



# Characteristics of Chinese rural young suicides: Who did not have a strong intent to die

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## Abstract

**Background:** In exploration of the risk factors of the Chinese rural young suicide, previous researchers found low prevalence of mental problems, high degree of impulsivity, and great proportion of lethal pesticide consumption. It noticed that some of the young suicides in rural China did not intend to die from the suicidal behavior which was only instrumentally used for certain gains.

**Aims:** This study aims to look into the characteristics of those young suicides who did not really intend to die and compare them with those young suicides who had a strong intent to die.

**Methods:** Subjects were 386 suicides aged 15–34 years in the rural areas of three provinces in China. The data were obtained by psychological autopsy method. The degree of suicidal intent of the subjects was evaluated by the first 8 items of Beck's Suicide Intent Scale (SIS).

**Results:** It was found that those suicides that had a strong intent of death were more likely to have higher age, more years of education, live alone, and suffer mental disease. On the other hand, the low intent suicides were more likely to have pesticides at home and to be impulsive. In other words, pesticides and impulsivity killed some Chinese rural young men and women who did not really want to die by suicide.

**Conclusion:** Findings of the study may be translated into practical measures in suicide prevention in China as well as elsewhere in the world.

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## 1. Introduction

Patterns and rates of Chinese suicide are different from those in the Western societies in several prominent ways. First, the Chinese female suicide rates are very close to those in males. Second, the rural suicide rates are much higher than that in cities. Third, the suicides aged 15–34 years form a peak in the age distribution, although old age group (65+) is at a higher risk of suicide in China [1,2]. In the past years, the Chinese suicide rates have been decreased [3], which is unexplained by Durkheimianism that modernization and economic prosperity in a society will lead to high suicide rates [4]. All of these imply that the Chinese rural young suicide may have some special characteristics.

In the Western countries, over 90% of the suicides can be diagnosed with at least one type of mental disorder [5–7]. However, only 40–70% of the Chinese suicides can be diagnosed with mental disorders [8]. Although it is also a risk factor of suicide in China [9], factors other than mental disorder may play an important role in the life of the Chinese who have died or attempt to die by suicide.

Self-poisoning by lethal pesticides is commonly used in acts of suicide in rural China [10]. Some studies have showed that the increased use of pesticides is associated with an increase in suicides [11,12], and easy access to lethal pesticide is a significant risk factor for suicide [13]. Therefore, some studies have suggested that a ban of lethal pesticides in rural areas can be a method for suicide prevention [14]. These present that the pesticide availability prompts suicide more frequently.

Impulsivity is also a risk factor for suicide which has been identified in previous studies [15,16]. Although we cannot classify all suicides into highly impulsive reason in China, about 50% of suicide attempters can be categorized as suicides with impulsivity [17]. It means that such a big group of suicides in China do not really think about suicide seriously.

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As mentioned above, previous studies have found that the Chinese suicides have low prevalence of mental disorders, high degree of impulsivity, and great proportion of lethal pesticide usage. We may also speculate that some of the young suicides in rural China do not intend to die from the suicidal behavior which may be used only as an instrument to threat or gain.

Suicide intent, defined as the degree which the individual wish to die by suicide, is a strong predictor for suicide behavior [18]. The Beck's Suicide Intent Scale (SIS) is also an important instrument for suicide risk assessment [19]. For suicide attempters, previous studies have found that having a psychiatric diagnosis, hopelessness and suicidal ideation were associated with high-level suicide intent [20–22]. However, few studies discussed the association with high- or low- level suicide intent among completed suicides, especially in rural China.

This study aims to look into the characteristics of those young suicides who did not really intend to die and compare them with those young suicides who had a strong intent of death by suicide. It is helpful for us to understand characteristics of young suicides with low suicidal intent. It also can give us some direct evidence for suicide prevention and intervention.

## 2. Methods

### 2.1. Study sample and the design

Established psychological autopsy method was used to investigate the environmental and other factors of rural young suicides. We selected three provinces in China for the study. Liaoning is an industrial province located in Northeast China, Hunan is an agricultural province in the Central South China, and Shandong is a province with economic prosperity in both industry and agriculture that is located on the east coast of China mid-way between Liaoning and Hunan. Sixteen rural counties were randomly selected from the three provinces (6 from 44 rural counties in Liaoning, 5 from 87 rural counties in Hunan, and 5 from 91 rural counties in Shandong). There are about 12 million people in the 16 counties. In each of the 16 counties, a project coordinator from the county level Center for Disease Control and Prevention (CDC) monitored suicide occurrences. In each of the three provinces, a project director from the provincial CDC or the university the study was affiliated with received reports on suicide cases each month. Suicides aged 15–34 years were consecutively recruited from October 2005 through June 2008. After successful interviews with two informants for each suicide, a total of 386 valid suicide cases were entered for this study.

### 2.2. Information sources

For each suicide, we tried to interview two informants. However, we recognized that the type of informants rather than the number of informants used in psychological autopsy studies

was an extremely important and complex consideration [23]. We selected the informants based on the context or environment (how people observe the target, e.g. home vs. non-home setting). This way, each informant was carefully selected to optimize the information available on each case so that home, work, family and non-family aspects were included in the data.

Based on the above considerations, we used the following three guidelines for the inclusion of informants: (1) Suicide informants were selected with recommendations from the village head and the village doctor, as those individuals were most familiar with the subject's life and circumstances, who were available for, and consented to, in-person interviews. However, we tried to avoid as much as possible husbands and the in-laws of those female suicides triggered by family disputes. Interviewing these people could result in very biased reports, if marital infidelity and family oppression were possible causes of suicide. (2) Although target persons could be as young as 15 years of age, informants had to be 18 years of age or older. Characteristics of the informants were noted in some questions (i.e., most recent contact, number of contacts in the last month, frequency of contacts in the last year, number of years informant has known the target, relationships, and the informant's impression of their familiarity with target). (3) For suicides, informant #1 was always a parent, spouse, or another important family member, and informant #2 was always a friend, co-worker, or a neighbor.

### 2.3. Interviewing procedures

Informants were first approached by the local health agency or the village administration by a personal visit. Upon their agreement on the written informed consent, the interview time was scheduled between two and six months after suicide incident. Each informant was interviewed separately by one trained interviewer, in a private place of a hospital/clinic or the informant's home. The average time for each interview was 2.5 hours.

Due to the fact that cases were deceased, blinding of raters to case status was not possible. Inter-rater reliability was established and maintained by limiting the principal data gathering role to the 24 trained clinical interviewers and by comparison of duplicate ratings of the interviewers on a regular basis. The same interviewers participated in data collection for the case samples, promoting inter-rater reliability across that study.

The study protocol was approved before the data collection by the IRBs of the US based university as well as the research ethical committees of the collaborating universities. Informed consent was obtained from each of the proxy information interviewees.

### 2.4. Measures

The degree of suicide intent of the subjects was evaluated by Beck's Suicidal Intent Scale (SIS) [24]. There are two parts in this scale. The first part (items 1–8) accesses circumstantial evidence of intent, including precautions,

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