Demographic profile of patients with attempted suicide

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Abstract

This study was conducted to analyse the socio-demographic variables in patients of suicidal attempt. This is a retrospective study comprising of 132 patients with suicidal attempts. They were evaluated for various socio-demographic factors. Females more commonly indulged in attempting suicide as compared to males and majority of the subjects belonged to the age group 21 to 29 years. In males majority of the cases were unemployed (40%), while in females mostly were housewives (63.14%). Marital status and level of education were found to be important factors. Patients from urban background out numbered the rural population in attempting suicide.

Key words. Attempted suicide, socio-demographic factors

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Introduction

The episodes of attempting suicide are increasing world wide, reflecting the decreased threshold of attempters to adverse conditions. Suicidal attempts are commonly encountered in emergency in any hospital.

The methods used by attempters depend on various factors. Suicidal attempts are commoner in younger population. Attempted suicide is about 20 times commoner than completed suicide [1]. It has been estimated that the risk of suicide after attempted suicide in the next twelve months is approximately hundred times greater than that of the general population. Hence, attempted suicide should not be considered lightly.

Attempted suicide is associated with several factors, viz, younger age, female sex, low level of education, h/o previous attempts. Disturbed interpersonal relationship and economic difficulties are also reasons for attempting suicide. The role of society and public health authorities are indispensable in preventing episodes of suicidal attempts.

Material and Methods

This study was carried out in the Department of Psychiatry and Department of Medicine in Gandhi medical col-

lege, Bhopal from 2006 to 2007. The sample comprised of all patients with a history of attempted suicide and who were willing to participate in the study during this tenure. A total number of 132 patients were evaluated with detailed history, physical examination and data collected.

Results

In this study, subjects between the age group of 21-29 years constituted the maximum of 51.51% followed by 21.21% in the age group 30-39 years, making a total of 71.2% by age group 21-39 years. More patients with history of attempted suicide were from urban background (60.60%) as compared to the rural background (39.39%). Most of the attempters were with low education level, education below Xth class (78.04%).

Among attempters, the married patients (68.18%) out numbered the unmarried (28.78%) ones. Males from joint families dominated numerically in the sample as compared to nuclear families and females from nuclear families were more as compared to joint families.

History of previous attempt was found in 4% of males & 9.75% of females. Occupation wise, in females, house wives, and in males, unemployed ones formed the larger groups.

Table 1. Profile of Patients with attempted suicide

Characteristic		Male (n= 50)		Female (n=82)		Tota
		No.	%	No.	%	_
Age group (in Year)	Up to 20	8	16	16	19.5	24
	21 to 29	22	44	46	56.09	68
	30 to 39	12	24	16	19.5	28
	40 & Above	8	16	4	4.87	12
Habitat	Urban	34	68	46	56.09	80
	Rural	16	32	36	43.9	52
Education	Below Xth	36	72	64	78.04	100
	Xth to XIIth	4	8	14	17.07	18
	Above XIIth upto Graduate	8	16	2	2.43	10
	Post Graduate	2	4	2	2.43	4
Marital status	Single	22	44	16	19.51	38
	Married	28	56	62	75.60	90
	Divorced	-	-	4	4.87	4
Family	Nuclear	20	40	44	53.65	64
	Joint	30	60	38	46.34	68
History of previous attempt	H/O Previous Attempt	2	4	8	9.75	10
	No H/O Previous Attempt	48	96	74	90.24	122
Occupation	Housewives/ Households	-	-	52	63.41	52
	Shopkeeper /Businessmen	4	8	2	2.43	6
	Students	4	8	12	14.63	16
	Laborer/ Unskilled Workers	14	28	14	17.07	28
	Unemployed	20	40	_	_	20
	Service Class/ Officer/ clerical	4	8	_	_	4
	Others	4	8	2	2.43	6

Discussion

The study group comprised of 132 cases with history of attempted suicide. Among them majority of the subjects belonged to the age group 21-29 years (51.51%) followed by the age group 30-39 years (21.21%). The similar findings were reported by. Logaraj et al [2] and Ponnudurai [3]. There is female predominance as, among attempters, 82 of the patients were females (62.12%) and males were 50 (37.87%). Thus male: female ratio being 1:1.67 in the study. This kind of trend confirm the findings reported by Logaraj et al [2] but contrary to this study, male predominance in attempters was found by Ponnudurai [3,5,8]. We found that more failed suicide subjects were from urban back ground (60.6%) than rural background (39.39%) but contrary to this, more patients from rural back ground were reported by Logaraj et al [2]. Our data shows that among attempters majority of the cases were from the married group similar to the findings by Logaraj et al [2],

Bhatia et al [4]. However in some other studies unmarried male subjects were found to be more vulnerable for suicide [3,5,6,7]. Most of the attempters belonged to low education strata who were educated below Xth standard (75.75%) this was similar to other studies[4.5]. In our study we found that majority (51.51%) of the attempt cases were from joint families, it was opposite to the findings by WHO SEAR reports 2002 in which attempted suicide was more common in nuclear families [9]. We found, that out of 132 patients, 10(7.5%) patients had history of previous suicidal attempts with a male: female ratio of 1:4. However, more percentage(24%) of cases with pervious history of attempts, were found in other studies [2,4]. Occupation wise study showed that among females, largest group were housewives (63.4%) followed by laborers (17.07%) and students (14.63%). Among males, the largest group was unemployed (40%) followed by laborer/unskilled worker (28%), shopkeeper (8%). These findings were similar to some other studies [4].

Conclusion

Attempted suicide is a complex affair, however, present study implicates that the suicidal attempts are common in unemployed population with an absolute female predominance. Urbanization has also contributed to an increase in the level of stress in routine life. Further, it is difficult to derive concrete conclusions from small retrospective study at a tertiary hospital. Elaborate clinical studies along with long span survey on a large sample size involving multiple study centers will be necessary to convincingly analyze the various socio demographic variables in cases of attempted suicide.

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