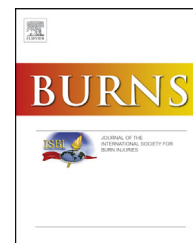


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Suicide by self-immolation in Tunisia: A 10 year study (2005–2014)

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ABSTRACT

Introduction: In Tunisia, few data are available about self-immolation epidemiology especially in the absence of official statistics on suicides. The aim of our study was to analyze the trends of suicide by self-immolation over a period of ten years (2005–2014).

Methods: We conducted a descriptive, retrospective study including all the cases of self-immolation suicides that occurred over a period of 10 years (2005–2014) and autopsied in the Department of Legal Medicine of the Charles Nicolle Hospital of Tunis, including self-immolation occurring in Northern Tunisia as well as those committed in remaining governorates and transferred before death to the central intensive care unit of burnt in Tunis receiving patients from all over Tunisia (about 80% of cases occurring in Tunisia).

Results: 235 cases of self-immolation were collected. The average age at death was 34.1 ± 12.43 years (range 14–83 years). Gender ratio was of 3.27. Psychiatric history was mentioned in 32.8% of cases, represented by schizophrenia in 17.9% and depression in 12.3% of cases. 12.3% had a history of suicide attempts, and 7.3% presented a history of suicidal threats. The number of casualties of suicide by self-immolation tripled after 2011 with a rising trend during the next three years and slight drop in 2014. The most reported reason in our study was decompensation of a psychiatric illness (24.7%). Self-immolation occurred most frequently in a private home (34.5%) or a public place (30.2%).

Conclusion: Our study showed that self-immolation affects essentially, young men, who are unemployed and mostly having mental diseases.

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1. Introduction

The self-immolation is a violent and spectacular mean of suicide. In low-income countries, such as Iran and India [1–9], self-immolation represents a frequent suicide mean accounting for 27–36% of total suicides and even 79% in some rural

areas of Iran, affecting mostly young women. Self-inflicted burns are less frequent in Western countries, varying between 0.08 and 1.4 per 100 000 inhabitants per year and whose casualties were mostly men [10–21]. Causes of self-burning have often been related to social or political protests or to an expression of mental suffering or a way of relief from an internal stress.

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In Tunisia, few data are available about self-immolation epidemiology especially in the absence of official statistics on suicides. However, self-immolation gained interest after the suicidal act of Mohamed Bouazizi, which was the starting point of the Tunisian Revolution after which, this act was carried as a symbol of the revolution [22]. The media coverage, sustained for several months, caused an increase of suicide by self-immolation which tripled, becoming the second most frequent suicide mode rather than the third before the Revolution [23].

The aim of our study was to analyze the trends of suicide by self-immolation over a period of ten years (2005–2014).

2. Methods

We conducted a retrospective and descriptive study over a period of 10 years (January 1st 2005 to December 31st 2014). We included all cases of suicide by self-immolation autopsied in the Legal Medicine Department of the Charles Nicolle Hospital in Tunis. Our Department covered 10 of the 11 governorates of northern Tunisia corresponding to about 42% of the total population (4.6 millions). Cases were composed of those committed in Northern Tunisia as well as those committed in remaining governorates and transferred before death to the central intensive care unit of burnt in Tunis receiving patients from all over Tunisia.

We excluded casualties of accidental or criminal burnings.

Data were gathered from the medical hospital records, the commemorative reported by parents of the casualties, the minutes of the judicial police and the autopsies reports.

Prevalence and percentage from the total number of suicides were calculated only for suicides committed in northern Tunisia only as we had all those cases included in our study. We excluded from these calculations cases occurring in other governorates.

For statistical analysis we used, the Student's *t* test for means comparison and the ANOVA for several means comparison, the Chi square test to compare qualitative

variables and non-parametric tests (Mann–Whitney *U* test and Kruskal–Wallis test) in cases of non-applicability of the previous tests. Statistical tests were used with a risk of statistical error fixed at 5%.

3. Results

During the study period, 235 cases of self-immolation were collected. Among our cases, 160 occurred in Northern Tunisia. The prevalence among the general population of Northern Tunisia was 0.37 suicides by self-immolation per 100 000 inhabitants per year. Self-immolations represented 18.8% of total suicides in Northern Tunisia.

The average age at death was 34.1 ± 12.43 years (range 14–83 years). Men represented 69% of cases (180 cases) with a gender ratio of 3.27. Alcoholism was reported in 15 cases while drug use in only 4 cases. Psychiatric history was mentioned for 77 casualties (32.8%), and the most reported one was paranoid psychosis, especially schizophrenia (17.9%), followed by the depression (12.3%).

Among the casualties, 29 cases (12.3%) had a history of suicide attempts, and 18 cases (7.3%) presented a history of suicidal threats. The most observed suicidal modes among the suicide attempts were intoxications (42.4%), fall from a height (24.1%) and self-inflicted burns (20.7%, $n = 6$). Most of casualties were single (63.8%) or married (29.5%). The casualties were essentially unemployed (60.9%).

The number of casualties of suicide by self-immolation tripled after 2011 with a rising trend during the next three years and slight drop in 2014 (Fig. 1). Suicides by self-immolation increased non-significantly in spring (34.9%).

The suicide motives were not specified in 50 cases (21.3%). The most reported reason in our study was decompensation of a psychiatric illness (24.7%), followed by family conflict (17%) and financial problems (15.7%). The suicide motives varied insignificantly by gender of the casualty, where men committed this act due to decompensation of a mental illness (21.7%), financial problems (18.9%) or a conflict with a representative of

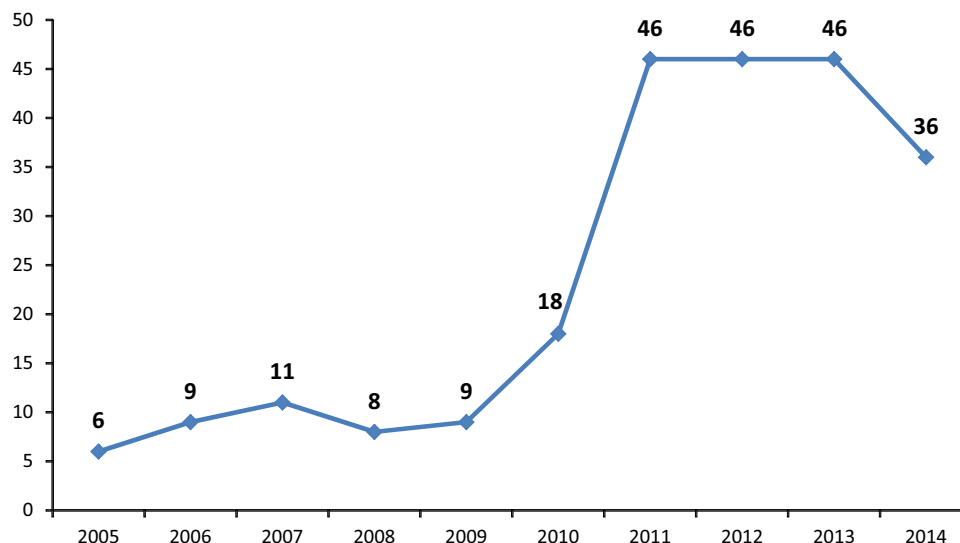


Fig. 1 – Distribution of the number of self-immolation casualties per year (Tunisia 2005–2014).

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