ATTEMPTED SUICIDES IN MADRAS

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SUMMARY

This study pertains to eighty six suicide attempters. The findings indicated that in both sexes the peak age group was 15-20 years, followed by 21-25 years. Organophosphorous compounds were found to have been used by a large number of attempters. 23.25% of our sample had contemplated on this act even prior to this episode. Alcohol was found to be an important factor behind 10.46% of cases. The scores on Eysenck Personality Questionnaire indicated that extraversion was predominantly found in our cases of attempted suicides whereas most of them scored very low on P scale.

Studies on attempted suicide and suicide have gained impetus only in the recent past, though such behaviours have been observed even in ancient times. For example Bible described Judas Iscariot who betrayed Lord Jesus as one who cried and wept with guilt and remorse before he hanged himself. However, such suicidal behaviours have now become part of psychiatric analysis, for we are able to assess the psychological, demographic and sociological factors culminating in such deliberate acts of self harm. Such studies have lent credence to the theory that the suicidal state appears to a large extent a potentially recognizable and preventable one.

The present study was designed to assess the various factors relating to the suicidal attempt of the patients admitted in the Govt. General Hospital, Madras during May 1981 to April 1982.

Material and Methods

A self innovated proforma was prepared for this purpose. The proforma was designed to elicit informations besides a few biodata, on the mode, place, time of suicidal attempt, previous suicidal ideations, motivating factors, etc. Each patient with the complaint of attempted suicide, on admission to the Intensive Medical Care Ward or Accident Ward, was interviewed by the authors. If the general condition of the patient was poor, they were interviewed as and when their condition improved. In cases where no suitable informant was available, the informations were obtained from the patient himself. The authors made daily visit to these wards and the factors were entered in the proforma. 86 patients (M = 48, F = 38) were thus studied. In addition whenever possible, the patients were administered Eysenck Personality Questionnaire.

Results and Discussion

The problem of attempted suicide may be much more serious than the official figures suggest, since many self-inflicted deaths go unrecorded for various reasons. Experts have judged that, the number of actual suicides is anywhere from two to five times the number officially reported.

Since this study pertains to attempted suicide in Madras City, the authors felt that a mention about the suicide rate in Madras will be a relevant and useful information to the readers. Hence the rates of suicide in the city of Madras as revealed by the police records are indicated in Table 1.
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Table I

| Year | Male | Female | Total | Rate per 1,00,000 population |
|------|------|--------|-------|----------------------------|
| 1980 | 175  | 88     | 263   | 8.05                        |
| 1981 | 273  | 258    | 531   | 16.25                       |
| 1982 | 262  | 200    | 462   | 14.14                       |

Age and Sex Distribution

Our study showed male preponderance over females, M - 48 (55.81%), F - 38 (44.19%) which is an agreement with the findings of Venkoba Rao (1965) and Sathyavathy (1971). In both sexes, 15 - 20 years was found to be the peak age range for suicidal act which had been our observation in consumated suicides too (Ponnudurai and Jeyakar 1980) (Table 2).

Table 2

Agé and sex distribution

| Age       | Male (N = 48) | Female (N = 38) | Total (N = 86) |
|-----------|---------------|-----------------|---------------|
| Less than 14 | 1 (2.1)       |                  | 1 (1.2)       |
| 15-20     | 18 (37.5)     | 22 (57.9)       | 40 (46.5)     |
| 21-25     | 15 (31.3)     | 11 (29.0)       | 26 (30.2)     |
| 26-30     | 10 (20.8)     | 2 (5.3)         | 12 (14.0)     |
| 31-35     | 2 (4.2)       | 1 (2.6)         | 3 (3.5)       |
| 36-40     | 1 (2.6)       |                  | 1 (1.2)       |
| 41-45     | 1 (2.1)       |                  | 1 (1.2)       |
| 46-50     | 1 (2.1)       | 1 (2.6)         | 2 (2.3)       |
| More than 51 | 1 (2.1)       | 1 (2.6)         | 2 (2.3)       |
| Not known | 1 (2.1)       |                  | 1 (1.2)       |

Figures in parenthesis indicate percentage.

Marital Status

The factors pertaining to marital status including cohabitation and unknown categories when taken as a whole revealed no association between the marital status and sex of the patients (Chi square = 4.6720). Nevertheless, when the comparison was restricted only to the married and unmarried group, the number of unmarried was significantly higher for both males and females ( = 5.1111 and 5.6974 respectively) (Table 3). However, it had been pointed out elsewhere that married women were more predisposed to fatal suicidal behaviour (Ponnudurai and Jeyakar 1980).

Mode of Suicide

Organophosphorous compounds have been commonly chosen for attempting suicide (38.37%) (Table 4) which is in conformity with the findings of most of the other workers in this field. Other chosen choices were sleeping tablets (16.28%), CuSO₄ (15.12%), Oleander seeds (8.14%), burning (8.14%), etc. It is to be noted that among the 7 cases of burning 6 turned out to be females.

Table 3

Marital Status

| Marital Status | Male (N = 48) | Female (N = 38) | Total (N = 86) |
|----------------|---------------|-----------------|---------------|
| Married        | 17 (35.4)     | 16 (42.1)       | 33 (38.4)     |
| Unmarried      | 29 (60.6)     | 20 (52.6)       | 49 (57.0)     |
| Widows/Widowers| -             | -               | -             |
| Cohabitation   | 2 (5.3)       | -               | 2 (2.3)       |
| Not Known      | 2 (4.0)       |                  | 2 (2.3)       |

Figures in parenthesis indicate percentage.

Mode of Suicide

| Mode                  | Male (N = 48) | Female (N = 38) | Total (N = 86) |
|-----------------------|---------------|-----------------|---------------|
| Burning               | 1 (2.1)       | 6 (15.8)        | 7 (8.1)       |
| Hanging               | 2 (4.2)       |                  | 2 (2.3)       |
| Copper Sulphate       | 10 (20.8)     | 3 (7.4)         | 13 (15.1)     |
| Oleander Seeds        | 5 (10.4)      | 2 (5.3)         | 7 (8.1)       |
| Acids                 | 4 (8.3)       |                  | 4 (4.7)       |
| Sleeping Tablets      | 6 (12.5)      | 8 (21.1)        | 14 (16.3)     |
| Other Tablets         | -             | 2 (5.3)         | 2 (2.3)       |
| Glass pieces          | -             | 1 (2.6)         | 1 (1.2)       |
| Phenyl                | -             | 1 (2.6)         | 1 (1.2)       |
| Match Stick           | -             | 1 (2.6)         | 1 (1.2)       |
| Not Known             | -             | 1 (2.6)         | 1 (1.2)       |

Figures in parenthesis indicate percentage.

23.25% of our sample confessed to have harboured suicidal ideation for quite some time prior to their actual attempt whereas one had attempted to end his life once in the past. 4.66% of our patients had written
suicide notes before venturing on their act (Table 5).

|                   | Male (N=48) | Female (N=38) | Total (N=86) |
|-------------------|-------------|---------------|--------------|
| Ideations         | 12 (25.0)   | 8 (21.1)      | 20 (23.3)    |
| Attempts          | 1 (2.1)     | -             | 1 (1.2)      |
| Notes             | 3 (6.3)     | 1 (2.6)       | 4 (4.7)      |

### Causative Factors

Among the various causes as reported by the patients, notable was quarrel and consequent scolding by significant others (25.58%). Further 2 females (5.26%) had attempted to end their lives following family quarrel with their alcoholic fathers. Physical illness had contributed to 17.44% of suicidal attempts and marital maladjustment to 13.95%. In this context, it is worth noting that 5.26% of the females had done so due to maladjustment with their alcoholic husbands. Another interesting information was that 5 males (10.42%) had done this self harm while they were under the influence of liquor. On the whole alcohol had been the causative factor in 9 (10.46%) suicidal attempts. Unemployment had driven 27.08% of the males to suicidal behaviour whereas this could not be observed even in a single female. Based on the history furnished by the relatives of these suicide attempters as well as the psychiatric interview with these patients, it was observed that 12 of them (13.95%) had been suffering from some psychiatric ailment or the other which include 3 cases of epilepsy also, though only a few among them had been under treatment (Table 6). Nandi et al (1974) reported quarrels with spouses as the commonest cause of suicide in rural population.

There is no perceptible difference in the different parts of the day with regard to the suicidal attempts.

### Table 5

#### Suicidal Ideations and Attempts

|                   | Male (N=48) | Female (N=38) | Total (N=86) |
|-------------------|-------------|---------------|--------------|
| Ideations         | 12 (25.0)   | 8 (21.1)      | 20 (23.3)    |
| Attempts          | 1 (2.1)     | -             | 1 (1.2)      |
| Notes             | 3 (6.3)     | 1 (2.6)       | 4 (4.7)      |

### Table 6

#### Causative Factors

|                   | Male (N=48) | Female (N=38) | Total (N=86) |
|-------------------|-------------|---------------|--------------|
| Unemployment      | 13 (27.1)   | -             | 13 (15.1)    |
| Physical Illness  | 6 (12.5)    | 9 (23.7)      | 15 (17.4)    |
| Scolding          | 13 (27.1)   | 9 (23.7)      | 22 (25.6)    |
| Quarrel with      | -           | 2 (5.3)       | 2 (2.3)      |
| alcoholic father  |             |               |              |
| Alcoholic Spouse  | -           | 2 (5.3)       | 2 (2.3)      |
| Fear of Punishment| 1 (2.1)     | 1 (2.6)       | 2 (2.3)      |
| Guilt             | 1 (2.1)     | -             | 1 (1.2)      |
| Separation        | -           | 1 (2.6)       | 1 (1.2)      |
| Psychiatric ailment| 6 (12.5)   | 6 (15.8)      | 12 (14.0)    |
| Marital Maladjustment | 3 (6.3) | 9 (23.7)      | 12 (14.0)    |
| Humiliation       | 3 (6.3)     | 1 (2.6)       | 4 (4.7)      |
| Love failure      | 1 (2.1)     | 2 (5.3)       | 3 (3.5)      |
| Under liquor      | 5 (10.4)    | -             | 5 (5.8)      |
| Non-fulfilment of | 2 (4.2)     | -             | 2 (2.3)      |

Figure in parenthesis indicate percentage.

42 (M - 27, F - 15) of these suicide attempters were administered Eysenck personality Questionnaire also, which indicated that most of them (45.25%) scored high on extraversion and the vast majority very low in P scale (95.24%).

### Conclusion

Our observation that about one fourth of the suicide attempters had contemplated on this act even earlier, indicates that our efforts must be directed towards early identification of such suicide proneness while undertaking epidemiological surveys. Further, since the younger age groups appear to be more vulnerable both for fatal and nonfatal suicidal acts, it is imperative that this section of the population needs more psychological and sociological support. The strong association between alcohol abuse and suicidal acts should prompt us to incorporate this observation also in our campaign against alcohol abuse.

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