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Original Research Article

Examining the Psychiatric Morbidity and Socio Demographic Characteristics of Self-Injury Cases

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Abstract:

Objective: Human beings trying to harm themselves or to end their life is very common. Intentional self-harm is frequent, but there are minimal numbers of these problem reported in India. The present study aims to evaluate the socio-demographic profile in cases of intentional self-harm.

Materials and Methods: This was a cross-sectional study conducted in Bidar Institute of Medical Sciences, Bidar, India for 18 months. The figures were documented in specially fabricated proforma which records socio-demographic variables, psychological disorders, psychiatric distress factors, family history, history, and full information about suicide attempts.

Results: Self-harm is more prevalent in youngsters. Females (116) were greater in number as compared to males (84). The majority of the cases were married and homemakers and belonged to the poor economic class. Most of the patients attempted suicide for the first time and poison was commonly used. Many patients had psychological disorders, mainly depression. Family disputes and being unhappy in marriage were also the reason for intentional self-harm.

Conclusion: Spreading knowledge through programs, precautionary action, and appropriate psychological criterion systems should increase to reduce the occurrence of deliberate self-harm.

Keywords: Deliberate self-harm, poison, depression, suicide

Introduction

Deliberate self-harm, causing death and not causing death has become a serious health issue for people. Even though many titles like attempted suicide or deliberate self-injury are used but the most accepted one is deliberate self-harm [1]. In these cases, patients were hospitalized in a serious condition [2]. Deliberate self-harm is becoming one of the major health issues worldwide. Suicide is a punishable offense, so many people hide it or tag it as accidental to stay away from any legitimate investigation. With the rise in deliberate self-harm cases, the load on the psychiatric department of the hospital is increasing. Manipulating suicidal intent is the most important among many purposes for attempting deliberate self-harm [3]. Many patients who attempt deliberate self-harm never want to take their lives [4], they just want attention and may be hostile because they are depressed. Managing stress, and controlling uncomfortable states of mind, as a type of self-manhandling or it gives them the power of control can be the reasons for deliberate self-harm. In developing countries, deliberate self-harm is becoming a serious disorder [5]. According to WHO, one person is ending or their life roughly every couple of minutes and someone tries to kill themselves every four seconds [6].

Around one lakh people end their lives in India annually, which means 10% of suicides worldwide [7]. In 2001 the suicidal figures were 10.6 per 100,000 population, which shows a 14.9% rise from reports of 1991 [8]. The information related to deliberate self-harm without causing death is very little. Suicide is one of the main reasons for death, it is a grave but avoidable health issue. For those who are not stable psychologically and psychiatrically, burns are common among them. The current study aims to evaluate the socio-demographic profile in cases of intentional self-harm.

Materials and Methods

This is a cross-sectional study in which 200 patients were included and conducted in Bidar Institute of Medical Sciences, Bidar, India for 18 months. Patients were interviewed after they were found to be clinically fit.

Inclusion criteria: Patients with deliberate self-harm was an intentional act without death. The act

was physical, an excess of drugs or poison. Quantity of drugs taken if it was a case of excessive intake of drugs. Consent was taken from patients

Exclusion criteria: Poisoning in patients occurred by chance, patients without consent were not included in this study.

Data Collection: Psychological disorders were evaluated by -10 criteria. Upper class, middle class, and lower class were described by profession, area of accommodation, and salary per month. The upper category includes army officials, medical practitioners, aeronauts, and government employees. The middle category includes small businesspeople, teachers, and welfare officers. The lower category includes agriculturists, street vendors, etc.

Statistical analysis

Fisher exact test and t-test were used for the statistical analysis. P- value less than 0.005 is contemplated as crucial.

Results

A total of 200 patients were included in this study of which 116 were females and 84 were males.

Table 1: Deliberate self-harm in association with socio-demographic variables

Study characteristics	Male	Female	Total
Age in years			
15-25	34(40%)	72 (62%)	106
25-40	36 (43%)	24 (21)	60
More than 40	14 (17%)	20 (17%)	34
Marital status			
Married	58 (48%)	62 (52%)	120
Unmarried	22 (35%)	40 (64%)	62
Divorced/separated/widowed	4 (22%)	14 (23%)	18
Residence			
Urban	58 (68%)	108 (94%)	166
Rural	26 (30%)	8 (6%)	34
Socioeconomic status			
Upper class	60 (70%)	78 (66%)	138
Middle class	20 (24%)	10 (10%)	30
Lower class	4 (6%)	28 (25%)	32

The deliberate self-harm associated with socio-economic variables is shown in Table 1, 106 patients were under the age group of 15-25. 120 patients were married, 62 were unmarried, and 18 were widowed or divorced. 166 patients were living in urban areas and 34 in rural areas. The upper class comprises 138 patients, and 30 and 32 in the middle and lower class respectively.

Table 2: Reported precipitating factors in Deliberate self-harm

Items	Male	Female	Total
Family dispute	30 (35.6%)	34 (29.4%)	64
Marital disharmony	14 (16.7%)	20 (17.1%)	34
Failure in Exams	4 (4.8%)	10 (7.5%)	14
Failure in love	2 (2.4%)	12 (10.4%)	14
Psychiatric illness	6 (8%)	14 (12%)	20
Physiological illness	4 (4.6%)	2 (1.8%)	6
Financial crises	12 (14.1%)	2 (1.8%)	14
Poverty	4 (4.8%)	2 (1.6%)	6
Death of a close relative	0	4 (3.2%)	4
Unemployed	2 (2.4%)	2 (1.6%)	4
Loss of job	4 (4.7%)	0	4
Others	2 (2.4%)	8 (6.7%)	10
Did not reveal	0	6 (5.2%)	6

Family dispute is the frequent cause of deliberate self-harm both in males and females (64%) as shown in table 2. Of marital disharmony, 34 patients went for deliberate self-harm. 14 in failure in exams and 14 in failure in love was cause for self-harm. 20 patients had a psychiatric illness and 6 had a physiological illness. 14 were going through the financial crisis and 6 were suffering from poverty. 4 of them were unemployed. 4 patients try to end their life after losing their jobs. Family members of 6 females do not want to reveal the reason.

Table 3: Psychiatric observation in deliberate self-harm

Types of psychiatric morbidity	Total	Percentage
Depression	60	40%
Alcohol intake	10	5.3%
Acute stress	21	10%
Psychosis	8	6.7%

Psychiatric disorders that lead to deliberate self-harm as shown in table 3 include, 60 patients suffering from depression, 10 patients being alcoholic, 21 patients being in acute stress and 8 were suffering from psychosis.

Discussion

Suicidal thoughts are very common in youngsters of both genders. Studies conducted by Narang et al [9], Singh et al [10], and Rao et al [11] had similar results. In the present study, most of the patients were female which is correlated with the studies conducted by Chowdhury et al [12], and Srivastava et al [13]. However, studies conducted by Latha et al [14], and Ponnudurai et al [15] had different findings. One–third of the patients were less educated which may affect obtaining help and making decisions, therefore it is one of the main reasons for deliberate self-harm. Many of the patients of deliberate self-harm were married. This finding is similar to the study conducted by Kumar et al [16]. As both males and females belong to different cultures after marriage culture creates annoyance which makes females prone to deliberate self-harm.

In the current study, the majority of the patients belong to urban areas but in some studies, people from rural areas were more vulnerable to deliberate self-harm [17-18]. The most frequent method of deliberate self-harm was poisoning. In a study conducted by Khurram et al [19], benzodiazepines are the commonly used substance for deliberate self-harm. According to WHO, insecticide self-poisoning is the most frequent way of deadly deliberate self-harm [19-22]. The reason for this is pesticides are easily available in the local shops, the negligence of the people, and the reachability to these toxins. It suggested government control and appropriate knowledge need to be addressed. India is a dominant country irrespective of their educational qualifications, she has to be a good housewife.

Furthermore, in many studies, it was evaluated that friction in marriage, poverty, and disputes among family members are also the major causes of deliberate self-harm [23 -25] which is similar to the present study. In the current study it was seen depression is the major reason for psychological illness, which relates to other studies conducted by Das et al [26], and Haw et al [27].

Conclusion

In the current study, only the patients coming to the hospital were studied, which is very superficial. Studies should be done on the patients who are at higher risk, and to recognize the psychological state and problems in relationships to make effective plans. Awareness programs should be conducted to give knowledge about psychiatric health.

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