JPPS 2009; 6(1): 17-20 ORIGINAL ARTICLE

A PRELIMINARY STUDY OF SUICIDE ATTEMPTERS PRESENTED AT LIAQUAT UNIVERSITY HOSPITAL HYDERABAD

Syed Jamil Hussain, Moin Ahmed Ansari, Raza-ur-Rahman, Aisha Nighat, Beenish Shoro, Gulnaz Shaikh

# ABSTRACT

**Objective:** To identify the association of gender, age, and level of education; on mode of suicidal attempt and presence of guilt; among survivors of suicidal attempt.

**Design:** Cross-sectional study.

**Place & duration of study:** The study was carried out in Liaquat University Hospital Hyderabad, from July to December 2008.

**Subjects & Method:** All 82 referred cases, that were referred for evaluation after recovering from suicidal attempt at Liaquat University Hospital Hyderabad, were screened for psychiatric disorder by administer- ing General Health Questionnaire. Required psycho-social variables and diagnoses were recorded on a semi-structured proforma.

**Results:** A total of 82 cases with 58(70.73%) males and 24(29.26%) females, with a male: female ratio of 2: 1, were evaluated in this study. All were within 40 years of age, mostly less than 30. 50(61%) were singles and 32(39%), married. Males selected more violent method (drowning & hanging) while self- poisoning was the most common method used by females. Family problems seem to be the most common precipitants leading to suicidal attempt (28 cases), both in males and females. Previously diagnosed psychiatric disorders were present among one third of patients. Majority of patients (80%) did not have guilt about their act mainly males and the people belonging to younger age group (less than 30).

**Conclusion:** This is a preliminary study on the topic. Suicide still is an under-reported and under- researched area in Pakistan. Two major areas need special attention in our scenario; one, Family conflicts and in-appropriately treated psychiatric disorders are found to be the main precipitants; and the other one is absence of guilt over suicidal attempt, particularly among younger population.

**Key words:** Suicide Attempters, Deliberate Self Harm, Family, Psychiatric Disorder, Guilt, Psycho-social Stressor.

# INTRODUCTION

A number of psycho-social risk factors have been studied to be associated with suicide, including marital disruption, un-employment, lower socio-economic sta-

**Syed Jamil Hussein,** Chairman, Faculty of Psychiatry, LUMHS & CJIP, Hyderabad. E-mail: [sjamilhussain@yahoo.com](mailto:sjamilhussain@yahoo.com)

**Moin Ahmed Ansari,** Assistant Professor, Faculty of Psychia- try, LUMHS & CJIP, Hyderabad.

**Raza-ur-Rahman,** Assistant Professor, Department of Psy- chiatry, Dow University of Health Sciences, Karachi.

**Aisha Nighat,** Clinical psychologist, Faculty of Psychiatry, LUMHS & CJIP, Hyderabad.

**Beenish Shoro,** Postgraduate student, Faculty of Psychiatry, LUMHS & CJIP, Hyderabad.

**Gulnaz Shaikh,** Medical officer, Faculty of Psychiatry, LUMHS & CJIP, Hyderabad.

**Correspondence:**

**Dr. Syed Jamil Hussein**

tus, living alone, a recent migration, early parental dep- rivation, family history of suicidal behavior, psycho-pa- thology, poor physical health and stressful life events1,2,3,4. In their study Larsson et al found that the frequency of life time suicide attempts could be predicted by level of suicidal ideation and presence of family mem- ber or a friend, who had attempted (or committed) sui- cide5. Besides above factors emotionally unstable per- sonality disorder and substance dependence are found to be the major risk factors of suicide6. In a study of risk factors of suicide, conducted in the mega city of Karachi, found psychiatric disorders (especially Depression), marital status (being married), unemployment, and nega- tive and stressful life events, to be the major predictors of suicide7.

Suicide is a major risk factor for life as one million people world wide die by suicide each year8. According to W.H.O9 report only a few number of suicide are from countries outside western world, especially from Mus-

lim countries, particularly Indonesia, Pakistan and Bangladesh10. The lesser number of suicides from Paki- stan may be due to dearth of reported local data on this issue as suicidal behavior is an understudied subject in Pakistan. A variety of social, legal, and religious factors, make reporting and data collection on suicide and non- fatal suicidal behaviors, difficult11,12.

As the determining factors may not be fully eluci- dated in cases of completed suicide so to study the prob- lem, a cross-sectional analysis was carried out to find out different psycho-social factors among survivors of suicide attempters, belonging to the interior catchment of Sindh province, in a hope of viewing a better view of the state of affairs, particularly of Hyderabad city and its sub-urbs.

# SUBJECT AND METHODS

This is a cross sectional observational psycho- social analysis of survivors of attempted suicide. Pa- tients had been referred for psychiatric evaluation, on recovering; at the time of discharge from medical or emergency wards. Each patient was interviewed either within the hospital on recovery, or during their first fol- low-up( within one week), in the out-patient department, after being discharged from Liaquat University Hospital, and hospitals affiliated with Liaquat University of Medi- cal and Health Sciences from July 2008 to December 2008. Psychiatric interviews were conducted, and psy- chiatric case-ness was identified using General Health Questionnaire13. Later on, identified cases were diag- nosed, on the basis of I.C.D-1014.

Data regarding specified socio-demographic char- acteristics, reasons for suicidal behavior, methods used, presence or absence of guilt, and outcome were noted on a special data collection form.

Data was analyzed using the SPSS-15 version.

# RESULTS

Total 82 cases (58 males and 24 females, a male: female ratio of 2: 1) were evaluated in this study. First- time suicidal acts accounted for 58 cases (71%), while 8 women (33%) and 16 men (28%) had a past history of more then one suicidal acts, before the study period. Table 1 gives the socio-demographic and personal char- acteristics of the study’s sample.

**Methods Used**. Methods used in the suicidal act are listed in Table 2. The result of this study shows that dif- ferent methods of suicidal attempt were adopted by each gender. Males selected more violent method (drowning & hanging) while self-poisoning was the most common method used by females. Multiple attempts were more in males then females and each time different method was used to attempt suicide.

**Stressors for the suicidal act:** Back-ground psycho- social stressors are listed in Table 3. Family problems seem to be the most common precipitants leading to suicidal attempt both in males and females. Previously diagnosed psychiatric disorders were present among

Table 1

Socio-demographic variables recorded in the study of Suicidal Persons

|  |  |  |
| --- | --- | --- |
|  | **Females (n = 24)** | **Males (n = 58)** |
| **Age (Years)**. |  |  |
| 15-19 | 8 (33.3) | 4 (6.9) |
| 20-24 | 8 (33.3) | 26 (44.8) |
| 25-29 | 4 (16.7) | 16 (27.6) |
| 30-34 | 0 (-) | 8 (13.8) |
| 35-39 | 4 (16.7) | 4 (6.9) |
| **Marital Status** |  |  |
| Single | 8 (33.3) | 42 (72.4) |
| Married | 16(66.7) | 16 (27.6) |
| **Occupation** |  |  |
| Housewife | 24 (100) | 0 0 |
| Student | 0.0 | 10 (17.2) |
| Unskilled labor | 0.0 | 4 (6.9) |
| Skilled labor | 0.0 | 20 (34.5) |
| Farmer | 0.0 | 8 (13.8) |
| Shopkeeper | 0.0 | 8 (13.8) |
| Jobless | 0.0 | 4 (6.9) |
| Other | 0.0 | 4 (6.9) |
| **Education** |  |  |
| Illiterate | 12 (50.0) | 16 (27.6) |
| Primary | 8 (33.3) | 20 (34.5) |
| Matric | 0.0 | 12 (20.7) |
| Inter | 0.0 | 6 (10.3) |
| Graduate | 4 (16.7) | 4 (6.9) |

Table 2

|  |  |  |
| --- | --- | --- |
|  | **Methods Used in the Suicidal Act** | |
| **Females (n = 24) No. (%)** | **Males (n = 58) No. (%)** |
| Stabbing | 0.0 | 8 (13.8) |
| Drowning | 0.0 | 12 (20.7) |
| Hanging | 0.0 | 12 (20.7) |
| Slashing | 0.0 | 8 (13.8) |
| Poisoning | 8(33.3) | 2 (3.4) |
| Drug over dose | 4 (16.7) | 0.0 |
| Burn | 4 (16.7) | 0.0 |
| More then one method used | 4 (16.7) | 16 (27.6) |
| Other | 4 (16.7) | 0.0 |

Table 3

Underlying psych-social stressors

|  |  |  |
| --- | --- | --- |
|  | **Women (n = 24) No. (%)** | **Men (n = 58) No. (%)** |
| Family problem/ Marital problem | 8 (33.3) | 20 (34.5) |
| Depression | 4 (16.7) | 12 (20.7) |
| Drug dependence | 0.0 | 8 (13.8) |
| Schizophrenia | 00 | 4 (6.9) |
| Others | 12 (50) | 14 (24.1) |

one third of patients. More man (41%) than women (16%) had psychiatric disorder as apparent precipitant of sui- cidal attempt. The psychiatric conditions leading to sui- cidal attempt include, depression, schizophrenia and drug dependence.

**Presence of guilt**: To find out the perception of suicide attempters their guilt about act was assessed. In this study majority of patients (80%) don’t present with guilt about their act. The feeling of guilt was more marked in females (n=8, 33.3%) then males (n=8, 13.8%). The absence of guilt is more common (90%) among young patients (i.e. before the age of 30 year) then older pa- tients (50%).

Table 4

Guilt v/s gender

|  |  |  |  |
| --- | --- | --- | --- |
|  | Guilt | | |
| Present N (%) | Not present N (%) | Total N (%) |
| Gender Males | 8 (13.8) | 50 (86.2) | 58 |
| Females | 8 (33.3) | 16 (66.7) | 24 |
| Totals | 16 (19.5) | 66 (80.5) | 82 |

Table 5

Guilt v/s Age group

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | **Guilt** | | |
| **Present N (%)** | **Not present N (%)** | **Total N (%)** |
| Age | 15-19 | 00 (00) | 12 (100) | 12 |
| group | 20-24 | 04 (11.4) | 30 (88.2) | 34 |
|  | 25-29 | 04 (20) | 16 (80) | 20 |
|  | 30-34 | 04 (50) | 04 (50) | 08 |
|  | 35-39 | 00(00) | 04 (100) | 04 |
|  | 40-44 | 00 (00) | 00 (00) | 00 |
|  | 45-49 | 04 (100) | 00 (00) | 04 |
|  | Total | 16 (19.5) | 66 (80.5) | 82 (100) |

# DISCUSSION

This paper entails the findings of first ever, although small scale study, on suicide attempters, at a tertiary care university hospital of interior of Sindh province of Pakistan. The key findings are discussed below in the light of similar earlier studies. In our sample, majority of the attempters are males (more than two third). This find- ing is not in line with the similar study on suicide attempters, conducted by Nojomi et al in Iran15; where, about 60% of attempters were females. Although com- pleted suicide is four times more common among males; but suicide attempt is four times more common among females16.Our sample shows a different pattern. This variation may be due to deliberate concealing of suicide attempt by females or due to milder degree of method of suicide not requiring medical attention of sufficient de- gree to reach a tertiary care hospital. This paradox needs to be explored in future studies.

In the population, studied, most suicide attempters are in younger age group( 29 or younger). This finding is comparable to the one, pointed out in the study by Shahid and Hyder17, on the patients with deliberate self harm. In our data, most attempters are single, but most males are single and most females suicide attempters are married. This again follows the same pattern as was pointed out by Shahid and Hyder17 in their study for de- liberate self harm. All the females are house wives, in the current sample; as in the case with study under com- parison17. Most attempters fall in the category of up to primary level education, which is not case in the study of Nojomi15, where most cases are high school graduates. Pattern of method of attempt, in our sample population, is strikingly comparable to the previous studies e.g. the one carried out by Skogman et al 18. Commonest re- ported cause of attempt is interpersonal and family con- flicts. This is also in support of the finding in the study by Shahid and Hyder17.

Most common psycho-pathology found among the sample population was Depression followed by Drug Dependence and Schizophrenia, all of them account for about 35% of the total sample. Thus the current study points towards at least three out of five major risk fac- tors, identified in the study of Cheng et al6. 80.5% of attempters do not have feelings of guilt about the act, most of them males and young population. This is a noticeable finding and requires careful focus in the stud- ies to come and social measures to combat such a trend.

# CONCLUSION

Suicide still is the under-reported and under-re- searched area in Pakistan. Certain areas need special attention in our scenario. Common man is very sensitive to family conflicts, be it male or a female, particularly in our catchment of study. In-appropriately treated psychi- atric disorders are found to be among main precipitants. This, points towards the extreme needs of better mental health care facilities in the catchment. The ab-

sence of guilt over suicidal attempt, particularly among younger population, is seemingly a dangerous trend, and require further focus of not only, psychiatric re- searches, but also on parenting strategies and preven- tion of psycho-social stressors, to which our youth is exposed.

# REFERENCES

1. Foster T, Gillespie K, McClelland R, Patterson C. Risk Factors for Suicide independent of DSM-III-R Axis 1 disorder. Br J Psychiatry 1999; 175: 175-9.
2. Gould M S, Fisher P, Parides M, Flory M, Shaffer D. Psycho-social Risk factors of Child and Adolescents completed suicides. Arch Gen Psychiatry 1996; 53: 1155-62.
3. Sainsbury P. The Epidemiology of Suicide. In: Roy A, editor. Suicide. Baltimore, MA: Williams and Wilkins, 1986. p.17-40.
4. Heikkinen A, Aro H, Lonnqvist J. Recent Life Events, social support and Suicide. Acta Psychiatrica Scandinavica Supplimentum 1994; 377: 65-72.
5. Larsson B, Ivarsson T. Clinical Characteristics of Adoles- cent Psychiatric In-patients who have attemp- ted suicide. Eur Child Adolesc Psychiatry 1998; 7: 201-8.
6. Cheng A T A, Chen T H H, Chen C C, Jenkin R. Psycho- social and Psychiatric Risk Factors for Suicide . Br J Psychiatry 2000; 177: 360-5.
7. Khan MM, Mahmud S, Karim MS, Zaman M, Prince M. Case-Control Study of Suicide in Karachi, Pakistan. Br J Psychiatry 2008; 193: 402-5.
8. Bertolote JM, Fleischmann A. A global perspective on the epidemiology of Suicide. Suicidology 2002; 7: 6-8.
9. World Health Organization. Mortality Database. [Online] 2003 [Cited on 2009, February 15] Available from: URL: [http://www.who.int/healthinfo/cod/en/index.html.](http://www.who.int/healthinfo/cod/en/index.html)
10. Khan MM. Suicide Prevention and Developing coun- tries. J R Soc Med 2005; 98: 459-63.
11. Khan MM, Reza H. Gender Differences in Nonfatal Sui- cidal Behavior in Pakistan: Significance of socio-cultural Factors. Suicide and Life-Threatening Behavior 1998; 28: 62-8.
12. Khan MM. Hyder AA. Suicides in the Developing World: Case Study from Pakistan. Suicide and Life-Threaten- ing Behavior 2006; 36: 76-81.
13. Goldberg DP. The Detection of Psychiatric Illness By Questionnaire. London; Oxford University Press, 1972.
14. World Health Organization. The ICD-10 Classification of Mental and Behavioural Disorders. Clinical descriptions and diagnostic guidelines. Geneva: World Health Organisation, 1992.
15. Nojomi M, Malakouti SK, Bolhari J, Hakimshooshtari M, Fleischmann A, Bertolote JM. Epidemiology of Suicide Attempters resorting to Emergency Department in Karaj, Iran, 2003. Eur J Emerg Med 2008; 15: 221-3.
16. Sadock BJ, Sadock VA. Synopsis of Psychiatry Behav- ioral Sciences and Clinical Psychiatry. 9th ed. Philadel- phia: Lippincott Williams and Williams, 2000. p. 913-22.
17. Shahid M, Hyder AA. Deliberate Self Harm and Suicide: a Review from Pakistan. Int J Inj Contr Saf Promot 2008; 15: 233-41.