

A study of socio demographic profile of the patients with suicidal attempts referred by practitioner physicians in private setup

Hemant J Baxi

Assistant Professor, Department of Psychiatry, Government Medical College, Gondia, Maharashtra, INDIA.

Email: hemantbaxi@gmail.com

Abstract

Background: Suicide is the third leading cause of death among young adults worldwide. It not only causes Emotional burden but also Economic burden to Families. **Objectives:** To see Socio-Demographic profile of Suicide Attempter presenting to Psychiatry OPD referred from Private Practitioners. **Material and Methods:** This was Cross Sectional Study done on 50 Consecutive Cases of Suicide Attempters presenting to Psychiatry OPD. Informed Consent was taken. They were asked in detail about Socio-Demographic Profile and data was evaluated using Microsoft excel. **Results:** Out of total 50 cases, Males formed 23 (46%) while Females formed 27 (54%) of the study. Most common Age group for Males was found to be 26-35 which formed 39%, Hindu formed 94% of the study, Unmarried were 31 (62%), most 33 (66%) came from Nuclear families, only 6 (12%) were Graduated, most 28 (56%) were Unemployed, most 27 (54%) had Income below Rs 6000/-, 26 (52%) showed some kind of Substance Abuse, 31 (62%) belonged to Rural Locality. **Conclusions:** Socio-Demographic data can be useful to access the problems faced by Suicide Attempters to help them to motivate for a better life.

Keywords: Suicide, Socio Demographic profile, Psychiatry.

*Address for Correspondence:

Dr. Hemant J. Baxi, Assistant Professor, Department of Psychiatry, Government Medical College, Gondia, Maharashtra, INDIA.

Email: hemantbaxi@gmail.com

Received Date: 12/02/2019 Revised Date: 04/04/2019 Accepted Date: 20/06/2019

DOI: <https://doi.org/10.26611/1071034>

Access this article online

Quick Response Code:



Website:

www.medpulse.in

Accessed Date:

29 June 2019

INTRODUCTION

Suicide is a world problem which takes about one million lives yearly.¹ Suicide is a complex, Multidimensional thing that has been studied from Philosophical, Sociological, and Clinical perspective since long now. Suicidal behavior and Suicidality can be arranged as a continuum ranging from Suicidal Ideation to Suicide Attempts and Deaths due to Suicide. Attempted Suicide is defined as a potentially Self-injurious act with a non serious outcome for which there is evidence, either explicit or implicit that the individual

intended to end himself or herself. The action may or may not result in injuries.² Out of every thousand individual who commit Suicide per day, 110 of these are said to be Indians.³ Most of the Suicides (37.8%) in India are aged below 30 years of age. The fact that 71% of Suicides in India of person aged below 44 years imposes a huge Social, Emotional, and Economic burden on Nation.⁴ The recent phenomenon of “Cyber-Suicide” in the internet Era is a further cause for worries;⁵⁻⁶ also due to the use of new ways of Suicide are associated with exponential increases in overall Suicide rates.⁷ Traditionally, in Western literature Risks factors associated with Suicide, including Suicidal Attempts include Young Age (15-24 years), Female Gender, Low Educational Attainment, Unemployment, Living Alone, and History of Socioeconomic Deprivation, Financial Issues, Rejection in Love affairs and Stressful Familial Relationships were the most common causes in our Country.⁸ In this regards, we tried to examine the Socio-Demographics of Suicide in our locality.

MATERIAL AND METHODS

How to cite this article: Hemant J Baxi. A study of socio demographic profile of the patients with suicidal attempts referred by practitioner physicians in private setup. *MedPulse – International Journal of Psychology*. June 2019; 10(3): 35-37. <http://www.medpulse.in>

This study was a Cross Sectional study carried out in Private Hospital in 50 consecutive cases who were referred to Psychiatry OPD, this study was carried out for 1 year. For the convenience of this study we have taken 50 cases. The detailed history was taken at Psychiatry OPD referral within 1 week of Suicide Attempt after they were made stable by treatment. A preformed pretested Proforma was used for taking the history. Informed Consent was taken, all the doctor patients confidentiality was maintained. Data was entered in Microsoft Excel and Mean, Percentage was Calculated using Excel.

RESULTS

Diagram 1: Age wise distribution of study population

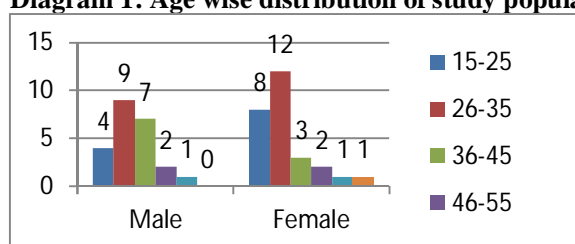


Diagram 1: Age wise distribution of study population

Out of total 50 cases Males formed 23 (46%) while Females formed 27 (54%) of the study. Most common Age group for Males was found to be 26-35 which formed 39%, while 15-35 Age ranged formed 56% of the study, in Females age group of 16-35 formed 74% of the study.

Table 1: Sociodemographic profile of study population

Variables	Total %(n=50)
Religion	
Hindu	47 (94)
Muslim	2(4)
Others	1(2)
Marital status	
Married	19(38)
Unmarried	31(62)
Family type	
Joint	5(10)
Three generation	12(24)
Nuclear	33(66)
Education	
Illiterate	8(16)
Primary	13(26)
Secondary	21(44)
Graduate	6(12)
Occupation	
Unemployed	28(56)
Employed	22(44)
Family Income	
<5000	27(54)
5000-10000	15(30)

>10000	6(12)
Substance abuse	
Yes	26(52)
No	24(48)
Locality	
Urban	19(38)
Rural	31(62)

Hindu formed 94% of the study, Unmarried were 31 (62%), most 33 (66%) came from Nuclear families, only 6 (12%) were Graduated, most 28 (56%) were Unemployed, most 27 (54%) had Income below Rs 6000/-, 26 (52%) showed some kind of Substance Abuse, 31 (62%) belonged to Rural locality.

DISCUSSION

This study was conducted to see the Socio-Demographic profile of Suicide Attempt cases coming to Psychiatry OPD. Out of total 50 cases Males formed 22 (44%) while Females formed 28 (56%) of the study, with Male :Female ratio of 1:1.27. The Mean Age was 27.2±7.6 SD. Most common Age group 9 (39%) for Males was found to be 26-35, while 15-35 age group formed 56% of the study. In Females, Age group of 16-35 formed 74% of the study. In Raja NS *et al*⁹ study, majority (25.5%) of the Study Subjects was in the Age group of 20–24 years, followed by 25–29 years and Male to Female ratio of 1.2:1. In Gade V *et al*¹⁰ study 30(41.6%) of the Patients were in the Age groups of 15-25 years.

Nagendra MR *et al*¹¹ concluded the peak Incidence of Suicidal Attempt between 15-29 years. This was in accordance with our study. Many Indian studies like Latha KS *et al*¹², Elangbam V *et al*¹³ supported our findings. In Vishnu Gade V *et al*¹⁰ study Male Patients were 38(52.8%) which were more than Females (47.2%). This dissimilarity was may be due Low Sample size and different Study location in our Study. Majority of case 94% belonged to Hindu religion which just signifies greater cases belonging to Hindu Religion, Religion and Suicide Attempt are not related. Similar was seen with Suresh Kumar PN *et al*¹⁴, Bharati S *et al*¹⁵

In our study total married subjects were 38% while in a study done by Chandrasekaran R *et al*¹⁶ it was 54%, in Lakshmi Swetha N *et al*¹⁷ study it was 60% this disparity was may be due to Larger sample size in their study. Low Education is said to be an Important Risk factor for Suicide across the World. Total number of illiterates in this Study were 16% and Graduates were only 12%. In Chandrasekaran R *et al*¹⁶ study illiteracy was 25% which was almost same as our results. Illiteracy was 42% and Graduates were 21% which was bit Higher than findings of our Study this may be because of different Socio Economic Status and Larger Sample in Gade V *et al*¹⁰ study.

Total number of Unemployed in this study were 56%. Logaraj M *et al*¹⁸ concluded that Unemployment was more Prevalent in Suicide Attempters this was in accordance with our Study. In this Study 53% cases belonged to Lowest Economic strata of the total cases. Agendra MR *et al*¹¹ who also in accordance with our study said that most (83%) of the Suicidal Attempts were from the Low Socio-Economic groups. Majority of the case who Attempted Suicide were from Nuclear families. The more Responsibility of Family on Single person or Less Seniors to take care, coupled with Stress of modern life might have been responsible for huge larger number of cases similar was reported by Arun M *et al*.¹⁹

Substance Abuse was seen in 40% cases in Raja NS *et al*⁹ while in this 52% cases showed Abuse of Some Substance. In this Study majority cases 62% belonged to Rural Areas, similar Rural Dominance 85% was reported by Gade V *et al*¹⁰ study. While Ramdurg S *et al*²⁰ and Farooque *et al*²¹ who found more Suicide Attempts in urban areas.

CONCLUSION

The Young Age Group represents the Most Vulnerable group in need. Low Education, Lower Economic Status, Unmarried Status, Nuclear Family, Unemployment, Rural locality and some sort of Substance Abuse was associated with Higher percentage of Suicidal Attempts in this study. So overall improvement in Employment, increased Education Status, Income sources, Strengthening of Family and Social values may decrease Suicidal Attempts. As this was a Cross Sectional study we cannot generalize this findings, more Sample size would have been better.

REFERENCES

- Garg R, Trivedi JK, Dhyani M. Suicidal behaviour in special population: elderly, women and adolescent in special reference to India. *Delhi Psychiatr J* 2007;10(2):106–13.
- Moscicki EK. *The Psychiatric Clinics of North America; Suicide*. Philadelphia: WB Saunders Company; 1997. p. 504-13.
- World Health Organization. *The world health report 2001-mental health: new understanding, new hope*. Geneva, Switzerland: World Health Organization; 2002.
- Vijayakumar L. Indian research on suicide. *Indian J Psychiatry* 2010;52, Suppl S3:291-6.
- Rajagopal S. Suicide pacts and the internet. *BMJ* 2004;329:1298-9.
- Birbal R, Maharajh HD, Clapperton M, Jarvis J, Ragoonath A, Uppalapati K. Cybersuicide and the adolescent population: Challenges of the future? *Int J Adolesc Med Health* 2009;21:151-9.
- Thomas K, Chang SS, Gunnell D. Suicide epidemics: The impact of newly emerging methods on overall suicide rates - a time trends study. *BMC Public Health* 2011;11:314.
- Sethi BB, Gupta SC, Singh H. Psychosocial factors and personality characteristics in cases of attempted suicide. *Indian J Psychiatry*. 1978; 20: 25–30.
- Raja NS, Shashikiran M. A cross-sectional study of suicidal attempts admitted in a rural tertiary-care hospital, Mandya, Karnataka. *Int J Med Sci Public Health* 2016;5:1574-1578.
- Gade V, Kalasapati LK, Sharma V, Macharapu R, Mallepalli PK, Reddy PK. Socio-demographic profile and suicidal intent in suicide attempters: A cross sectional study from a teaching hospital in India. Volume-7 | Issue-2 | February-2018 | ISSN No 2277 - 8179 | IF : 4.176 | IC Value : 93.98.
- Nagendra Gouda MR, Rao S M. Factors related to attempted suicide in Davanagere. *Indian J of Community Medicine*. 2008; 33(1):15-18.
- Latha KS, Bhat SM, D'Souza P. Suicide attempters in a general hospital unit in India: their socio-demographic and clinical profile, emphasis on cross-cultural aspects. *Acta Psychiatr Scand* 1996;94(1):26–30.
- Elangbam V, Singh AB, Devi KS, Devi LU. Suicidal acts reported at a teaching hospital in Manipur. *Indian J Community Med* 2009; 34(4):357–8.
- Suresh Kumar PN. An analysis of suicide attempters versus completers in Kerala. *Indian J Psychiatry* 2004;46:144-9.
- Bharati S, Mallik S, Datta PP, Mukhopadhyay A, Datta D, Haq S. Socio-demographic profile and suicidal intent of attempted suicide cases: a hospital based study in West Bengal, India. *Natl J Med Res* 2013;3(2):122–5.
- Chandrasekaran R, Gnanaseelan J, Sahai A, Swaminathan RP, Perme B. Psychiatric and personality disorders in survivors following their first suicide attempt. *Indian Journal Of Psychiatry*, 2003, 45(11), 45-48.
- Lakshmi Swetha N, Anurag S. Psychological Assessment of patients referred to the psychiatry unit of a tertiary care hospital with suicide attempt. *TJP* 2015; 1(1): 37- 42.
- Logaraj M, Ethirajan N, Felix JW, Roseline FW. Suicidal attempts reported at a medical college hospital in Tamilnadu. *Indian J Community Med* 2005; 30 (4):136-7.
- Arun M, Yoganarasimha K, Palimar V, Kar N, Mohanty MK. Parasuicide: an approach to the profile of victims. *J Indian Assoc Forensic Med* 2004;26(2):58.
- Ramdurg S, Goyal S, Goyal P, Sagar R, Sharan P. Sociodemographic profile, clinical factors, and mode of attempt in suicide attempters in consultation liaison psychiatry in a tertiary care center. *Ind Psychiatry J* 2011;20:11-6.
- Farooq AK, B. Anand, M. Gowri Devi, K. Krishna Murthy. Psychological autopsy of suicide-a cross-sectional study. *Indian J Psychiatry*. 2014 Oct-Dec; 56(4): 337–343.

Source of Support: None Declared
Conflict of Interest: None Declared