

PARASUICIDES AND THEIR DETERMINANTS IN A MULTIRACIAL SOCIETY

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SYNOPSIS

One hundred and forty consecutive case histories of parasuicide admitted to the Psychiatric Department of the General Hospital, Kuala Lumpur, during 1976 were examined. In the three ethnic groups studied, namely Malay, Chinese and Indian, parasuicides were similar to those reported in Western societies in that the majority were young females. They differed from Western societies in the high number of single females who were jilted, the infrequency with which alcohol was consumed and the frequency with which poison was the method chosen to attempt suicide. Reasons for these differences are discussed.

INTRODUCTION

The incidence of parasuicide in Western societies is estimated to be between 100 and 400 per 100,000 per annum (Wexler, et al 1978) and appears to be increasing (Bancroft et al, 1975; Mishara et al 1976). In Asian compared to Western countries (Rao, 1965; Venkoba, 1971; Tsoi, 1974) and in Asian communities living in Western societies (Burke 1976) the incidence of parasuicide appears to be less frequent.

Although studies of parasuicide in Western societies are numerous, studies of parasuicide in Asia are few (Rao, 1965; Tsoi, 1970; Simons and Sarbadhikary, 1972; Chia & Tsoi, 1974). Since cultural factors are important determinants in parasuicide (Stengel, 1963) data from Asian countries may clarify factors which influence a person to attempt suicide.

It was the aim of this study to ascertain characteristics of parasuicides in Malaysia by race with regard to age, sex, marital and economic status and to determine the reasons and methods chosen for the suicide attempt.

MATERIALS AND METHODS

The total number of parasuicides admitted to the Psychiatric Department of the General Hospital, Kuala Lumpur, during the year 1976 was 155. All were referred from other departments of the General Hospital. Of these, 15 subjects were excluded on the basis that information concerning 11 was insufficient for the purposes of this study and four belonged to races other than Malay, Chinese or Indian. Information concerning the remaining 140 parasuicides is given in the results. No attempt was made to distinguish suicide attempt from suicide gesture (Wexler, et al 1978).

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RESULTS

Marital status of the Malay, Chinese and Indian males was respectively: never married eight, nine and eight; and married one, four and four; of the females 12, 28 and 13

had never married and 14, 15 and 16 were married. The remaining eight subjects were separated or divorced.

Distribution by sex and race of the parasuicides and of the total psychiatric admission for 1976 are shown in table I.

TABLE I
PARASUICIDES AND TOTAL PSYCHIATRIC ADMISSIONS BY SEX AND RACE

	MALAY		CHINESE		INDIAN		TOTAL		(%)
	M (%)	F (%)	M (%)	F (%)	M (%)	F (%)	M (%)	F (%)	
Parasuicides	9 (6)	30 (22)	15 (11)	44 (31)	12 (9)	30 (22)	36 (26)	104 (74)	140 (100)
Total Psychiatric Admission	464 (23)	260 (13)	407 (21)	335 (17)	317 (16)	182 (9)	1197 (60)	780 (39)	1980 (100)

The high incidence of male compared to female total psychiatric admissions is in part explained by the fact that 1194 (60%) were diagnosed as schizophrenia.

parasuicides, are for the Malays, Chinese and Indians 1: 3.3, 1:3 and 1: 2.3 respectively.

From table 1 it can be seen that, with regard to total psychiatric admissions males outnumber females in all ethnic groups. The sex ratios, which are reversed for

Age distribution of the parasuicides is given in table 2. Parasuicide was carried out by the majority of subjects in all ethnic groups prior to age 31 years and by over half of the Indian females prior to age 21 years.

TABLE 2
AGE OF PARASUICIDES BY SEX AND RACE

AGE IN YEARS	MALAY		CHINESE		INDIAN		TOTAL		(%)
	F (%)	M (%)	F (%)	M (%)	M (%)	F (%)	M (%)	F (%)	
15 — 21	4 (3)	1 (1)	5 (3)	18 (13)	4 (3)	16 (11)	13 (9)	35 (25)	48 (34)
22 — 31	4 (3)	14 (10)	5 (3)	16 (11)	6 (4)	10 (7)	15 (11)	40 (29)	54 (39)
32 — 41	1 (1)	10 (7)	3 (2)	7 (5)	2 (1)	3 (2)	6 (4)	20 (14)	26 (19)
Over 41	—	5 (3)	2 (1)	3 (2)	—	1 (1)	2 (1)	9 (6)	11 (8)

The primary reasons offered by the patients for the suicide attempt is given in table 3. For simplicity, secondary reasons are excluded from the table. Thirteen subjects who were found to be schizophrenic on

admission attempted suicide as a consequence of auditory hallucinations or paranoid delusions. The majority of those categorized as "other" gave inadequate or refused to give reasons for the parasuicide.

TABLE 3
PRIMARY REASON FOR PARASUICIDE

	MALAY		CHINESE		INDIAN		TOTAL		(%)
	M (%)	F (%)	M (%)	F (%)	M (%)	F (%)	M (%)	F (%)	
Jilted	1 (1)	11 (8)	—	18 (13)	3 (2)	8 (6)	4 (3)	37 (26)	41 (29)
Marital Problems	—	14 (10)	3 (2)	7 (5)	1 (1)	10 (7)	4 (3)	31 (22)	35 (25)
Family Problems	1 (1)	3 (2)	2 (1)	6 (4)	4 (3)	7 (5)	7 (5)	16 (11)	23 (16)
Psychotic	2 (1)	2 (1)	1 (1)	4 (3)	2 (1)	2 (1)	5 (4)	8 (6)	13 (9)
Other	5 (4)	—	9 (6)	9 (6)	2 (1)	3 (2)	16 (11)	12 (9)	28 (20)

The chosen method of attempting suicide is given in table 4. Poisons include insecticides, corrosives, liniments and detergents. Parasuicide by more than one method was extremely rare. It was not recorded that any of the subjects had consumed alcohol on the day of their parasuicide.

With regard to economic status, patients were categorized into three groups: Low Income (less than M\$200 per month); Middle Income (between M\$200 - 500 per month); and High Income (above M\$500 per month).

Females were categorized according to their husband's reported income. Economic status of the Malay, Chinese and Indian males were Low Income eight, twelve and nine patients and Middle Income one, three and two patients respectively. For the Malay, Chinese and Indian females there were respectively in the Low Income 21, 38 and 26 patients and in the Middle Income eight, six and four patients. One Indian male and one Malay female were in the High Income group. For comparison, incomes for the total psychiatric admissions in 1976 were Low Income 85%, Middle Income 10% and High Income 5%.

TABLE 4
CHOSEN METHOD OF PARASUICIDE

	MALAY		CHINESE		INDIAN		TOTAL		(%)
	M (%)	F (%)	M (%)	F (%)	M (%)	F (%)	M (%)	F (%)	
Poisons	1 (1)	6 (4)	—	13 (9)	9 (6)	19 (14)	10 (7)	38 (27)	48 (34)
Drugs	6 (4)	19 (14)	11 (8)	26 (19)	3 (2)	8 (6)	20 (14)	53 (38)	73 (52)
other*	2 (1)	5 (4)	4 (3)	5 (4)	—	3 (2)	6 (4)	13 (9)	19 (14)

*cutting, stabbing, hanging, jumping

DISCUSSION

The ratios of male to female parasuicides in this study for the Malays, Chinese and Indians were 1: 3,3, 1:3 and 1: 2.3 respectively and this is in marked contrast to the total psychiatric admission where males predominated over females in the ratio of 1. 5:1. In Western societies female parasuicides almost invariably predominate over males, and during the last decade usually in the ratio of less than 1:2 (Kraus, 1975; Kreitman, 1977; Wexler et al. 1978). The ratio of male to female parasuicides in Singapore for Chinese and Indians (Tsoi, 1970; Chia and Tsoi 1974) and in India (Lal and Sethi, 1975) have tended to be somewhat higher although not as high as in this study. Males may be under represented in this study since only subjects who were admitted to hospital were included. It is likely that self poisoners are admitted relatively more frequently than patients with self inflicted injuries and there is evidence to suggest that wrist cutters are males more frequently than females (Clendenin and Murphy, 1971).

Marital and family discord are frequent determinants of parasuicide both in Asian (Tsoi, 1970) and in Western societies (Kessel et. al 1975). Rin (1975) has commented on the frequency of broken love affairs in Taiwan as a factor in parasuicide. In this study 37 (70%) single females gave the primary reason for parasuicide as a consequence of having been jilted. In Malaysia courtship is more frequently expected to lead to matrimony than in Western societies. Many marriages for Malays and Indians, and to a lesser extent Chinese, are arranged marriages and this is especially so for the less educated and lower socio-economic classes. Complicated and frequently prolonged negotiations are carried out between relatives of the prospective bride and groom. To

withdraw from a contract of marriage has an impact on all those involved in the matrimonial arrangements and the associated guilt, loss of face and shame felt by the prospective bride concerning the aborted marriage is disproportionately intense. In addition, there is a greater stigma for women to remain unmarried in Malaysian compared to Western societies.

Stengel's (1963) early observation that parasuicide occurs far more frequently in the younger age group has been borne out in subsequent studies both in the West and in Asia. Over two thirds of subjects in the three ethnic groups of this study were between the ages of 15 and 31 years.

Prior to 1970, in Singapore (Tsoi, 1970) and in Malaysia, (Amarasingham and Lee, 1969) poisons more frequently than drugs were the chosen method of parasuicide. By 1971 in Singapore (Chia and Tsoi, 1974) drugs were the method of choice in 57% of parasuicides. In this study drugs were the method chosen by one half and poisons by one third of parasuicides. The high frequency of self poisoning among the Indians can be attributed to the fact that Indians are frequently employed on rubber plantations where arsenic and formic acid are readily available. It appears that there is an increasing trend for parasuicides in Singapore and in Malaysia to ingest drugs rather than poisons and this follows the pattern established in Western societies (Weissman, 1974).

There may also be an increasing trend for parasuicide among the Malays. Tsoi (1970) reported that in Singapore, where 15% of the population are Malays, 1.6% of a series of 192 parasuicides were Malay. In this study, where 36% of the total psychiatric admissions are Malays, the incidence of parasuicide among the Malays is 28%. The increase of parasuicide among the Malays during the

last decade is noteworthy since all Malays profess the Islamic faith and parasuicide is a serious breach of the faith.

Contrary to reports in Western societies (Stengel, 1963; Kreitman, 1971) alcohol was rarely incriminated by the parasuicides. In this study, the prohibition of alcohol in Islam for Malays is only one factor in the infrequent use of alcohol by parasuicides, since in this study, Chinese and Indians, the majority of whom are not Muslims, also infrequently consume alcohol prior to parasuicide.

ACKNOWLEDGEMENT

We are indebted to Mr. M. Bala for his assistance.

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