N et al, authors studied the risk factors associated with suicide attempts in Orissa, one of the most economically compromised states of India. The male-to-female ratio was closer to one in adults and around 1:3 in adolescents. Younger age, lower-middle economic group, rural background, unemployed, school educated were more represented in this study. Compared to the controls, significantly more number of attempters had a family history of psychiatric illness and suicide, childhood trauma, medical consultation within one month, had experienced stressful life events and had expressed suicidal ideas. In a considerable proportion of attempts, risk was high and rescuability least; 59.1% had more than 50% chance of death. Suicide potential was high in almost half the cases. More than 80% of all attempters had psychiatric disorder; however, only 31.5% had had treatment. Factors like middle age, family history of psychiatric disorders, past psychiatric history, current psychiatric illness, communication of suicidal ideas, the use of physical methods, and high potential attempts, differentiated repeaters significantly from the first-timers. Major physical illness, family and marital conflicts, financial problems, and failure in examinations were more frequent life events. Childhood trauma, noted in around 40% of the attempters, was considerably associated with adolescent suicide attempts.¹¹

CONCLUSION

Our research demonstrated that significant proportion of rural population attempt suicide due to financial constrain.

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