



Original communication

Differences by gender in completed suicides in a Mexican population: A psychological autopsy study



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ABSTRACT

Objective: Using the method of psychological autopsy, we identified differences by gender in socio-demographic aspects, signs and symptoms, and suicide characteristics in a population of the state of Tabasco, Mexico.

Methods: Between the years 2007–2014, 182 psychological autopsies were documented by the Secretary of Health of the State of Tabasco, Mexico. A structured questionnaire was used to obtain information on socio-demographic aspects and suicide characteristics.

Results: The sample was mainly formed by males (78%). 84% of the sample used hanging as suicide method. However, in comparison with the male group, females were older on the average ($p = 0.002$); they were mostly housewives (37.5%) and had more years of schooling ($p = 0.004$). Other significant differences predominantly present in the male group were: the use of alcohol at the time of suicide (52.1%), job retirement, and increases in apathy (50.7%) and aggressiveness (36.6%) ($p < 0.05$).

Conclusion: Our results suggest that there are differences by gender between subjects with completed suicide. Factors such as alcohol consumption, job retirement, aggressiveness and isolation/social apathy certainly render men more vulnerable to suicide in the Mexican population.

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1. Introduction

Suicidal acts (consummated and attempted suicides) are complex phenomena considered a major public health problem due to the involvement of socio-demographic, genetic, medical,

psychiatric and environmental factors.^{9,14} Consummated suicidal behavior is increasingly prevalent, being more frequent in countries with socio-economic problems, such as economic crisis. These matters are known to produce important fluctuations in suicide mortality with variations between countries. Nevertheless, whenever health care services are required the personnel usually encounters the suicide in progress or consummated.^{1,17} In the last decade, suicide rates in Mexico have grown to a point where it is not possible to ignore this issue; suicide has become the second most common cause of death for the 15–19 age group; the states with the highest suicide mortality are located in southern Mexico (Campeche and Tabasco).^{2,5,16} Due to the above a number of previous studies have focused on the phenomenon of suicide in Mexico but only some reports have used the method of psychological autopsy.⁵ Psychological autopsy (PA) is considered the most

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direct method available to gain a better insight into the circumstances surrounding the death of an individual. PA is based on the meticulous collection of data aiming to create a profile of the victim to help reconstitute the psychosocial environment of individuals.^{11,15,18} Additional research is required to investigate the potential factors that increase suicide risk. Therefore, our aim in this study is to describe socio-demographic and clinical characteristics of individuals with completed suicides, to explore sex differences and to describe the signs and symptoms prior to suicide through the psychological autopsy approach in a population sample from Tabasco, Mexico.

2. Methods and materials

2.1. Sample

Data were collected by the Secretary of Health of the State of Tabasco, Mexico. Autopsies were performed at random and not consecutively. The state of Tabasco comprises 17 municipalities. The psychological autopsies were carried out in 12 municipalities during the period 2007–2014.

2.2. Procedures

Personnel of the Psychology Department of the Secretary of Health of the State of Tabasco, México visited the homes of suicide completers and applied the questionnaire to the whole family; when this was not possible at least two members of the family were asked to complete the questions. The interview was performed between 30 and 60 days after the suicide. An informed consent was signed by at least two family members.

2.3. Instruments

A semi-structured questionnaire was applied. This included socio-demographic aspects, suicide characteristics, and a scale of clinical evaluation. Socio-demographic information included gender, age, marital status, occupation, education and a psychiatric diagnosis previous to the suicide. Within the clinical characteristics of suicide, the relatives were invited to give the history of the suicide. The history comprised 28 questions. The information concerning methods, previous suicide attempts, number of episodes of suicide attempts, and the presence of suicidal thoughts are shown in Table 2. Finally, the signs and symptoms 30 days prior to suicide

were measured using a semi-structured scale of clinical evaluation. This instrument is used by the Secretary of Health of the State of Tabasco based on the proposal made by Young.²⁴

2.4. Statistical analysis

The description of the included socio-demographic and clinical characteristics of suicide was based on frequencies and percentages for categorical variables. Age was considered a continuous variable, so mean and standard deviations were used. Student's "t" test was employed in the analysis of age by gender. For the analysis of categorical variables by gender, we built contingency tables and the chi-squared test (χ^2) was used for the analysis. Significant levels were established at $p \leq 0.05$. We used the statistical software package SPSS version 20.0 for the analysis of data.

3. Results

The study included 182 psychological autopsies performed between the years 2007–2014. During this period more than 1000 deaths by suicide were recorded. However, only psychological autopsies with complete data and history were included in the study. The sample was mainly formed by male subjects ($n = 142$, 78%), whereas 40 cases were women (22%).

3.1. Socio-demographic characteristics

Socio-demographic characteristics and comparison by gender are shown in Table 1. Statistically significant differences were observed for age, given that the average age of the female group was higher than that of the male group ($t = 3.21$, $p = 0.002$). Other significant differences emerged for occupation ($p = 0.001$); in this case the principal activity of the female group was housewife ($n = 15$, 37.5), followed by employed ($n = 13$, 32.5%), whereas in the male group the principal occupation was employed ($108 n = 76.1\%$), followed by unemployed ($n = 21$, 14.8%). In relation to the level of education, the female group showed predominantly more years of schooling than male subjects; the male group was mostly illiterate or with less of 6 years of schooling ($p = 0.004$). However, no significant differences by gender were encountered for marital status or whether subjects with completed suicides had undergone a psychiatric diagnosis (Table 1).

Table 1
Socio-demographic characteristics in male and female Mexican subjects analyzed in the study.

Socio-demographic characteristics	Female n = 40	Male n = 142	Total sample	Statistics	
				T or χ^2 , df	P value
Age (mean \pm s.d.)	36.85 \pm 19.23	26.35 14.07	34.95 \pm 18.70	3.21	0.002
Marital Status					
Married	21 (52.5)	65 (45.8)	86 (47.3)	1.62, 3	0.65
Single	16 (40.0)	56 (39.4)	72 (39.6)		
Separated/Divorced	2 (5.0)	12 (8.5)	14 (7.7)		
Widower	1 (2.5)	9 (6.3)	10 (5.5)		
Occupation					
Unemployed	2 (5.0)	21 (14.8%)	23 (12.6)	70.72, 3	<0.001
Housewife	15 (37.5)	0	15 (8.2)		
Student	10 (25.0)	13 (9.2)	23 (12.6)		
Employed	13 (32.5)	108 (76.1)	121 (66.5)		
Education					
Up to 6 years of schooling	12 (30.0)	79 (55.6)	91 (50.0)	8.20, 1	0.004
>6 years of schooling	28 (70.0)	63 (44.4)	91 (50.0)		
Psychiatric disorders					
No	31 (77.5)	124 (87.3)	155 (85.2)	2.38, 1	0.12
Yes	9 (22.5)	18 (12.7)	27 (14.8)		

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