



Features of Women Who Attempt to Commit Suicide in Turkey

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ABSTRACT

Background and aims: Suicide is worldwide public health problem affecting individuals and societies of all ages, sexes and conditions. Over recent years, the risk has considerably increased. The aim of this study is to determine socio demographic features and risk factors of women who attempt suicide and establish the after effects and develop preventive approaches.

Methods: Totally 368 women who attempted to commit suicide from 2005-2007 in Nevşehir, Turkey were included in this descriptive study. Out of 368 women who attempted to commit suicide 212 of them (57, 6%) agreed to take part to the study. A questionnaire including 66 questions was applied to subjects by social workers and, psychologists.

Results: Of all the women 76.9% of them were in the 16-30 age groups. Of those in lower education level the rate is 43.5%. Of the women 49, 1 % was single, 33, and 0% was divorced/splinted up. 97.1% of the women got married among 15-21 year olds rate. Of those who exposed to common problems in their family life; physiological matters (77, 4%), domestic violence (55, 2%), lack of economical income (50, 9%). The rate of the women who stated being victims of physical violence at least once was 79.2%. One more than attempted suicide rate is 57, 1%. The most use of suicide method is over taking medicine (84, 4%). The basic thought pattern attempt suicide is to flee the environment (72,6%), 67,2% felt that they had nobody to turn to however, Of those in the research group, 49,1% felt that they were worthless, 43,3% of these women felt they had no hope for the future.

Conclusion: It was found out that domestic violence and psychosocial stress percentage were so high in our study group. The results about two-thirds of women stated that they do not any expectations for the future and 79.7% expressed that they do not regret to have committed suicide shows that there are still difficulties in their lives and emphasizes the need for follow-up.

Keywords : Suicide; attempted suicide; risk factors; women; epidemiology

INTRODUCTION

Suicide attempt is defined as the behaviours of an individual, which he/she attempted to kill himself/herself but failed to do so (1). World Health Organisation (WHO) defines, suicide attempts as all sorts of nonfatal voluntary initiatives for suicide undertaken by the individual to destruct, harm and poison himself/herself (2). It is possible to consider suicide and suicide attempts as a call for aid.

Suicide and suicide attempt can be seen in a large population ranging from normal people reacting stress creating life conditions to patients having heavy mental disorder. Suicide is a complex and significant human behaviour having biological, sociological, psychological, physiological, philosophical and religious roots. Suicide is not only a mental process but a fact having economic, cultural, social aspects. Among the reasons of suicide and suicide initiatives there are especially social and psychiatric reasons, psychological, biological, genetic tendency and physical diseases (1,3-6). Suicide fact of which the aetiology is so various, has become the focus of many science areas with its psychiatric, psychological, sociological, social work, philosophical and theological dimensions. The fact that the reasons are so various requires a work to be performed with multidisciplinary cooperation. Suicide fact is not possible to be grasped within the limits of only one theory and therefore understanding the suicide fact necessitates a multiple approach (7). Suicides attract attention as one of the major death causes of young people after traffic accidents. In completed suicide men commit suicide three times as women and women attempt suicide four times as men (7, 8).

Though we are among those countries where suicide rates are low, it is stated that in recent years the suicide rate in our country has increased and the rate varies between 3.0-4.3 of per hundred thousand (8, 9). This rate is as high as 20-30 in the USA, Japan and North European countries (10-11) as far as the data from the Turkish Institute of Statistics (Türkiye İstatistik Kurumu-TÜİK) suggest the suicide rate in our country is in slow but continuous increase (8, 13-16). In a multi-cantered research related to suicide epidemiology, implemented by WHO, in which Turkey participated, it was detected that the individuals attempting suicide are younger, often with life problems and economically dependent women (16). Determining the risk factors have significance regarding the prevention of suicides. Epidemiological area researches realized related to suicide in our country are limited as an important public problem to be considered. In the study the aim was to determine the socio-demographic characteristics and preparatory risk factors of the women attempting suicide and to contribute to the process of development of preventive approaches.

MATERIALS AND METHODS

In this descriptive study carried out in 2008, all of the 368 women attempting suicide between the years of 2005-2007 in the centre of Nevşehir province and its six districts were included in study. Women not reached due to address changes and those not willing were not included in the study. A total of 212 people were reached (57,6 %). A survey form of 66 questions was applied to those accepting to participate in the research for face to face interview. The questionnaire was

applied by researchers and trained surveyors, a clinic psychologist, a child development expert and two social workers.

In the survey form questions related to the socio-demographic characteristics, marriage and family features, state of exposure to domestic violence, family, friends and neighbour relations and behaviours and attitudes towards suicide attempts were included. Contact and address details of the persons to be included in the research were detected from the Provincial Directorate of Security, and help was received from the district heads for reaching the addresses. Before the interview each woman accepted in the study group was informed and her approval was taken. Approval was received from the Ethical Committee of Erciyes University. In the statistical analysis Chi-square test was used. $P < 0.05$ were considered as significant.

RESULTS

According to findings obtained from the research, it was detected that most of the women attempting suicide comprises of those who are housewives/house girls, with lower education and first marriage age, without any sustainable wage and in the sub income level. (Table 1, Table 2). Forty of these women gave up education. 52.6 % per cent of the women's marriage age is between 15 and 17, 44.5 % between 18 and 21, 65.7 % of them have a marriage period of 8 years and over. 52.6 % of the husbands of these women were primary school graduates and nearly half of them were (45.7 %) unemployed, and 30.7 % were workers.

21 of the 49 women included in the research group stated that they were divorced and living separate from their husbands. 63 of the 118 women with a marriage story (58, 3 %) married with an arranged marriage. 26 of the 45 women dating before marriage reported of marrying their husbands by fleeing from home.

Only one of the women with a marriage story did not have any children. 23.8 % of the women had 1 child, 63.4 % had 2 and 11.8 % had 3 and more children. 7 of the 10 women with a dead husband had lost their husbands due to traffic accident, 2 for vocational accident and 1 for injury.

Nearly three fourth (74.9 %) of the women attempting suicide reported that 5 years and less since divorcing. The rate of the women attempting suicide reporting the reason for divorcing as the physical and emotional violence is 100.0 %. As the reason for divorcing; the alcohol and drug addiction of their husbands is the second reason with 65.3 % and the economic problems is the third one with 57.1%. While all of the women express that they had psychological problems after divorcing, in the second place economic challenges take place with 93.8 and in the third place feeling sense of loneliness with 91.8 %. The rate of those reporting that they confronted with social pressure during divorcing is 34.6%.

In the research group the rate of those smoking is high as 84.5%, and the rate of those drinking alcohol is 15.6 %. The rate of those reporting of any chronic disease is %35.8, those reporting that they feel psychological problems 77.4 %, and those having a diagnosis of psychiatric disease before are 54.7%. When their problems confronted in family life are considered; 77.4% of those participating in the research reported of experiencing psychological problems. As the most important problem they have confronted in their family life, the rate of those reporting the physical violence is 55.2% and of those reporting of having economic difficulties is 50.9 %. The rate of those defining diseases as a problem in their life is 34, 9 %. The rate of those defining the fact of coming from a separated family as a problem in their life is 21,2 %, the rate of those defining the lack of communication in their family life as a problem is 20,8 %. 79.2% of the women attempting suicide have been exposed to physical violence (Table 3).

The rate of being exposed to violence is highest in divorced women with a rate of 95.9 %. This rate is higher in women liv-

ing separated from their husbands without divorcing. Among those applying violence, there are husbands (54.6%), their own relatives (34.0%), and relatives of their husbands (4.2%).

78 of 104 single women (75.0%) reported that they left their boyfriends. The rate of those evaluating their school success as very bad /bad is 71,7 % of those continuing their education (88 people). Half of them reported of experiencing problems in their relations with school friends (46.6%), 11.4% with their teachers. The 40 individuals reporting of having left school stated the psychological reasons (92,5 %) in the first place, obligatorily leaving due to disciplinary penalty as the second (37.5%) and school failure as the third (30,0%) in terms of reasons of leaving school. The rate of those reporting of leaving school due to economic reasons is 15,0%. The rate of women attempting suicide thinking of experiencing problems in their relations with their families is 72,6% (Table 4). The rate of those stating they lived problems is higher in married individuals while it is lower in those with a dead husband. The rate of those evaluating their relations with the relations as very bad or bad is high with 67,5 %. 67.0% of the women attempting suicide reported that they lacked a close person around. Nearly half of the women considered themselves as useless (49.1%), 31.6% as sensible and fragile. The rate of those reporting of no regret after suicide attempt is 79,7% while 61,2 % of them committed suicide attempt 3 or more times. There is no significant difference between single, married, widow or separated women as regards the situation of having committed suicide before ($X^2 = 1.95$ $p > 0.05$).

Of the group 60,4 % of the women think suicide attempt is a sin, 64,6 % of them consider themselves as faithful, 16,0 % of them as very faithful (Table 5). Six women consider themselves as infidel. The setting where suicide attempt takes place is often homes of those individuals (91,0 %). Nearly half of the women attempting suicide have left a note before suicide attempt (45,3%). Among the methods used by the women committing suicide attempt excessive dose drug taking is in the first place. There is no difference in suicide methods of the women attempting suicide as regards the marital status ($X^2 = 2.45$ $p > 0.05$). There is a significant relation between the marital status of the women committing suicide and the idea they wish to attain after suicide ($X^2 = 3.94$ $p < 0.05$). The idea of committing suicide in order to leave the environment is 78.8 % in singles, the rate is lower in those married or having a marriage story with 67.7 %. Of the women 58,0 % of those committing suicide specified that no change was witnessed in the behaviours of their relatives after suicide attempt, and 33,0 % of them reported that they showed greater interest in them, and 6.1 % that they were treated worse. Those reporting that they were started to call as "crazy", "ill" etc. are 6 people (6.1%). There is a significant difference between the marital status and the prospective ideas of the women committing suicide. The rate of those having any expectation from the future is lower in singles and those living separated from their husbands (Table 6).

DISCUSSION

Due to the overall studies that are carried out in our country and other countries, it is seen that gender is a distinctive feature for attempts to suicide and females are 2-5 times more likely in an attempt to commit suicide than males (10,17-20). This high rate of females in attempt to commit suicide when compared with males can be interpreted as they see death as a way to get rid of difficulties of life as being more disturbed and battered than males. Female suicides are on the rise in adolescence, decreases in the age range of 35-44 and on the following year's increases with age (12,17). It is seen that the rate of committing suicide between 15-24 years of young girls and women is high according to Turkish Statistical Institute data (12). In the sample group of our research, the majority of suicide attempters (76.9%) are between the ages of 16-30, nearly half (49.1%) are single women. It is specified that there is a correlation between suicidal behaviour and marital status, suicidal behaviour is more common in singles and widows (21-22).

The rate of the people who have their own economical independence were low (10.1%) in our sample research group. It is reported that generally working in a job is a protective fact against suicide and the suicide rate is higher in housewives (16). It is identified that the rate of suicide is low in the societies that women participation in working life is high (23). It is reported that suicide attempts in Turkey is commonly observed in inactive housewives and students (16,20,24-25). The results obtained in this study are compatible with these data.

Almost half of the study group (60.9%) is lower or at secondary school level of education. Low level of education leading to a lack of people skills and problem solving can be increased suicidal tendencies. Education dropout can cause to being disturbed in one's life.

The facts like; unemployed participants, the lack of families that have a regular income, unemployed husbands or working in low-income jobs show that the majority of our sample research group have to live in economic hardship. Studies usually seem to support that unemployment and suicide are associated with each other; suicides may be more common in lower socioeconomic groups (16,24,26). The matter of self-killings to be more common in social layers of lower socio-economic levels are indicated in researches that focus on the effects of economic and social conditions on mental health (27-28). In this study it is seen that women who attempt suicide experiences serious problems in their family life. Nichel and his friends indicate that familial problems lay beyond on the basis of suicidal behaviour (28). Tel and Uzun report in their study that; individuals stated distress, loss, separation, spiritual, financial, communicational situations as the cause of attempting suicide and their difficulties in overcoming these problems (26). The proportion of women who are divorced or living separated even they are not divorced yet is high in our sample study group. Experiencing the death of first degree relatives like spouses, siblings, parents and so on are revealed as the most important risk factors for suicide attempts (7, 28). The situation of ten women who lost their husbands in sudden deaths may lead them to attempt suicide. Thus who lost their loved ones in suicides are characterized as the risk groups.

It is a known fact that women who experience violence have increasing suicidal tendencies. It is observed that the women who attempted suicide are exposed to physical violence intensely (79,2%) in their life. It is found out that one of every eleven women who is exposed to domestic violence in family attempts suicide in our country (19). In this study all of the participants who experienced divorcing faced physical or emotional violence. Physical and mental stress is able to propose the life being meaningless at the end and the way to get rid of hopelessness, guilt and suffering can be searched in death. Moreover it is determined that women are faced with many problems like spiritual, economic, social pressure etc. after divorcing. In terms of violence, spouses take first place with 54.6%. It is determined that single girls are also exposed to family violence. The adolescents who attempt suicide define their families as irrelevant, refusing and not supporting individuals (21,29). In studies carried out in our country it is reported that common problems and discord in the family, scolding and beating is frequently observed in child and adolescent suicide attempts (16,19,21,30).

In our study, 75% of young woman who had attempts to suicide expressed that they had separated from their boyfriends. Emotional problems and differences between boy-girl friends are reported as the main cause of attempting suicide (29,30). The separation resulting in the opposite sex friendships, high rate of school failure and exposure to family violence of young girls who attempted suicide show the intensity of psychological loading. The previous presence of suicide attempts within the family and close relatives can be considered as a learnt behaviour. The rate of women who attempted suicide and has the previous presence of suicide attempt within the family is

also seen high (43,4%). The highness of this rate can be clarified not only by questioning suicide attempts of the closest relatives but also the whole relative attempts in our study. There are coherent studies indicating the rate of adolescent suicide attempts is higher in having a friend or family member who attempted suicide. The rate of people who attempted suicide more than a time is 57,1% in our study. Repeated suicide attempts show the use of it as a tool for reaching the points of drawing attention, self expression, calling for help. The previous attempt to suicide brings the risk of 25% and it is shown that increases the risk of suicide three times in girls. Two third of women participants indicated that they do not have any expectations for future and 79.7% of them had no sense of regret reveal that there are still challenges in their lives and they need to be monitored. There is a relationship between hopelessness and suicide of both adult and adolescent or children (31).

It is shown that religious belief has the role for protecting from suicide; people who are combined to religion are less likely to direct suicide (32-35). 64.6 % of our study groups have characterized themselves as a believer and 60.4% of them believe suicide is a sin. These findings show us that the thought of sin does not avoid people to attempt suicide or may be due to differences in forms of perception of religion and religiosity in our society. The choice of method is important for the wish to die. Although women prefer passive methods, men seems to be more aggressive and concluding (10, 36). Suicide attempts like taking drugs in little doses which ends without death help people to reach their aims like drawing attention and expressing themselves. When the methods are evaluated due to the preferred methods of suicide attempts taking high doses of medicine (84,4%) comes in first ranks. On the other hand, availability, social acceptance and familiarity of the methods are the determining factors.

When people are asked to see the way to reach the basic idea of suicide attempts, the idea to get rid of the usual environment takes place with the highest rate 72.6%. It can particularly be interpreted from this finding that people are inadequate in coping with more than one problem which occurs in their individual, family and social life. Life events and traumas play a vital role in suicide attempts and therefore the suicide attempt should be evaluated as an indication of helplessness and hopelessness besides the individual's call for help. Thus, it is stated that the attempt to suicide as an action to change the life.

According to the findings of the study; it is necessary to prepare regulations for the provision of preventing and curative health services in individuals' mental health more effectively, however, socio-demographic characteristics and family problems of individuals should be taken into consideration. It is obvious that there is a need for comprehensive and multidisciplinary projects with protective and preventive approaches to achieve this goal.

Table 1. Determining characteristics of the women attempting suicide

Characteristics (n=212)	Number	%
Venue		
Village-town	5	2.4
District centre	69	32.5
Province centre	108	65.1
Age groups		
18 and below	49	23.2
19-24	59	27.8
25-35	94	44.3
Over 35	10	4.7
Level of Education		
Illiterate	11	5.2
Primary school	81	38.2
Secondary school	37	17.5
High school	74	34.9
Vocational School	9	4.2

Marital status		
Married	49	23.1
Single	104	49.1
Divorced		
Lost husband	49	23.1
	10	4.7
Profession		
Housewife	176	83.0
Working	23	10.9
Student	13	6.1
Family type		
Small family	124	58.5
Large family	88	41.5
Household number		
1	12	5.7
2	29	13.7
3-4	115	54.3
5 and over	56	26.4
Sustainable income n:212		
Available	119	56.1
Unavailable	93	43.9
Monthly wage n:119		
Below minimum wage	39	32.7
Minimum wage	36	30.4
Over minimum wage	44	36.9
Evaluations regarding wage position n:212		
Low Level	128	60.4
Middle Level	70	33.0
High Level	14	6.6

Table 2. Exposition to violence of the women attempting suicide

Marital status	Yes		No		Total	
	Number	%	Number	%	Number	%
Single	76	73.1	28	26.9	104	100.0
Married	23	82.1	5	17.9	28	100.0
Married living separate	20	95.2	1	4.8	21	100.0
Divorced	47	95.9	2	4.1	49	100.0
Husband dead	2	20.0	8	80.0	10	100.0
Total	168	79.2	44	20.8	212	100.0

$X^2 = 35.44$ $p < 0.01$

Table 3. Living Problem in family relations according to marital status

Marital status	Yes		No		Total	
	Number	%	Number	%	Number	%
Single	76	73.1	28	26.1	104	100.0
Married	24	85.7	4	14.3	28	100.0
Husband dead	3	30.0	7	70.0	10	100.0
Married or living separate	49	70.0	21	30.0	70	100.0
Total	151	72.6	58	27.4	212	100.0

$X^2 = 11.48$ $p < 0.05$

Table 4. Behaviours and attitudes towards the suicide attempt of the women attempting suicide

Suicide behaviours	Number	%
With a suicide story in family	92	43.4
Having reported of will towards suicide	74	34.9
Not regretting	169	79.7
Considering suicide as sin	128	60.4
Number of suicide attempt		
First	91	42.9
Second	47	22.2
Three times and more	74	34.9
Suicide setting		
Home	193	91.0
Outdoor	19	9.0
Suicide timing		
Daytime	74	34.9
Night	148	65.1
Method of suicide attempt		
Cutlery	22	10.4
Drug taking	179	84.4
Poisoned material exposition	5	2.4
Jumping from high	4	1.9
Vaccination	2	0.9

Table 5. Views of the women attempting suicide towards their prospective lives according to their marital status

Marital status	I have no expectations Number	%	I wait expectations Number	%	Total Number	%
Single	67	64.4	37	35.6	104	100.0
Married	21	75.0	7	25.0	28	100.0
Widow or living separated	67	63.8	13	36.2	80	100.0
Total	145	68.4	57	31.6	212	100.0

$X^2 = 8.65$ $p < 0.05$

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