Demographic Factors of Suicide in Chittagong

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Abstract

Background: Suicide is a devastating problem. It is to some extent preventable if we are aware of its factors. These factors vary according to community, cast and creed. Many studies were conducted at many places of the world but there is none in Chittagong. To know the high risk factors of suicide in Chittagong we have conducted the study. Methods: It was a descriptive study. Secondary data were used. All suicidal reports of Chittagong mortuary in 2012 were studied. Collected data were managed manually. Results were contrasted with recent studies of home & abroad. Results: Total 165 reports were studied. Majority of the victims 128(78%) were of 15-45 years age group. Male female ratio was 49: 51. Married victims were 109(66%). Muslims 125(76%). Majority of the victims 104(63%) were poorly literate (<SSC). Commonest profession of the victims was 'housewife'57(35%). Next professional group was lower subordinate staffs 49(30%). Commonest method of suicide was Hanging 83(50%). Family feud was the commonest cause of suicide and it was 72(44%). Conclusion: Commonest demographic factor of suicide in Chittagong is 'Family Feud' It is mostly manageable and thus we can prevent suicide occurrence significantly. So, everybody should come forward to remove causes of family feud and others for a noble humanitarian cause.

Key words: Sucide; Hanging; Poisoning; Family feud.

INTRODUCTION

Suicide is the intentional termination of one's own life. It is mostly due to emotional blackmailing. Sometimes it is due to physical and mental disorders¹.

According to WHO rate of suicide was 18/ Lac populations in 1995.Germany was the highest and Spain was the lowest suicidal rate at that time. The figures were 40 and 4 per Lac population respectively¹. Suicide is comparatively less in Muslim countries. In Bangladesh it is 13/ Lac population. Jhenaidah district is the worst affected area².

Suicide is a heinous act. It is totally destructive to the victim and devastating for the family and friends. It is a great sin in all religions and suicidal attempt is a punishable offence in country law³. The problem is increasing day by day and it has become a public health problem worldwide but the problem is preventable up to great extent.

The aim and objective of present study is to detect prime factors responsible for suicide in Chittagong so that we can take effective measures to control the problem.

MATERIALS AND METHODS

It was a descriptive study. All suicide post mortem record sheets of 2012 (Secondary data) were collected from Chittagong mortuary. It was 165. All sheets were meticulously studied. Collected data were managed manually. Results were compared and contrasted with recent studies of home and abroad. Finally a conclusion was drawn.

RESULTS

Total recorded cases in 2012 were 165. Majority 128(78%) were of 15-45 years age group. Female predominant 84(51%).Married 108(65%).Muslims 125(76%). Majority 104(63%) of the victims were poorly educated (Class 0-X). Among the victims: Housewife 57 (35%) Service holder 49(30%) and Day laborer 38(23%). Hanging was the number 1 method of suicide. It was 83(50%). Next choice was poisoning 72(44%). Number one cause of suicide was Family Feud 72(44%). Suicide mostly occurred at night 107(65%) and suicide note was found in 133(81%) cases. There was no history of addiction in 119(72%) cases and no previous attempt in 148(90%) cases.

Table 1: Demographic factors for suicide in Chittagong.

Factors	High risk			Low risk		
Age group	15-45 years	=	128 (78%)	Others	=	37(22%)
Sex	Female	=	84(51%)	Others	=	81(49%)
Marital status	Married	=	108(65%)	Others	=	57(35%)
Religion	Non Muslim	=	40(24%)	Muslim	=	125(76%)
Education	Class 0-X	=	104(63%)	SSC or More	=	61(37%)
Occupation	Housewife	=	57(35%)	Others	=	108(65%)
Place of suicide	Rural	=	86(52%)	Urban	=	79(48%)
Time of suicide	Night	=	107(65%)	Day	=	58(35%)
Suicide note	Found	=	133(81%)	Not found	=	32(19%)
History of addiction	No	=	119(72%)	Yes	=	46(28%)
Previous attempt	No	=	148(90%)	Yes	=	17(10%)

^{*}High frequency is high risk. Non Muslim victims are more in comparison with their population

Table 2: Methods of suicide.

Methods	Frequency
Hanging	83 (50%)
Poisoning	72 (44%)
Jump from height, under train, gun shot	10(06%)
Total	165 (100%)

Table 3: Causes of suicide.

Causes	Frequency
Family feud	72 (44%)
Humiliated by guardian	27 (16%)
Mental disorders	24 (15%)
Love affairs	14 (08%)
Sexual assault, social injustice, stigma	28 (17%)
Total	165 (100%)

Source: Chittagong Mortuary 2012

DISCUSSION

Total recorded cases were 165 in 2012. This is similar to the observation by the weekly 2000³. According to the weekly 121 committed suicide within first 8 months of 2014. Actual figures may be a bit more because some cases may be missed somehow. However the frequency of suicide in Chittagong is around 2 per 1 lac population. It is supported by Wikipedia⁴. According to Wikipedia it is 2.06. Demographic factors (age, sex, education, occupation, religion, marital status etc) are similar to the study conducted by Ferozet al⁵. Poor, poorly educated and religiously back footed people commit suicide more than that of others and it is supported by recent studies ^{4,5}. Housewives are very vulnerable because they are poor, powerless and pregnant. Moreover they are provoked by social injustice to commit suicide. Our study shows housewives as number one occupational group to commit suicide and it is 57(35%). The finding is supported by other recent studies .According to Feroz et al 55% of committed or attempted suicide victims were housewives⁵. Demographic factors differ with that of developed countries. In developed countries older people commit suicide due to loneliness and different mental disorders⁷.

In our study number one method of suicide is hanging 83(50%). This is supported by all other studies in Bangladesh ^{5,6,7}. According to a report in the daily star hanging was 60% and according to Arafat common methods of suicide were hanging and poisoning^{6,7}. Hanging materials are available and cost nothing. The second choice is poisoning and it is also supported by aforesaid studies . Others are: Jump from rooftop, Jump under train, Gun shot etc.

According to our study number 1 cause of suicide is family feud 72(44%). Second and fourth causes of suicide are also family related i.e humiliated by guardian and failed love affair. These figures are 27(16%) and 14(08%) respectively. Feroz et al described family discord 57%⁵. Figures are not significantly apart from one another. There are many facets of family disharmony. The prime causes are domestic violence, demand for dowry or any other gift item and poverty. Failed love affair, failed demand meeting and rebuke over study are common causes of suicide among the teen agers⁶.

CONCLUSION

Suicide destroys victim totally. It is an agony and stigma for relatives. Most of the factors for suicide are preventable as revealed in different studies. Awareness, alleviating poverty, social justice and religious uplift could drastically reduce suicide rate.

DISCLOSURE

All the authors declared no competing interest.

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