

**Attempted Versus Completed Suicides in Women of Reproductive Age Group at a Tertiary Care Center over a Period of One Year****Bhagwati S<sup>1</sup>, Hada SS<sup>2</sup>, Badgurjar KP<sup>3</sup>, Pathak D<sup>4\*</sup>**<sup>1,2</sup> Resident & Former Resident, Department of Forensic Medicine, SMS Medical College, Jaipur<sup>3</sup>Professor, Department of Forensic Medicine, JLN Medical College, Ajmer<sup>4</sup>Professor, Department of Forensic Medicine, SMS Medical College, Jaipur (Rajasthan, India)

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Conflict of interest: Nil

**Abstract:****Background:** Suicide is a serious public health problem and quite rampant among young people worldwide. This study was undertaken to observe the socio-demographic and medico-legal characteristics of attempted and completed suicides in women of reproductive age group at SMS Hospital, Jaipur over a period of one year.**Methods:** This Hospital based cross sectional study was initiated after permission from the Institutional Ethics Committee on in patients of fatal and nonfatal cases of suicides at SMS hospital for a one year including every fifth case satisfying the eligibility criteria. These were randomly selected from among the autopsies conducted during the study period and from the eligible population of suicide attempters who were admitted to the hospital after rescue or voluntarily during this period.**Results:** The study participants comprised of 40 completed and 80 attempted suicides. 77.5% women who committed suicides were reported to be going through some or other psychiatric issue like severe anxiety issues, depression, bipolar disorder, etc, whereas only 13.75% of those who attempted to die reported the presence of an existing mental health issue. 42.5% of suicide attempts had attempted it previously which is alarming and calls for prompt recognition and immediate attention to such episodes with a remedial intervention to prevent such tragic mishaps.**Conclusion:** The results suggest that there are overall differences between suicide attempts and suicide deaths, although actual suicide attempts seem to have relatively similar characteristics to suicide deaths except that the suicidal fatalities had a more serious profile. Decreasing intensity of suicide ideation and treating comorbid medical illness of suicide attempters might be important in preventing them from suicides.**Keywords:** Attempted suicides, completed suicides; women of reproductive age group.This is an Open Access article that uses a funding model which does not charge readers or their institutions for access and distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0>) and the Budapest Open Access Initiative (<http://www.budapestopenaccessinitiative.org/read>), which permit unrestricted use, distribution, and reproduction in any medium, provided original work is properly credited.**Introduction**

Suicide is a serious public health problem [1] and quite rampant among young people worldwide [2]. The term suicide is at times replaced by completed suicide to denote committed suicide and lays stress upon mortality outcome of the act. Suicide is an intentional act and suicide attempt is an intentional self-harm in which a person tries to kill himself but survives the attempt [3,4].

The term attempted suicide also covers the cases of 'parasuicide', where there is no intention to kill oneself [5]. Rather the term para-suicide is often confused with attempted suicide and even used synonymously by some [6], although by definition, it is an apparent attempt at suicide in which the aim is not death or there is no intention to die [7]. Each suicide results in an unexpected and untimely death of the individual which has long term effects on lives of all people related to the deceased. Parasuicide or attempted suicide is a grave problem

and a major concern to the society, which sometime or the other affects the lives of a significant proportion of the population and is not be taken casually, for it may prove as equally dangerous as suicide itself and sometimes more than that because of the residual temporary or permanent disability [8].

Suicide is the sixth leading cause of death among females of reproductive age [9], and risk for suicide dramatically increases during puberty [10]. The suicide attempters are in many ways different from those who actually take their own lives especially in epidemiologic perspective though not psychologically, and are described as different populations although overlapping persists in both [3]. The factors that influence attempted suicide or parasuicide need evaluation as sometimes a suicide attempt is the most common risk factor for completed suicide. Available literature is flooded

with research on suicidal fatalities with a relative paucity of studies on non-fatal attempted suicides with yet rare availability of literature on both simultaneously, especially in women of reproductive age group. Thus, need was felt to study the socio-demographic and medico-legal characteristics of attempted and completed suicides in this vulnerable population.

**Aim**

To observe the socio-demographic and medico-legal characteristics of attempted and completed suicides in women of reproductive age group at SMS Hospital Jaipur over a period of one year.

**Materials & Method**

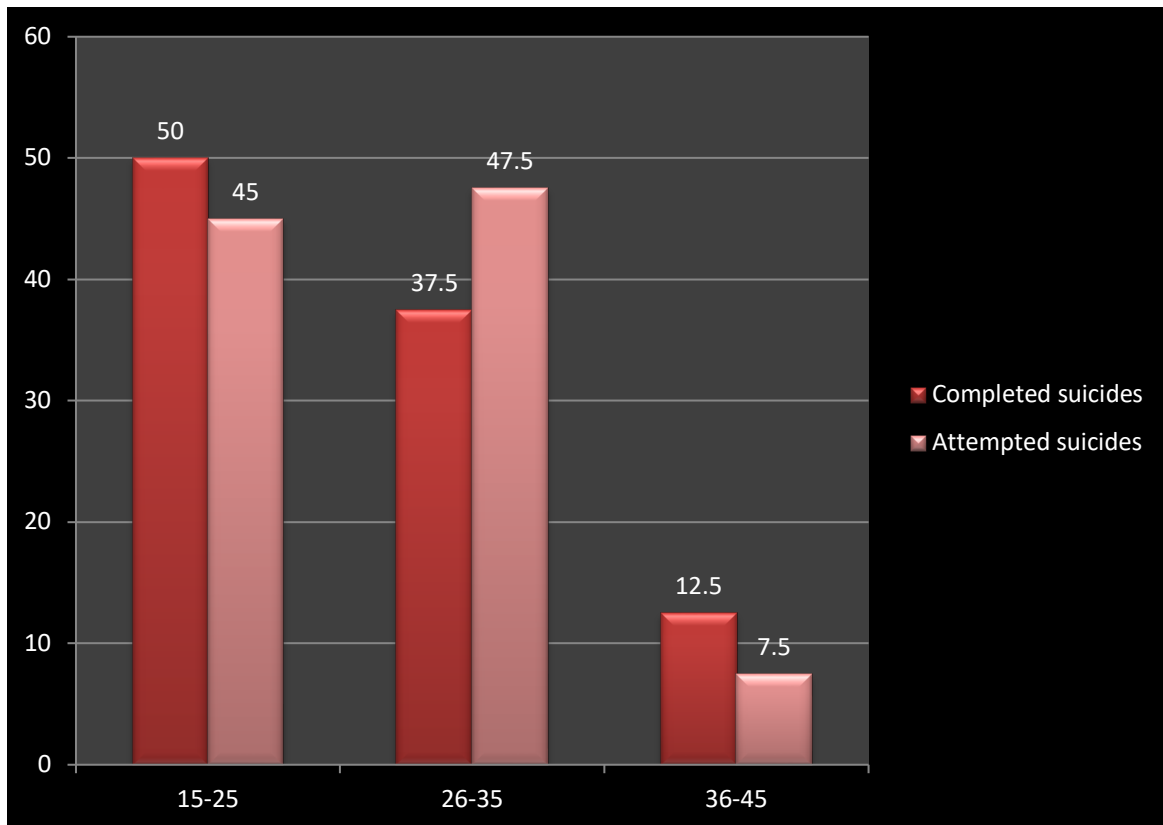
This Hospital based cross sectional study was initiated after permission from the Institutional Ethics Committee on in patients of fatal and non-fatal cases of suicides at SMS Hospital, Jaipur for a period of one year including every fifth case satisfying the eligibility criteria. Women of reproductive age group from 15 to 45 years and Informed consent for participation in the study were the inclusion criteria for both attempted and

completed suicides. Pregnancy, pre menarche, menopause, hormonal therapy and hysterectomy were the exclusion criteria. The cases of fatal as well as nonfatal suicides satisfying inclusion and exclusion criteria were selected randomly. Details regarding age, gender, other socio-demographic details; time since incident, time and place of occurrence; method employed, details of procurement of materials used; previous attempts, if any with relevant details; details of precipitating event; and, history of chronic illness, substance abuse, psychiatric morbidity were recorded.

Statistical analysis was then conducted using SPSS version 20.0 software.

**Results**

The study participants comprised of 40 completed and 80 attempted suicides among women of the reproductive age group. These were randomly selected from among the autopsies conducted during the study period and from the eligible population of suicide attempters who were admitted to the hospital after rescue or voluntarily during this period.



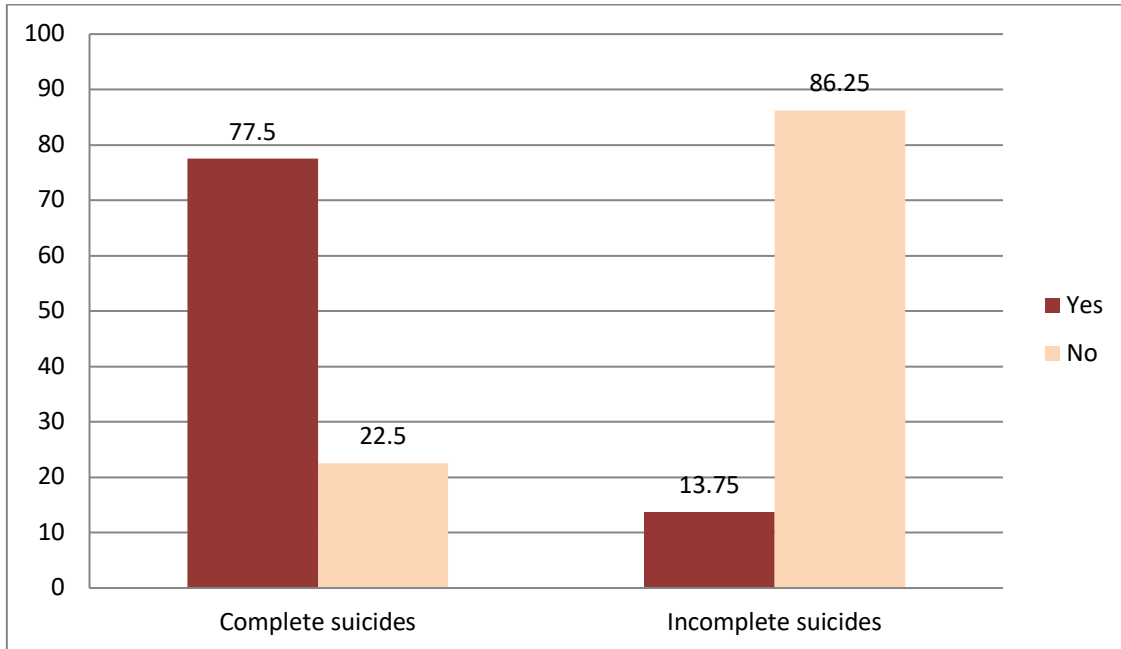
**Figure 1: Age wise distribution of Completed Vs Failed Suicides**

Adolescent and young girls (15-25 years) were the predominant age group in suicidal fatalities whereas 26-35 years age was more prevalent in those who survived the attempt of suicide. Majority of women (95% fatalities and 93.5% attempters) were Hindus which is the predominant religion of

the study area and similar was the urban preponderance in their domiciliary status (55% fatalities and 52.5% attempters). 60% women in both categories were married and 2.5% suicide attempters were widows. 40% cases of suicide were working women in comparison to 52.5%

homemakers who survived their attempts. 62.5% cases of completed suicides and 78.75% incomplete suicides were done by educated women. Women empowerment has brought with it many virtues as well as vices. Although the self-dependent status is more connected to mental well-being but, it also is a source of ongoing and

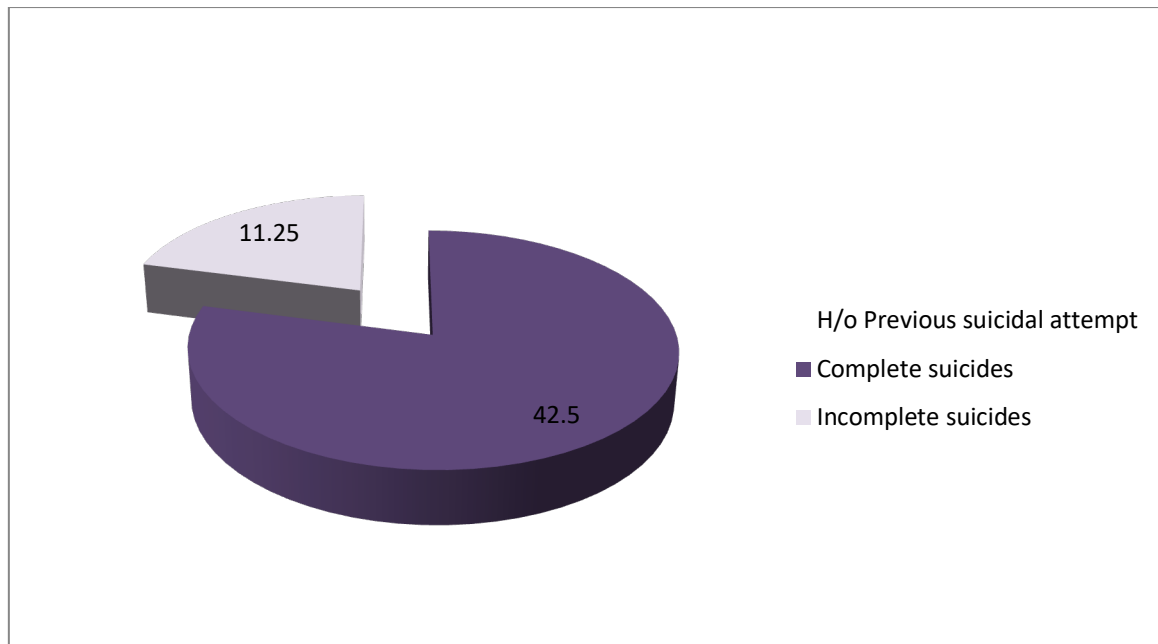
continuously building up stress in today's community where such women are struggling not only to establish identity but also to cope up with the increased demands of within home and outside while striving for the execution of allotted work along with handling of the performance pressures at both ends.



**Figure 2: Distribution of cases of Completed vs Attempted Suicides in relation to an existing psychiatric morbidity**

77.5% women who committed suicides were reported to be going through some or other psychiatric issue like severe anxiety issues, depression, bipolar disorder, etc, whereas, only 13.75% of those who attempted to die reported the presence of an existing psychiatric issue. This reflects upon the importance of mental health in relation to intentional self-harm especially to the fatal episodes. On revelation of history, a meagre amount of them had been formally diagnosed prior to the event, thus highlighting upon the need for increasing awareness in society as regards to psychiatric consultations and treatment. The

episodes of intentional self-harm comprised of poisoning, hanging, self-immolation, cutting, stabbing and jumping from high places whereas only poisoning and hanging were the events which resulted in fatality amongst those whose attempt was successful. 77.5% of failed attempts were impulsive in comparison to 32.5% of fatal ones. 30% of the suicidal deaths were planned in the present study and 15% attempts were pre-planned and may be representative of the 'parasuicide' cases, where the intention to die was missing, but could not be evaluated in detail in the present study.



**Figure 3: Proportion of cases of previous attempts in completed vs attempted suicides**

42.5% women who committed suicide had attempted it previously which is alarming and calls for prompt recognition and immediate attention to such episodes with a remedial intervention to prevent such tragic mishaps. Majority of the attempted suicides occurred during the day hours from 12 PM to 6 PM whereas the maximum numbers of completed suicides in the present study were done during the night hours from 12 AM to 6 AM. The timing of these events well relates to action justifying the outcome of the event.

### Discussion

The younger age group, being more aggressive and impulsive committed suicides more in comparison to women of middle age group who survived their attempts, quite explainable with parasuicides, where the intention to die was rare being the major reason for failed attempt. Age factor well explains this finding as middle age group with the burden of social and familial responsibilities are mature enough to avoid sudden impulses leading to unwanted and undesired actions, also capable enough to utilize the concept of parasuicide for their own benefits in comparison to the adolescent population whose actions are sudden and irresistible to their socio-familial interactions.

Mental health and other health issues play a determinant role in the risk of suicide in all populations and especially in the women of reproductive age group, with menstrual health as also one of the key components of health and well-being. In traditional societies, like India, health of women is one of the most neglected part of their lives. Need is thus felt for an increasing awareness of mental health among adolescent and young adult females and the same has also been proposed by

other authors.[11] The decriminalization of IPC 309 has come up as an integral part of the Amendments 2017, in the Mental health Act of India which is a welcome gesture more so in relation to such data existing in various parts of our country where, health issues related to women, especially the mental health issues are not graded to any amount of importance in the existing patriarchal societies.

Consumption of toxic substances was the most commonly employed method in both committed and failed suicides, whereas hanging was the next major event leading to suicidal fatality in the present study, and the same has also been reported by other authors.[11,12]. Attempted suicides employed an array of methods other than these which well connected to nearby availability of materials thus resulting in their impulsive use to produce self-harm.

The method used for causing intentional self-harm in planned and unplanned cases can be a strong determinant of survival and implantation of ways for prevention of fatality in societal norms can prevent the untimely deaths in impulsive actions of self-harm. Suicide completers' choice of suicide methods are different from those of suicide attempters and tend to be more lethal, and interventions to restrict access to more lethal suicidal methods could be a useful strategy to reduce the suicide rates. [12]

Present study revealed a previous suicidal attempt in 42.5% women who committed suicide in comparison to 11.25% of cases who had attempted a suicide. Prior suicide attempts have been identified as a risk factor for future suicides. [13] This establishes that although, attempted suicides

and completed suicides are two different populations, yet need an evaluation in conjunction and needs for discussion on the associated social and psychological factors to predict the high risk of suicide among their overlapping populations. There is a clinical prognostic value of a history of attempted suicide and of the presence of those social and psychological factors associated with a high suicide risk [14].

### Conclusion

The results suggest that there are overall differences between suicide attempts and suicide deaths, although actual suicide attempts seem to have relatively similar characteristics to suicide deaths except that the suicide completers had a more serious profile. Decreasing intensity of suicide ideation and treating comorbid medical illness of suicide attempters might be important in preventing them from suicide completion<sup>15</sup>.

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