

Microanalysis of the Adolescents Suicides

W. Sandhya Manohar*, Gunti Damodar**, Nishat Ahmed Sheikh***

Abstract

Background: Suicide is a significant issue among teenagers. Suicide is now assumed the third leading cause of death among 15 to 44 aged groups in many region of the world and second leading cause of death among 10 to 24 years of age people. Suicide is the leading cause of death for adolescents in the globe and the rates of suicide are increasing fast in teenagers as compared to other age groups. **Study Design:** It's a cross sectional Prospective study. **Material and Method:** The medico legal Post-Mortem Examinations were conducted on the victims of suicides in the age group of thirteen to eighteen years in one year beginning from January to December. Data were collected from the Inquest, Panch-nama of the scene of offence, hospital records, suicide notes and information gathered by personal enquiry with the relatives. **Observation :** Total 117 cases were included in the study, and out this 34.2% were Males and 65.8% were of Females. In females 27 cases came from semi-urban areas, 18 cases belong to rural and 12 from urban areas, whereas in Males 14 cases belong to Rural, 10 cases from urban and only 5 cases from semi-urban areas. 63 cases among females and 34 cases among Males reported to have no history of previous attempt of suicide, whereas 5 cases among females and 2 cases among males have the history of previous unsuccessful attempt of suicide. People with low suicidal intention may end up in completed suicide because of using more lethal methods, inadequate treatment and delay in seeking treatment. This aspect of suicidal behaviour points to lack of clarity in the differentiation of definitions of suicide and attempted suicide. Due emphasis should be given on the intention, lethality and rescuability in killing oneself to differentiate between attempters and completers. **Conclusion:** The prevalence of suicide in India is high and is influenced by a variety of factors, such as, social, biological, psychological and environmental factors. There is a need of thorough research to determine the determinants of suicide among teenagers and adolescents, in order to develop wide-ranging intervention strategies to prevent suicide.

Keywords: Suicide; Adolescents; Determinants; Public Health Issue.

Introduction

A human develops; stops and collapses in several periods from birth until death. These periods are known as childhood, puberty, adolescence, youth,

maturity and senility. Each of them includes distinctive and significant psychological and social characteristics. These periods cannot be separated from each other by clear boundaries. The periods of puberty and adolescence among these periods have a special importance because they are the most beautiful, the most powerful and the most hopeful periods of human life [1]. Suicidal deaths are attracting increasingly more attention from medical profession and public health agencies. Suicide is defined by Beck "A willful self inflicted life threatening act, which has resulted in the death." Regardless to any real or suspected trends, suicide is a public health problem by virtue of its present incidence [2].

Authors Affiliation: *Associate Professor, **Assistant Professor, Dept. of Forensic Medicine, Kamineni Institute of Medical Sciences, Narketpally, District Nalgonda, State Telangana. ****Professor, Dept. of Forensic Medicine, People's College of Medical Sciences and Research Center, Bhopal.

Reprints Requests: Nishat Ahmed Sheikh, Professor, Dept. of Forensic Medicine, Department of Forensic Medicine, People's college of Medical sciences & Research Centre, People's University, Bhanpur, Bhopal, Madhya Pradesh 462037, India.

E-mail: drnishatsheikh@gmail.com

Suicide is a significant issue among teenagers. Suicide is now assumed the third leading cause of

death among 15 to 44 aged groups in many region of the world and second leading cause of death among 10 to 24 years of age people [3]. Suicide is the leading cause of death for adolescents in the globe and the rates of suicide are increasing fast in teenagers as compared to other age groups. The suicide attempt rates are higher in females while death rates are higher in males [4]. Worldwide 4 million suicide attempts occur every year, in which at least 90,000 are adolescents up to the age of 19 successfully attempt, at the rate of one successful suicide in every five minutes [5].

Suicidal ideation refers to thoughts of harming or killing oneself. Attempted suicide is a non-fatal, self-inflicted destructive act with explicit or inferred intent to die. Suicide is a fatal self-inflicted destructive act with explicit or inferred intent to die. Suicidality refers to all suicide-related behaviors and thoughts including completing or attempting suicide, suicidal ideation or communications. The present day concept of nuclear and small families causes a lot of changes and pressures on these tender aged persons because of the expectations of their parents. Some of the girls are getting married in this age group, wherein they are expected to live in their in-laws houses, which are unknown and different from their maternal environment. All these factors are playing an important role and abetting them to victimize for suicides. It became second leading cause of death among the adolescents [6,7].

Aim and Objective

In this study we tried to micro-analyze the age related problems faced by the adolescents, which are leading to commit suicide, and to identify the precipitating factors in causation of such medico-legal deaths according to cause of death.

Material and Method

It was a cross-sectional study done in the mortuary associated with Department of Forensic Medicine and Toxicology of Kakatiya Medical College, Warangal. The medico legal Post-Mortem Examinations were conducted on the victims of suicides in the age group of thirteen to eighteen years in one year beginning from January to December. Data were collected from the Inquest, Panch-nama of the scene of crime, hospital records, suicide notes and information gathered by personal enquiry with the relatives. The data was incorporated into a computerised data collection sheet and statistically analysed in the MS office excel spread sheet.

Inclusion Criteria

Cases were included where person died in the age group of thirteen to eighteen years, from both genders, who committed suicide (according to the Panch-nama), cadavers of whom were subjected to Medico legal post-mortem examinations in the mortuary of Kakatiya Medical College, Warangal, including the deaths occurred in hospitals and also unattended deaths.

Exclusion Criteria

Deaths of persons whose age was not certain as, in unidentified bodies, and where a suspicion expressed in the Panch-nama about homicide or accident.

Observation and Discussion

Adolescence is a period of dramatic change from child to adult; the process can be complex and challenging. Total 117 cases were included in the study, and out this 34.2% were Males and 65.8% were of Females. This was in consistent with the observation of Bhatia [8], where women have outnumbered men in non-fatal unsuccessful attempts. All the cases were distributed according to socioeconomic status, 56 cases were of females in the age group of 16 to 18 years were from low and middle socioeconomic status, whereas 28 cases were from Boys in the age group of 16 to 18 years with low and middle socioeconomic back ground. People of low and middle class, who by virtue of their hand to-mouth existence, fail to nurture their dreams may attempt suicide more often [9].

In the age group of 16 to 18 years 18 females cases were married and 4 cases of males were married, whereas in 13 to 15 years of age group 6 cases of females were found to be married. Married females have outnumbered the unmarried males. This is in contrast with most of the Western studies where highest incidence of suicide was observed among unmarried and lonely individuals [10]. But our findings are consistent with Indian literature [11]. Our study shows that, in Indian set up, different psychological factors related to marital or family life might be operating for suicide.

In the age group of 16 to 18 years in females 27 cases came from semi-urban areas, 18 cases belong to rural and 12 from urban areas, whereas in Males 14 cases belong to Rural, 10 cases from urban and only 5 cases from semi-urban areas. Adoption of western lifestyle, addiction to internet, social

networking and poor communal relationships resulted in more of a mechanical life, psychological distress and therefore an increased incidence of suicides in urban and semi-urban population.

In the age group of 16 to 18 years in Females 50 cases of suicide occurred inside the house, only 7 cases were in open field, whereas in the same age group for Males 27 cases occurred inside the house and only 2 cases were reported from open field.

Out of 117 cases of suicide in the study, 63 cases among females and 34 cases among Males reported to have no history of previous attempt of suicide, whereas 5 cases among females and 2 cases among

males have the history of previous unsuccessful attempt of suicide. Study from India (Kumar, 2000) [12] shows a negative correlation between suicidal intention and lethality of attempt. That means that even people with low suicidal intention may end up in completed suicide because of using more lethal methods, inadequate treatment and delay in seeking treatment. This aspect of suicidal behaviour points to lack of clarity in the differentiation of definitions of suicide and attempted suicide. Due emphasis should be given on the intention, lethality and rescuability in killing oneself to differentiate between attempters and completers [13].

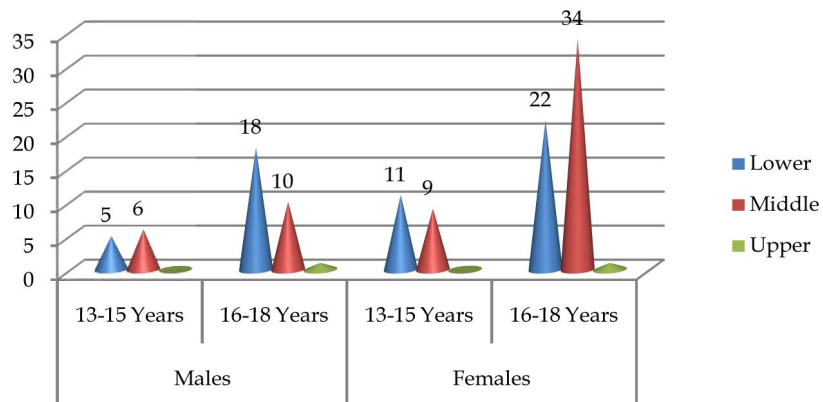


Fig. 1: The distribution of 117 cases according to socioeconomic status

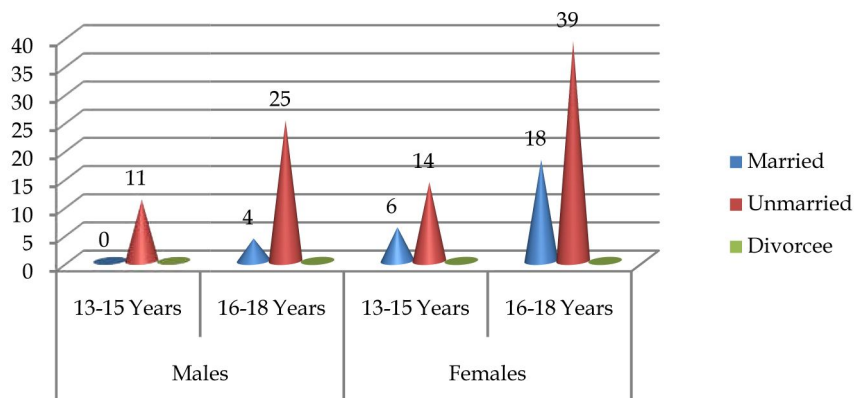


Fig. 2: Distribution of 117 cases according to marital status

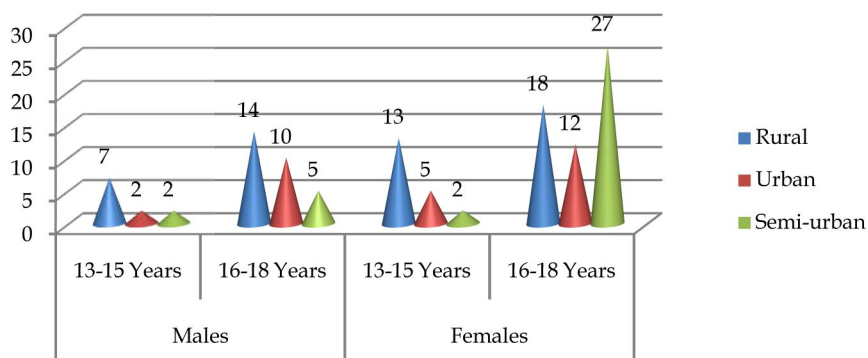


Fig. 3: Distribution of the cases according to rural urban background

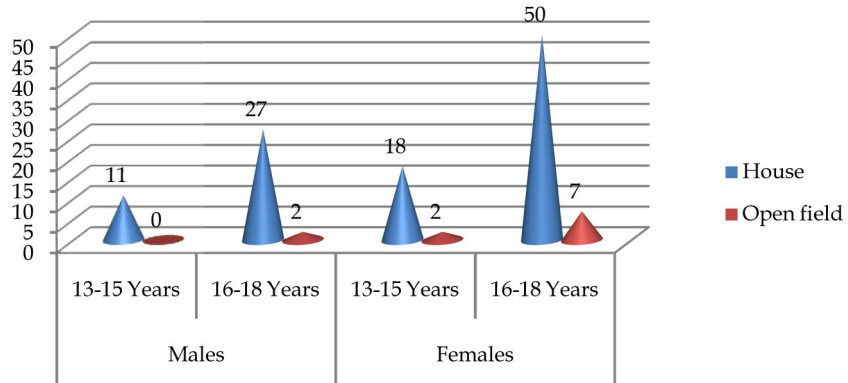


Fig. 4: Distribution of cases according to Place of occurrence of suicide

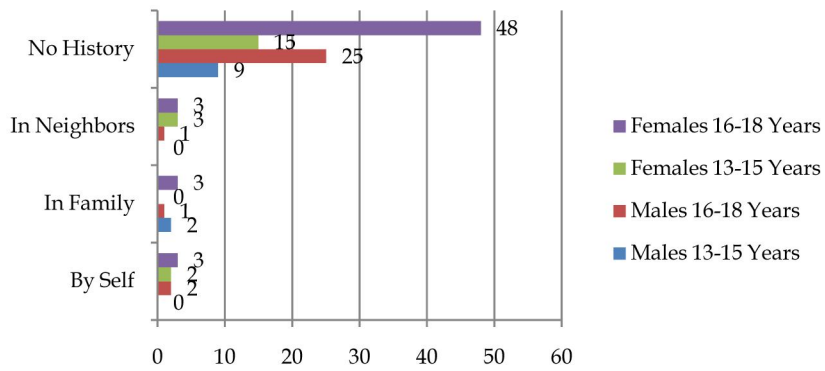


Fig. 5: Distribution of cases according to history of previous attempt of suicide

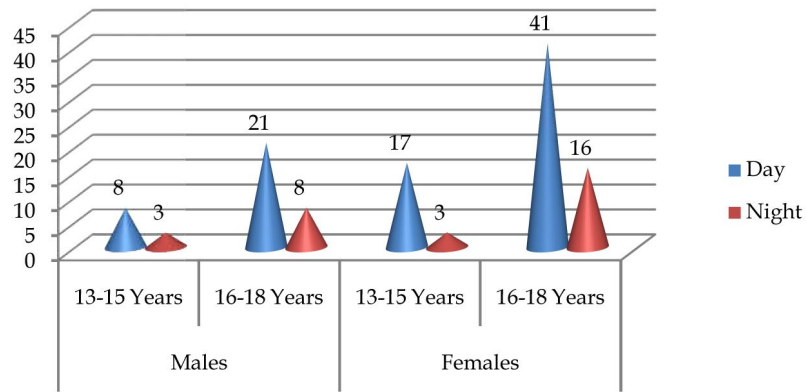


Fig. 6: Time of commencement of suicide

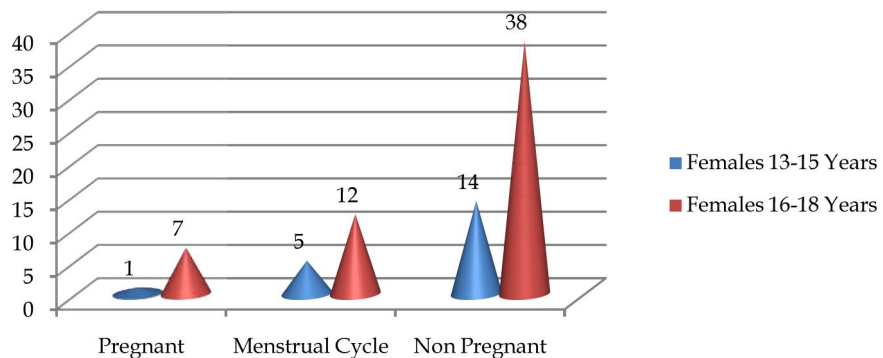


Fig. 7: Distribution of cases according to hormonal status in females

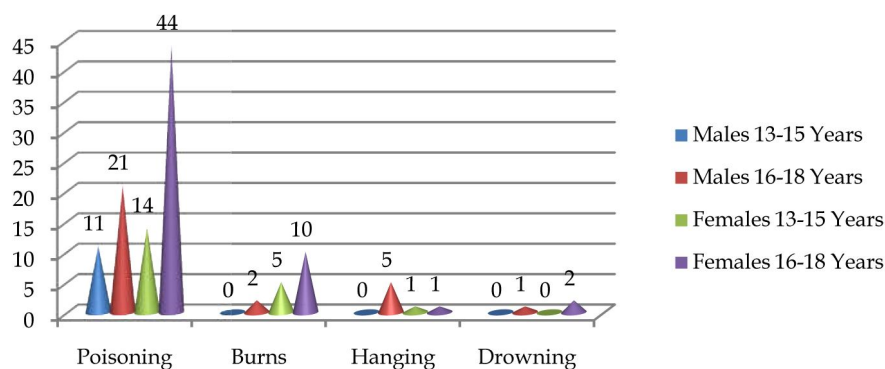


Fig. 8: Distribution of cases according to causes of death

Out of the total cases of suicides amongst adolescents and teenage, maximum number of cases were accomplished during day, 58 cases from females and 29 cases from males were reported to occur during day time whereas 19 cases from females and 11 cases from males occurred during night time. Guardians being busy in their respective occupational works, Lack of supervision of their offspring lead to suicides; majority of suicides took place in their own homes, that too in day time supports this instance. However day time suicides came to notice soon after the incident took place as night time incidents occurred at strange hours i.e., too early in the morning or too late at night which remained unnoticed until following day.

Out of total 117 cases 86 cases belong to females, amongst them the hormonal status was looked for whether they are pregnant, in menstrual cycle or non pregnant, it was found that 17 cases were in phase of menstrual cycle, 8 cases were pregnant whereas 52 cases were non-pregnant and non-menstruating. Though the physical illness such as dysmenorrhoea or other pains of abdomen were given as motive for committing suicides, it appears to be untrue.

Out of the 117 cases, majority of the cases poisoning was the prominent cause of death, 32 cases from males and 58 cases from females cause of death was poisoning, whereas second most prominent cause of death was burns, 15 cases were among the females and only 2 cases from males, cause of death was burn. Poisoning the most commonly used method for suicide, which is in contrast to the findings observed in England and Wales [14] wherein vehicle exhaust gas has been commonly used and carbon monoxide poisoning was common in Japan [15]. Finding similar to our study have also been observed in India and in other countries by Arun [16], Sachidananda M [17]. Hanging Burns and drowning, this is in accordance with the findings observed by Arun [16] Sachidananda [17]. M,5 Danielle [14,18]. However, in another study, in

Kildare, Ireland [16] hanging was the commonest method employed and in South Carolina [15] suicide by gunshot was commonly noted in children under the age of 18 years. Hanging is universally available and it is the most common method of suicide globally. In many places, the ready access to firearms makes them potentially dangerous, especially among male adolescents and young adults.

Conclusion

It is factual that there have been many advances in science to address and prevent suicide. However, the results and effectiveness of preventive measures have not yet achieved the desired results. We believe that despite the progress, knowledge, etc., even in the twenty-first century social and health devices (primary and specialty care, social services, third sector, etc.) it is difficult to coordinate effectively and obtain preventive mechanisms and support for people at high risk. The clinical management of the suicidal teenager requires well-developed clinical skills. In addition to the basic qualities of warmth, curiosity and humor, a good knowledge of the mechanisms through which the decision to attempt suicide is made and how that often recurring pattern can be interrupted, whether with the use of behavioral skills, by improving insight, or with appropriate medication can often bring degree of life saving relief to this common condition.

Media can play a significant role in controlling and preventing of suicide among young people. Awareness can be created in community and nation as a whole by the help of religious scholars and psychologists through seminars and media. The prevalence of suicide in India is high and is influenced by a variety of factors, such as, social, biological, psychological and environmental factors. There is a need of thorough research to determine the determinants of suicide among teenagers and

adolescents, in order to develop wide-ranging intervention strategies to prevent suicide.

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Conflict of Interest

The author declares no conflict of interest in the present study.

Author Disclosures

Authors have no conflict of interest. This study was a part of departmental research activities of Forensic Medicine at Kamineni Institute of Medical Sciences, Narketpally.

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