

VIEWPOINT

## Are There Two Types of Suicidal Ideation Among Women in Rural India?



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### INTRODUCTION

Per World Health Organization (WHO) data, 1 million people commit suicide yearly, with more than 80% occurring in low- and middle-income countries; India and China alone account for 60% of worldwide occurrences.<sup>1</sup> In India, suicide deaths among women are equivalent in number to deaths from perinatal causes and double those due to HIV/AIDS.<sup>2</sup> Despite worldwide prevalence disparities, the literature on suicide continues to comprise studies conducted in Western, high-income countries. Only 1.3% of studies published on suicide originate from India or China.<sup>3</sup> Suicide is a crime in India and thus under-reporting and general stigma likely contribute to the paucity of relevant literature; there is a critical need to study suicide in India. We present descriptive findings from a cross-sectional survey conducted in rural Gujarat, India, that expands the discussion on suicide among young women and poses the question: Are there two types of suicidal ideation among women in rural India?

### METHODS

The detailed study methodology has been previously described.<sup>4,5</sup> In brief, survey data assessing health

status and healthcare behavior were collected from 700 reproductive-age women from rural regions of the Anand District in Gujarat, India. Mental health was assessed using the World Health Organization self-reported questionnaire (SRQ-20). Women reporting yes to  $\geq 8$  questions were considered positive for common mental disorders (CMD).<sup>6</sup> Single questions from SRQ-20 were used to assess suicidal ideation (“*Has the thought of ending your life been on your mind?*”), loss of interest or anhedonia (“*Have you lost interest in things?*”), and self-worth (“*Do you feel that you are a worthless person?*”). Self-reported health status was derived from question 1 from the Short Form-12 questionnaire (“*In general, how would you rate your overall health?*”). Age, education, income, and perceived stress data were collected.

The  $\chi^2$  test or Fisher exact test were utilized where appropriate to assess distribution of sociodemographic and health characteristics among 1) all participants stratified by suicidal ideation and 2) participants endorsing suicidal ideation stratified by CMD status.

### RESULTS

Of 700 participants, 37 were excluded from the analyses; 19 surveys were incomplete, and 18 were conducted outside of the clinic area. Of the

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remaining women, 76 (11.5%) endorsed suicidal ideation and 157 (23.7%) screened positive for CMD. As shown in Table 1, only about half of the women with suicidal ideation screened positive for CMD. Women with suicidal ideation were more likely to have lower education and income and higher perceived stress. The majority of women endorsing suicidal ideation reported that they had not “lost interest in things” (70.7%) and did not feel “worthless” (56.6%).

Figure 1 demonstrates the stratification of the 82 participants with suicidal ideation based on their CMD screening status. In comparison to those who screened positive for CMD, women who screened negative for CMD had higher levels of education and income. More than two-thirds of the CMD-negative participants reported excellent or very good health in contrast to less than 5% of CMD-positive participants. No participants who endorsed suicidal ideation but screened negative

**Table 1. Distribution of Sociodemographic and Health Characteristics of Reproductive-Aged Women from Rural Western India Based on Suicidal Ideation**

	Total (n)	Suicidal Ideation (col %)		P
	(N = 663)	Yes: 11.5%	No: 88.5%	
<b>Location</b>				
Clinic	313	43.4	47.7	0.48
Village	350	56.6	52.3	
<b>CMD Status</b>				
Positive	157	55.3	19.6	< 0.001
<b>Age</b>				
18-25	227	21.1	36.1	0.03
26-35	253	47.4	37.1	
36-45	181	31.6	26.8	
<b>Marital Status</b>				
Single	97	10.7	15.2	0.46*
Married	546	85.3	82.1	
Divorced/Widowed	19	4.0	2.7	
<b>Education</b>				
< Secondary	162	36.8	22.9	0.01
Secondary-HS	358	51.3	54.5	
> HS	141	11.8	22.6	
<b>Daily Income Per Person</b>				
< \$0.25	49	9.5	7.4	0.03
\$0.25-1.25	372	70.3	56.4	
>\$1.25	220	20.3	36.2	
<b>Health Status</b>				
Excellent	166	17.1	26.1	0.06*
Very Good	96	17.1	14.1	
Good	250	32.9	38.3	
Fair	136	27.6	19.6	
Poor	15	5.3	1.9	
<b>Perceived Stress</b>				
High	88	31.6	10.9	< 0.001
Moderate	236	23.7	37.3	
Low	337	44.7	51.8	
<b>Loss of Interest</b>				
Yes	91	30.3	11.6	< 0.001
<b>Feeling Worthless</b>				
Yes	64	43.4	5.3	< 0.001

CMD, common mental disorders; HS, high school.  
\* Fisher exact test.

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